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PROGRESS REPORT

TOBACCO FREE INITIATIVE

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1. INTRODUCTION

This progress report focuses on the Eastern Mediterranean Region plan of action for tobacco control for the period 1996 to 2000. The main purpose is to present achievements made so far and recommend directions for further action. This review is timely in that it accommodates recent developments in the Tobacco Free Initiative (TFI). This initiative is a turning point in the fight against the tobacco plague when we consider globalization and the rapid opening up of new markets and techniques for tobacco promotion on the one hand, and the rising commitment of leadership (religious, civic, and political) in the Region and within WHO on the other. It is hoped that, given the very great potential the Eastern Mediterranean Region has, the fight against tobacco, though hard, can be won.

2. GLOBAL AND REGIONAL BURDEN OF TOBACCO

At present the magnitude of the tobacco problem is truly horrifying. Globally, it is estimated that 47% of men and 12% of women smoke. In the developed countries, the corresponding figures are 42% for men and 24% for women. In developing countries, available data suggest that about 48% of men and 7% of women smoke. This means that there are about 1100 million smokers in the world, representing about one-third of the global population aged 15 years and over. The vast majority of the smokers are in developing countries (800 million) and most of them are men (700 million).

The number of cigarettes smoked per day per smoker ranges from a low of 10 per day in the African Region to a high of 18 per day in the Region of the Americas and the European Region. In the Eastern Mediterranean Region the average number of cigarettes smoked per smoker per day is 13. One of the most worrying observations is that cigarette consumption per adult in the Eastern Mediterranean Region increased by 40% from the early 1970s to the early 1990s while it remained about the same in the European Region, and decreased in the Region of the Americas.

Many factors have contributed to the increase in tobacco consumption in the Eastern Mediterranean Region. These include the rise in income and purchasing power of individuals, particularly young people, which has made cigarettes affordable, the increase of interest in smoking on the part of girls and women, the lack of awareness of the dangers and hazards of smoking, the untiring efforts of international and local tobacco companies to promote their products, the insufficiency of funds allocated for tobacco control activities and the inadequacy of the support provided in this respect.

While national production and consumption of tobacco remains a big problem in the Region, the progressive invasion of the countries of the Region by international tobacco companies constitutes a bigger problem, giving rise to much concern. These companies are constantly augmenting the scope and speed of their activities. They use local media and advertising agencies to transmit alluring messages of the kind that have been prohibited in the source countries for years, and which portray tobacco use in a glamorous light. The target groups are usually women, adolescents and children. In order to deceive the audience, particularly youth, into believing that smoking is not at variance with health, these companies often sponsor sports events.

Several decades of epidemiological research identified cigarette smoking as the major cause of preventable mortality in developed countries. Data from the mid 1980s confirm that the death rate among smokers aged 35–69 is three times that of non-smokers and that there is at least a two-fold excess mortality from all causes in old age. Globally, WHO estimates that smoking was the cause of about 3 million deaths in 1995, or about 6% of all deaths occurring in that year. WHO estimates that by 2020 the main burden of disability will be due to tobacco, and that it will be greater than that of HIV or diarrhoea. The leading causes of death and disability in 2020 will be ischaemic heart disease, cerebrovascular disease and chronic obstructive airway diseases, all of which are mainly the result of tobacco consumption. In its restructuring, WHO has highlighted the importance of tobacco control, establishing a Cabinet project—the Tobacco Free Initiative—as a priority programme to combat the tobacco global epidemic.

In addition to the health hazards, such as lung cancer, chronic bronchitis, chronic lung obstruction and premature death, that ensue from the use of tobacco, there are other economic effects. Governments may realize some financial gain in the short term through the imposition of taxes on tobacco, but the costs to the national economy in terms of health care and lost productivity vastly overshadow such gain.

3. IMPLEMENTATION OF THE PLAN OF ACTION FOR TOBACCO CONTROL IN THE EASTERN MEDITERRANEAN REGION (1996–2000)

A plan of action for tobacco control in the Eastern Mediterranean Region was discussed and developed by participants at an intercountry workshop organized by the World Health Organization for the development and implementation of national plans for the prevention and control of cardiovascular diseases, held in Nicosia, Cyprus, from 5 to 8 December 1995. The details of the plan were further discussed and the plan adopted at the Consultation on Tobacco Control, held in the Regional Office, Alexandria, Egypt, from 26 to 28 December 1995. Smoking has been highlighted as a crucial area for disease prevention and control in two recent resolutions of the Regional Committee for the Eastern Mediterranean—EM/RC43/R.12 on cancer and EM/RC45/R.7 on cardiovascular diseases.

The plan of action, which reflected an earlier resolution on control of smoking (EM/RC34/R.7) and covers the years 1996–2000, calls upon all governments to enforce comprehensive tobacco control measures. The following is an outline of progress achieved in the seven elements of the plan of action.

1. To formulate, promote and implement national comprehensive policies and programmes for tobacco control

A number of countries have begun to move towards formulation of comprehensive policies, including establishing committees to coordinate intersectoral action and promotion. Such action will result in an environment that is more conducive to the protection of individuals and communities. Examples of these are the following.

- The Arab League, in its 20th Session which dealt with trading negotiations and was held in Cairo on 17–18 May 1998, stated that tobacco and its derivatives would not be included among the privileged goods in the Arab Free Trade Zone Treaty.

- In the Syrian Arab Republic an intersectoral committee of 43 members representing 40 sectors was formed on 31 May 1997, headed by the Minister of Health. The committee has been responsible for the preparation of a national comprehensive plan for tobacco control. In recognition of his efforts, the Minister of Health of the Syrian Arab Republic was presented with a WHO Tobacco or Health Award in 1997, and the healthy villages programme in the Syrian Arab Republic also received a WHO Tobacco or Health Award in 1998.
- In Kuwait, in April 1998, under the auspices of the Minister of Public Health and in collaboration with WHO, the Kuwaiti Anti-Tobacco Society, held the First Regional Anti-Tobacco Conference with participation from Egypt, the Syrian Arab Republic and countries of the Gulf Cooperation Council. The Conference, in its final session, issued the Kuwait Declaration for Tobacco Control which requested countries to take action in a number of important areas.
- UNRWA established a multisectoral task force composed of members of health, education, relief and social services departments. The task force formulated a short-term plan of action for control of tobacco use among young Palestinians.
- The Ministry of Public Health, Morocco, in collaboration with WHO, produced a booklet *Tobacco and its impact* in Arabic and French to complement legislative action taken in Morocco.
- WHO and UNICEF are conducting school surveys together in the framework of the Global Youth Tobacco Survey. This will assess the magnitude of the tobacco problem and will help identify possible measures to control it among youth.
- In recognition of the efforts to control tobacco made by various individuals and societies as well as ministries in the Region—efforts which contributed to the achievements of the Regional Tobacco Control Plan—Tobacco or Health Awards were presented in recent years to several ministries and Ministers of Health, other related ministries, civic societies and individuals in most countries of the Region. This year (1999) Tobacco Free World Awards were given to the following: Dr N.F. Wassel, *Mufti* of Egypt; the Director, National Programme for Tobacco Control, Lebanon; the Chairman, Smoking Control Unit, Assiut University, Egypt; the Minister of Health and Medical Education, Islamic Republic of Iran; the Jordanian Society for Tobacco Control; and the Health Ministers Council, Gulf Cooperation Council (GCC).

Although many countries have shown commitment to tobacco control and have tried to reduce tobacco consumption, several remain reluctant to give up an easy and lucrative source of tax income. In a few countries, the tobacco sector is still considered to be economically beneficial to the country. No country has so far used every available measure simultaneously.

2. To make the Eastern Mediterranean Region an area completely free from tobacco advertising by the year 2000 within the framework of a comprehensive legislative plan for tobacco control

Thirteen Eastern Mediterranean Region countries have already promulgated legislation against tobacco. However, enforcement of the law in some countries needs to be stricter in order to ensure the benefits of the legislation.

- In Saudi Arabia, advertising of cigarettes has been banned in all local magazines for about the past 20 years.

Table 1. Tobacco control measures in the Eastern Mediterranean Region

Country	National Committee for TFI	Ban on smoking in health and educational facilities	Ban on smoking on domestic airlines	Legislation for tobacco control	Ban on selling cigarettes to children under 18 years	Ban on advertising in newspapers and magazines	Ban on smoking on television and radio	Tax raised
Afghanistan	-	-	-	-	-	-	-	-
Bahrain	✓	✓	✓	✓	✓	✓	✓	✓
Cyprus	✓	-	-	✓	-	-	-	-
Djibouti	-	-	-	-	-	-	-	-
Egypt	✓	✓	✓	✓	-	-	✓	-
Iran, Islamic Republic of	✓	✓	-	✓	-	-	-	-
Iraq	✓	✓	-	-	-	-	✓	-
Jordan	✓	✓	✓	✓	-	-	✓	-
Kuwait	✓	✓	-	✓	✓	-	✓	100%
Lebanon	✓	✓	-	-	-	-	-	-
Libyan Arab Jamahiriya	-	✓	-	-	-	-	✓	-
Morocco	✓	✓	-	✓	-	-	✓	-
Oman	✓	✓	✓	✓	-	-	✓	75%
Pakistan	✓	✓	-	-	-	-	✓	-
Qatar	✓	✓	-	✓	-	-	✓	100%
Saudi Arabia	✓	✓	✓	✓	✓	✓	✓	100%
Somalia	-	-	-	-	-	-	-	-
Sudan	-	-	-	-	-	-	-	-
Syrian Arab Republic	✓	✓	-	✓	-	-	✓	-
Tunisia	✓	✓	-	✓	-	-	✓	-
United Arab Emirates	✓	✓	-	✓	✓	-	✓	75%
Yemen, Republic of	-	✓	✓	-	-	-	✓	-

- In all Gulf Cooperation Council countries advertising of cigarettes is banned in public places, including billboards and posters, and all packets must carry a health warning.
- The Arab Health Ministers' Council, in its eighth Assembly, in resolution no. 17 endorsed the Arab Unified Tobacco Control Law proposed by Kuwait. The resolution urged Arab countries to use this unified law as a basis in preparing national anti-tobacco laws and measures including banning of tobacco advertising.

Direct advertising of tobacco products is banned on television in these countries. However, indirect messages, through films, television series and sponsoring of events such as concerts, car rallies and football competitions, gives tobacco companies the opportunity to continue subtle promotion of cigarettes and tobacco. The role that the media could play in tobacco control is currently limited to acceptance of the ban on advertising. However, the potential of the media could be used to much greater effect than it is at present in advocacy for tobacco control and prevention of smoking, through social marketing, discussion and debate and health messages, for example.

Meanwhile the satellite television stations continue to advertise cigarettes, thereby jeopardizing the ban on national advertising. In such circumstances it can be argued by the national media that they are deprived of financial revenue without the ban having any real impact on tobacco control. Concerted international action is therefore needed in this area.

3. **To increase the customs and taxes on tobacco progressively and to allocate a specific proportion of such taxes for funding health care services and other tobacco control activities**

The six GCC countries have raised the taxation on tobacco. Resolution no. 6 of the 44th Assembly of the Executive Board of the Council of Health Ministers, held in Doha, Qatar, from 10 to 12 February 1998, urged GCC countries to gradually increase taxation on tobacco and its derivatives to 70% rising to 100% and to undertake social mobilization and information sharing regarding the risks and dangers of smoking. Other countries in the Region also need to consider adopting such a strategy (see Table 1) to complement other anti-tobacco educational and legislative measures.

4. **To incorporate information regarding the impact of tobacco on health in the medical and nursing curricula, in particular, and the curricula of all stages of education, in general**

Several medical schools and institutions incorporate in their curricula information regarding the harmful effects of tobacco in causing certain diseases. However, tobacco should be highlighted strongly in the teaching and research projects of medical schools. A prototype curriculum needs to be developed and disseminated for adaptation by different schools and for different categories of health workers. Such a curriculum should include, in addition to evidence of the health, social and economic hazards of tobacco, principles of primary and secondary prevention.

5. To abide by the resolution of the International Civil Aviation Organization and ban smoking from all air flights by the end of 1996

Six countries have banned smoking on national airlines. It is clear that national airlines of most countries are far behind the major international airlines in this area. While a number of major airlines impose a total ban on smoking during flights, including long hauls stretching to 12 hours, most airlines of the Region still allow smoking on international flights of more than 2 or 3 hours. Stronger measures are needed in this area.

6. To involve religious leaders and other community leaders in tobacco control activities

Both Christian and Muslim leaders in the Eastern Mediterranean Region have condemned smoking. Religious opinions (*fatwa*) were issued by the *muftis* of both Egypt and Saudi Arabia categorizing smoking as *haram*. Other religious leaders in the Islamic world are supporting tobacco control based on religious teachings. However, it is felt that this initiative should be followed up energetically by policy- and decision-makers.

7. To avoid increase in the smoking prevalence rate, particularly among women, children and adolescents

The selling of cigarettes to those under 18 years of age is banned in five countries in the Region: Bahrain, Kuwait, Oman, Saudi Arabia and the United Arab Emirates. Greater efforts are needed to take this action more widely, especially since cigarette companies are targeting youth. Vigilance on the part of communities, municipalities, schools and the media is needed to ensure the ban on selling tobacco to those below 18 years is adhered to. However, great precautions should be taken to prevent tobacco companies from abusing this ban by encouraging children to look forward to reaching the age of 18 to be able to enjoy the use of tobacco.

Regional Meeting

A regional meeting was held in the Regional Office (4–7 July 1999) as provided for by the regional plan of action. The meeting reviewed national tobacco control activities in 21 countries taking part. It outlined the need for accurate and reliable data on tobacco prevalence and use. The meeting also discussed the Framework Convention on Tobacco Control, which is a main goal of the global Tobacco Free Initiative. It agreed a list of general and practical recommendations. A detailed presentation and discussion of the international Quit and Win competition was also included.

The meeting highlighted the need to ensure that national committees or councils on tobacco control should be multisectoral, and should have the appropriate authority to supervise the implementation of national tobacco control policies. National taxation and pricing policies are felt to be of the highest importance, particularly in the light of recent studies by the World Bank on the economics of tobacco. National focal points on tobacco control are expected to outline programmes of action for the short and medium terms. Tobacco Free Initiative is expected to have adequate allocations in the collaborative programme budgets for the biennium 2000–2001.

4. CONCLUSIONS

Regional anti-tobacco measures have been introduced mainly in the area of legislation. Despite the efforts made so far, cigarette smoking is a widespread practice in every country in the Region and, without a sustained anti-smoking effort, it can be predicted that the trend will continue to increase. The regional tobacco control plan provides the framework for anti-tobacco work in the Region. Efforts in the area of tobacco control need to be further strengthened and integrated to yield the desired results.

Recently promotion of tobacco in the Region has taken on some more worrying aspects. A striking example is the growing fashion and popularity of *shisha* (hubble bubble) smoking. This practice has become common in entertainment outlets, such as cafés, restaurants and hotels, and is deceptively promoted as harmless, "mild" and "aromatic" in order to target youth and women. The particular danger of *shisha* smoking is that it attracts those who would not otherwise be tempted by tobacco.

Tobacco has also been linked to other social activities, such as youth cafés, *qat* sessions and other social gatherings where tobacco use is a social ritual in some countries of the Region. The social aspects of tobacco use in the Region need to be studied in depth in order to better identify entry points for tobacco control.

The experience so far with the regional plan shows that, while regional and national policies and legislation are crucial, they also need further enforcement and monitoring through the relevant sectors as well as the community to ensure implementation. Global solidarity is necessary to curtail tobacco marketing, especially to developing countries, and to label it as trafficking in a dangerous substance. It is time to involve other partners, such as the World Trade Organization, World Bank and the United Nations system in joining forces against tobacco.

In order to operationalize the various elements of the regional plan, there is a need to integrate tobacco control in existing programmes and initiatives. Some one-third of the population in the Region, the future leaders and citizens of the Region, can be accessed through schools. This target group must be an essential part of the Tobacco Free Initiative. The health-promoting schools initiative should integrate anti-tobacco measures into its plans and activities. Other initiatives in the Region such as basic development needs healthy villages and healthy cities, provide conducive environments for the TFI as well.

The regional plan has focused on health education and legislation. There is now a need to complement these with secondary prevention measures. The Eastern Mediterranean Region has little experience so far in providing therapeutic measures for smokers, such as through cessation sessions at anti-smoking clinics and use of nicotine substitutes. Comprehensive promotive, preventive and curative care is important for the success and sustainability of tobacco control.

5. RECOMMENDATIONS

Policies and regional plan of action

1. A regional convention should be held in 2000 to assess progress and draw up another 5-year regional plan.
2. All countries of the Region should complete tobacco control legislation as highlighted in the regional plan for 1996–2000.
3. Countries should exert all efforts to enforce tobacco control legislation.
4. Violations of tobacco control legislation should be treated as crimes falling within the jurisdiction of the Attorney-General and authorized deputies.
5. Appropriate restrictions should be imposed on the tobacco industry, importation and trafficking, and monitoring set up.
6. A total ban should be placed on all tobacco promotion in the media.
7. Taxation on tobacco should be increased progressively, doubling every 3 years.

National tobacco control plans

8. Comprehensive and integrated national anti-tobacco projects should be formulated by 2000. Such national projects should be reflected in the national plan, and in the different programmes and initiatives in the country. Community-based healthy lifestyles projects incorporating tobacco control should also be developed.

Tobacco surveillance

9. Regional and national tobacco surveillance should be developed. There is a need to structure such a surveillance system by developing a database, indicators, reporting, feedback, networking and information sharing with policy- and decision-makers. WHO should take the leadership in the formulation, dissemination and use of this proposed surveillance system.

Operational guidelines

10. Operational guidelines for planning, implementing, monitoring and maintaining national anti-tobacco programmes need to be developed. The resources necessary to develop these guidelines should be part of the collaboration between WHO and countries starting in the next biennium 2000–2001.

Integration of tobacco control

11. Anti-tobacco activities should be incorporated into existing initiatives in the Eastern Mediterranean Region, such as healthy villages and cities, basic development needs, and the action-oriented school health curriculum. This integration process should be part of the collaborative programmes with WHO for the biennium of 2000–2001 and onward.

Religion

12. Cooperation should be maintained with religious leaders and institutes so that the views of the religious leaders in the Region on smoking and tobacco use are widely disseminated and implemented. Diligent work is needed to include the religious teachings against tobacco in health education, training and continuing education and training programmes.

Human rights

13. Tobacco control should be promoted as part of human rights efforts, in general, and the right to health in particular, especially for those who cannot defend themselves against smoking, such as unborn babies and young children.

Research

14. The social dimensions of tobacco use should be studied in the Region. Emphasis should be placed on persuasion of target groups, alternative social activities, cultural influences on smoking, religious influences on smoking, etc.
15. Continuing research should be carried out in the area of alternative crops and industries to tobacco. This information should be exchanged among countries of the Region. As a first step, tobacco cultivation should not be allowed to expand. Measures to substitute it with other crops should be taken.

Media

16. Countries should work together and with WHO, the World Trade Organization and the United Nations system to achieve a total ban on tobacco in all international, satellite and national media by 2005 at the latest.