

## Annual regional meeting on implementation of the WHO Framework Convention on Tobacco Control

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Tobacco use is one of the biggest public health threats globally, killing more than 7 million people each year (1). Around 80% of the 1.1 billion tobacco users worldwide live in low- and middle-income countries, where the burden of tobacco-related illness and death is heaviest (1). As part of the World Health Organization's continuing support to reduce tobacco use globally, the Organization's Regional Office for the Eastern Mediterranean (WHO/EMRO) organized the 2017 Annual Regional Meeting on the Implementation of the WHO Framework Convention on Tobacco Control (FCTC), 6–7 December, 2017, in Tunis, Tunisia (2). The meeting was attended by representatives of 15 Member States from the Region: 12 Parties to the Framework Convention and 3 non-Parties. The participants included representatives from ministries of health and agriculture in addition to faculties of national universities. In addition, there were representatives from the Framework Convention Alliance for Tobacco Control, the League of Arab States, WHO headquarters, WHO/EMRO, the Framework Convention Secretariat, WHO temporary advisers from India, the Tanzania Tobacco Control Forum, and the Southeast Asia Tobacco Control Alliance. The meeting was chaired by two representatives of the Ministry of Health of Tunisia, i.e. Dr Rafla Dallagi, and Dr Faycal Samaali, on a rotatory basis.

The core area of the 2017 meeting was the implementation of Framework Convention Articles 17 and 18 (3) on tobacco growing, namely support for economically viable alternative activities and the protection of the environment and the health of persons involved in tobacco cultivation. The meeting's specific objectives were to:

1. discuss the status of WHO FCTC implementation nationally and globally;
2. enhance Member States' understanding of the current WHO FCTC guidelines and strengthen their implementation at national level;
3. present key seventh session of the Conference of the Parties' (COP7) (4) decisions related to tobacco use topics such as the water-pipe, electronic cigarettes and tobacco growing;
4. debate the different technical needs for the implementation of COP7 decisions; and
5. discuss the status of the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products and look into possible ways of activating the ratification process at national level.

Dr Yves Souteyrand, WHO Representative to Tunisia, delivered opening remarks on behalf of Dr Jaouad Mahjour, acting Regional Director, WHO/EMRO, and emphasized the alarming picture presented by the WHO Report on the Global Tobacco Epidemic 2017 (5), noting that the Region had the second-highest average tobacco use prevalence among men and was one of only two WHO regions that did not report a decline in tobacco use prevalence between 2000 and 2012 (5). He called for countries to implement the WHO FCTC through a holistic approach, fully mindful of tobacco industry interference.

Dr Asmus Hammerich, Director, Noncommunicable Diseases and Mental Health, WHO/EMRO, noted that tobacco control was an essential part of the Regional Framework for Action to Implement the United Nations Political Declaration on Noncommunicable Diseases (6), and that the global target to reduce noncommunicable diseases by 25% by 2025 is closely bound to the global target to reduce tobacco use by 30% by 2025 (5,6).

Dr Nicolás Guerrero Peniche, Senior Legal Officer for the Framework Convention Secretariat, noted that the Framework Convention Protocol to Eliminate Illicit Trade in Tobacco Products (7) would likely enter into force during 2018, and that this would represent a watershed moment for tobacco control. The challenge for Parties to the Protocol would be to ensure effective implementation, while the challenge for non-Parties would be to continue the domestic process to ratify the Protocol.

### Summary of discussions

An overview of tobacco control in the Region emphasized that the WHO FCTC articles aiming to reduce the supply of tobacco (Articles 15–18) (3) must be complemented by those which address tobacco-demand reduction (Articles 6, 8, and 11–14) (3) – broadly speaking, the MPOWER package). However, many Member States in the Region only reach the middle level of achievement for MPOWER policies, take a selective approach to the policies they adopt, and struggle to maintain the highest level of achievement. These three weaknesses lead to minimal impact. Instead, the following MPOWER best practices must be adopted for each policy (8):

**Monitor** – surveys should be conducted at least once every 5 years and be nationally representative.

**Protect** – 100% smoke-free indoor public places including e-cigarettes; no designated smoking rooms; and strong enforcement.

**Offer help to quit** – integrate cessation services into primary health care; provide nicotine replacement

therapy for free; insert contact information on how to quit on tobacco packages; and appropriate training for health professionals.

**Warn** – apply graphic health warnings on all tobacco products, including water-pipes, and implement a plain packaging policy.

**Enforce** a direct and indirect tobacco advertising, promotion and sponsorship ban.

**Raise tobacco taxes** – implement frequent increases to account for inflation, and have taxes comprising at least 75% of tobacco retail price.

The WHO report on the global tobacco epidemic 2017 shows that good progress was made in the Region between 2007 and 2012, as the number of countries with at least 1 MPOWER measure at the highest level of achievement increased from five to 13. Discussions highlighted that progress slowed between 2012 and 2016, with the number of countries with at least 1 MPOWER measure at the highest level of achievement only rising to 14. Attention was drawn to the fact that while the main areas of regional progress were the organization of anti-tobacco mass media campaigns and tobacco advertising, promotion and sponsorship bans, the Eastern Mediterranean Region is estimated to see tobacco smoking prevalence increase between 2000 and 2025. Therefore, without urgent action, the noncommunicable disease target of a 30% relative reduction in tobacco use by 2025 (5,6) would not be expected to be achieved.

## Recommendations

### To Member States

1. Continue to monitor the tobacco epidemic at national level, for both adults and youth. Data should be recent, representative, and periodic (collected a minimum of once every 5 years).
2. Maintain the progress already achieved in national tobacco control and protect this progress from tobacco industry interference. This is possible through close adherence to WHO FCTC Article 5.3 (9) and by using the expertise of WHO/EMRO, the WHO FCTC Secretariat's Tobacco Industry Monitoring Centres (Observatories), and Article 5.3 Knowledge Hub (10).
3. Promote multi-sectoral collaboration in order to increase the number of Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products.
4. Explore the most effective ways to regulate new tobacco products, and extend national tobacco control laws to cover new products including, but not limited to, electronic cigarettes and heated tobacco products.

5. Ensure that WHO FCTC Assessed Contributions are paid on time and that national reports of WHO FCTC implementation are submitted on time.
6. Develop full national profiles on tobacco growing and tobacco trade in order to generate new regional data, in line with the WHO/United Nations Conference for Trade and Development Status of tobacco production and trade in Africa factsheets.
7. Develop national plans for the implementation of Framework Convention Articles 17 and 18.
8. Explore, document and disseminate information on tobacco growing, including its occupational and environmental hazards, among regional Parties and non-Parties.
9. Prioritize the needs of the most vulnerable members of the tobacco-growing workforce. Children who work in tobacco growing are exposed to the health hazards of tobacco growing and denied educational opportunities.
10. Raise awareness among decision-makers and tobacco farmers about obligations related to WHO FCTC Articles 17 and 18.
11. Work with national and international partners to counter and undermine tobacco industry efforts to weaken the implementation of the WHO FCTC.
12. Acknowledge the compatibility between anti-corruption laws and WHO FCTC Article 5.3, and utilize these anti-corruption laws in relation to tobacco industry activities.

### To WHO

1. Continue holding annual meetings that focus on the multi-sectoral implementation of the WHO FCTC.
2. Continue to offer technical and, where possible, financial support for WHO FCTC Parties and non-Parties to help bring about full implementation of WHO FCTC.
3. Identify, in coordination with the WHO Study Group on Tobacco Product Regulation (TobReg) and the WHO Tobacco Laboratory Network (TobLabNet), a set of laboratories that can perform reliable testing for tobacco products.
4. Develop policy and advocacy briefs on the Protocol to Eliminate Illicit Trade in Tobacco Products to persuade national decision-makers of the benefits of ratification.
5. Conduct reviews following the ratification of the Protocol to Eliminate Illicit Trade in Tobacco Products to ensure its effective implementation.

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