



## Progress report on mid-term review of progress in implementing the regional tobacco control strategy

### Introduction

1. This report summarizes the progress made by countries in implementing the policies outlined in the regional tobacco control strategy, which was adopted by the 65th Session of WHO's Regional Committee for the Eastern Mediterranean in 2018 in resolution EM/RC65/R.1. The regional strategy is built on the evidence-based policies included in the WHO Framework Convention on Tobacco Control (FCTC), the MPOWER tobacco control measures and the noncommunicable disease (NCD) global best buys.
2. Following the adoption of the regional tobacco control strategy and the regional framework of action on tobacco control in 2018, many Member States adapted them to their national contexts. So far, the Region has a total of 16 Member States<sup>1</sup> with a national strategy or plan of action for tobacco control, demonstrating an adequate level of commitment towards stronger institutionalization of tobacco control in the Region.
3. However, major challenges remain for tobacco control in the Region, and Member States must scale up their efforts if they are to achieve a 30% reduction in tobacco use by 2030, in line with the NCD voluntary global targets, WHO's Thirteenth General Programme of Work (GPW 13) and the Sustainable Development Goals (SDGs).
4. Implementing the regional tobacco control strategy, the WHO FCTC and MPOWER measures at country level is essential for advancing tobacco control and achieving the global targets. Since 2008, many countries in the Region have stagnated in their progress on tobacco control. Nevertheless, the *WHO global report on trends in prevalence of tobacco use 2000–2025, third edition*, released in 2019,<sup>2</sup> shows for the first time a slight decrease in the prevalence of tobacco use at the regional level. However, it is important to keep in mind that according to the report, despite this decrease, the Region will still not achieve the global targets.<sup>3</sup>
5. The slight reduction in regional tobacco use prevalence reported in the 2019 WHO global report on trends should be considered a highly fragile achievement that calls for continued intensified action to ensure sustained progress.

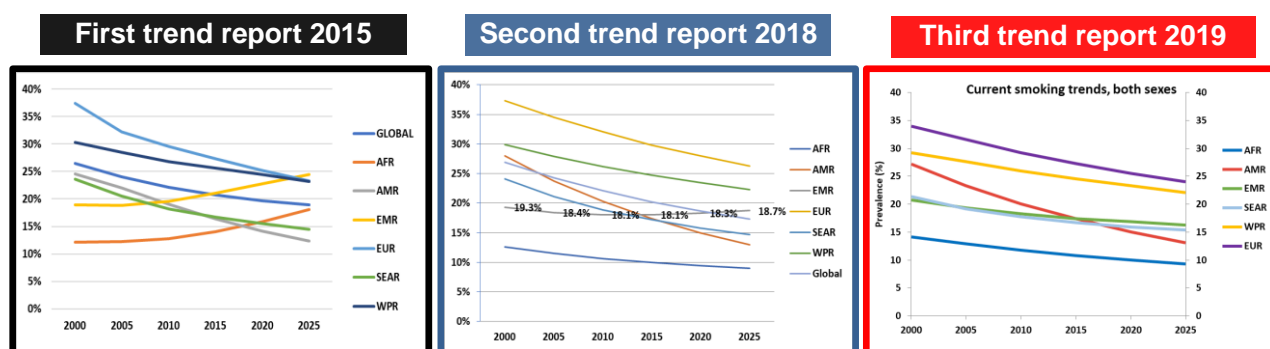
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<sup>1</sup> Countries with national strategies or plans of action for tobacco control, either stand-alone or included in an NCD national strategy, are Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Morocco, Oman, Qatar, Saudi Arabia, Sudan, Syrian Arab Republic, United Arab Emirates and Yemen.

<sup>2</sup> *WHO global report on trends in prevalence of tobacco smoking 2000–2025, third edition*. Geneva: World Health Organization; 2019.

<sup>3</sup> The report indicates that the countries of the Region are divided into the following categories:

- Countries with a relative reduction in tobacco use prevalence that will achieve the 30% reduction target by 2025: Pakistan.
- Countries/territories with a very slight relative reduction in tobacco use prevalence that will likely not achieve the 30% reduction target by 2025: Bahrain, Iran (Islamic Republic of), Iraq, Kuwait, Morocco, Palestine, Saudi Arabia, Tunisia, Qatar and United Arab Emirates.
- Countries whose tobacco use prevalence is expected to significantly increase: Egypt, Lebanon and Oman.
- Countries that lack enough data to accurately calculate their smoking trends: Afghanistan, Djibouti, Jordan, Libya, Somalia, Sudan, Syrian Arab Republic and Yemen.



**Fig. 1. Tobacco use prevalence trends in different WHO regions over three WHO global trend reports (2015, 2018 and 2019)**

Source: WHO global report on trends in prevalence of tobacco smoking 2000–2025, first edition. Geneva: World Health Organization; 2015; WHO global report on trends in prevalence of tobacco smoking 2000–2025, second edition. Geneva: World Health Organization; 2018; WHO global report on trends in prevalence of tobacco smoking 2000–2025, third edition. Geneva: World Health Organization; 2019.

6. The status of tobacco control policies has been monitored in accordance with the WHO FCTC and the MPOWER framework since 2008 (see Table 1). There has been very slow improvement. Following adoption of the regional strategy and framework of action in 2018, the situation has only improved a little, with very limited policy changes taking place: Jordan banned tobacco use in all public places; Saudi Arabia adopted plain packaging; Pakistan increased the required size of graphic health warnings to 60% of tobacco product packs; Qatar applied the most stringent policy level for health warnings; Iraq, Jordan and Saudi Arabia fully banned advertising, promotion and sponsorship for all tobacco products; Jordan and Saudi Arabia strengthened their cessation policies to reach the highest recommended level; Bahrain, Oman, Qatar, Saudi Arabia and United Arab Emirates adopted taxation policies helping them to gradually approach alignment with the taxation levels recommended by WHO, while Egypt and Morocco increased their taxation levels to achieve the highest level recommended. Other countries, including Oman, Pakistan, Sudan and Tunisia, are working to enhance their policies towards best-practice levels through legislative change.

**Table 1. The status of MPOWER measure policies in countries of the Eastern Mediterranean Region, 2021**

Country	M Monitor	P Protect	O Offer	W Warn	E Enforce	R Raise taxes
Afghanistan	2	5	3	2	5	2
Bahrain	3	2	5	4	5	4
Djibouti	1	4	2	5	5	1
Egypt	4	5	4	5	4	5
Iran (Islamic Republic of)	4	5	4	5	5	2
Iraq	2	3	4	4	5	2
Jordan	2	5	5	3	5	5
Kuwait	4	3	5	4	5	2
Lebanon	4	5	4	3	4	2
Libya	1	5	4	2	5	2
Morocco	3	3	3	2	4	5
Oman	3	2	2	4	4	4
Pakistan	4	5	4	5	4	4
Palestine	1	5	3	2	4	5
Qatar	4	2	4	5	5	4
Saudi Arabia	2	4	5	5	5	4
Somalia	1	2	2	2	2	2
Sudan	2	2	4	2	4	4
Syrian Arab Republic	1	4	2	2	4	3
Tunisia	3	2	4	3	4	4
United Arab Emirates	3	3	5	4	5	4
Yemen	1	4	3	4	5	4

Note: Red = no policy in place or very weak policy; yellow = policy in place but not effective; green = policy in place that is effective in reducing the prevalence of tobacco use.

Source: Adapted from WHO report on the global tobacco epidemic, 2021. Geneva: World Health Organization; 2021.

7. Many countries in the Region do not apply strong taxation measures because of a concern that this will lead to increased illicit tobacco trade – a myth that is continuously promoted by the tobacco industry.<sup>1</sup> However, to date within the Region, only Egypt, Iran (Islamic Republic of), Iraq, Kuwait, Pakistan, Qatar and Saudi Arabia are parties to the WHO FCTC Protocol to Eliminate Illicit Trade in Tobacco Products. The number of signatories must increase so that the Region can benefit from international collaboration and assistance in the area of illicit tobacco trade elimination.

8. In 2020, less than three months into the COVID-19 pandemic, 17 Member States in the Region completely banned tobacco use, including waterpipe use, in public places, proving that a policy that was historically considered “impossible to implement” is indeed feasible and implementable, with adequate political will.

### **Challenges and way forward**

9. The Region is under attack by the tobacco industry, which is saturating it with all types of product, particularly novel tobacco and nicotine products, such as heated tobacco products, e-cigarettes, e-shisha and nicotine pouches. There is evidence from different countries of violations of existing laws, especially in the area of advertising bans and use of different tobacco products in smoke-free public places. In addition, the tobacco industry continues to extensively promote false health claims to market its novel products in many countries.

10. Facing this situation requires the immediate strengthening and expansion of existing tobacco control legislation to cover all old, new and emerging tobacco and nicotine products. Without such legislation and regulation, the tobacco industry will exploit the resulting legal gaps to promote its new products, especially to younger generations, preventing the Region from achieving global tobacco reduction targets.

11. The Region needs to strengthen its policies by moving towards higher best-practice policy levels in both the demand- and supply-side measures of the WHO FCTC. This is necessary to ensure that a significant reduction in tobacco use is achieved by 2025 for the NCD global voluntary tobacco reduction target, and by 2030 for the SDGs target. Intensified tobacco control enforcement is needed, as well as a multisectoral approach. Success in tobacco control requires a process that is both comprehensive and sustained, which is achievable if the political will exists. It is critical that policy levels improve in the Region, as we are soon approaching the midterm for achieving the SDG targets in 2025.

12. There is a clear rationale for pursuing full implementation of high-impact tobacco control policies and measures as part of the response to the COVID-19 pandemic. However, tobacco control measures should not only be a part of the emergency response to COVID-19. As the Region moves forward on policy dialogue and action to build back better, it is imperative to take into consideration the lessons learned during the COVID-19 pandemic for tobacco control. Countries have a rare opportunity to institute a more sustainable approach to tobacco control at the national level, built on the well-established linkages between tobacco use and COVID-19.

13. WHO will continue to support Member States to strengthen tobacco control at all levels by providing evidence and technical support, developing documents and tools, convening stakeholders, strengthening partnerships at all levels, and coordinating collaboration between countries and regions to exchange experiences and learn from best practices.

14. Since the entry into force of the WHO FCTC, the Region has significantly improved its tobacco control status. However, given the existing challenges in the Region, high-level political support for tobacco control is now required to accelerate progress towards achieving the global reduction in tobacco use target of 30% by 2030. Building regional political commitment to tobacco control will help increase the visibility and importance of tobacco control as a national health priority in the countries of the Region.

15. In this context, the Regional Director proposes the creation of a high-level ministerial group composed of ministers of health. Working at the political and policy level, the group would provide the needed

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<sup>1</sup> WHO technical manual on tobacco tax policy and administration. Geneva: World Health Organization; 2021.

momentum in the Region through engaging high-level policy-makers to strengthen the tobacco control agenda at both the national and regional level and call for enhanced action to move tobacco control forward. In addition, at the technical level, the ministerial group would monitor progress and suggest changes towards achieving the global 30% tobacco use reduction target.