

Summary report on the

# Regional meeting on achieving the global target of 30% reduction in tobacco use by 2025

WHO-EM/TFI/141/E

Tunis, Tunisia  
8–9 June 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

**Summary report on the**  
**Regional meeting on achieving the**  
**global target of 30% reduction in**  
**tobacco use by 2025**

Tunis, Tunisia  
8–9 June 2015



**World Health  
Organization**

Regional Office for the Eastern Mediterranean

© World Health Organization 2015

All rights reserved.

The designations employed and the presentation of the material in this publication do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted lines on maps represent approximate border lines for which there may not yet be full agreement. The mention of specific companies or of certain manufacturers' products does not imply that they are endorsed or recommended by the World Health Organization in preference to others of a similar nature that are not mentioned. Errors and omissions excepted, the names of proprietary products are distinguished by initial capital letters.

All reasonable precautions have been taken by the World Health Organization to verify the information contained in this publication. However, the published material is being distributed without warranty of any kind, either expressed or implied. The responsibility for the interpretation and use of the material lies with the reader. In no event shall the World Health Organization be liable for damages arising from its use.

Publications of the World Health Organization can be obtained from Knowledge Sharing and Production, World Health Organization, Regional Office for the Eastern Mediterranean, PO Box 7608, Nasr City, Cairo 11371, Egypt (tel: +202 2670 2535, fax: +202 2670 2492; email: [emrgoksp@who.int](mailto:emrgoksp@who.int)). Requests for permission to reproduce, in part or in whole, or to translate publications of WHO Regional Office for the Eastern Mediterranean – whether for sale or for noncommercial distribution – should be addressed to WHO Regional Office for the Eastern Mediterranean, at the above address: email: [emrgoegp@who.int](mailto:emrgoegp@who.int).

## Contents

1.	Introduction .....	1
2.	Summary of discussions.....	4
3.	Conclusions and next steps .....	8

## **1. Introduction**

In May 2013, the 66th World Health Assembly endorsed a global monitoring framework comprising nine global voluntary targets and 25 indicators for the prevention and control of noncommunicable diseases. One of the targets was a 30% relative reduction in prevalence of current tobacco use in persons aged 15+ years by 2025 (30 by 25). Resolution WHA66.10 also called on Member States to adopt national targets and indicators based on the global ones. Member States in the World Health Organization (WHO) Eastern Mediterranean Region indicated their need for technical assistance to implement the provisions of the resolution.

In another international development, the 6th session of the WHO Framework Convention on Tobacco Control (FCTC) Conference of the Parties (COP) adopted a decision, FCTC/COP6(16), which called on the Parties to: set national targets for 2015, taking into account the voluntary global target of 30% reduction (WHA66.10); develop or strengthen national multisectoral policies and plans; accelerate the implementation of the WHO FCTC; and encourage countries (that are not yet Parties) to consider ratifying the convention. It called on the convention secretariat to: strengthen collaboration and coordination with WHO and other UN agencies, and other partners; develop a technical paper on the contribution and impact of implementing the WHO FCTC; report to the COP on the contribution that Parties are making in the area of the reduction in the prevalence of tobacco use; and promote the WHO FCTC in the discussions of the post-2015 development agenda.

The new WHO tobacco trends report was released in March 2015. The Region is clearly facing a real challenge with tobacco trends: prevalence will increase by the year 2025, meaning that the Region will not be able

to achieve the target agreed at the World Health Assembly on tobacco reduction under the noncommunicable diseases voluntary targets. Not only that, more alarming is that the situation at regional level will compromise the ability of other regions to collectively achieve the global noncommunicable disease and tobacco target.

Noting that none of the Member States in the Region have yet adopted a target for tobacco reduction, and considering the above factors, it became vital for the WHO to hold a meeting to support countries adopting a national target, and accordingly uphold the target aimed for by 2025. This regional meeting on achieving the noncommunicable diseases tobacco target (30% reduction by 2025) was, therefore, organized in Tunis on 8–9 June 2015 to provide technical assistance to Member States towards realizing the international commitments in relation to tobacco presented in the WHO FCTC, the MPOWER measures, noncommunicable diseases best buys and the COP decisions.

Achieving the tobacco 30 by 25 targets requires scaling up implementation of the WHO FCTC, and particularly the MPOWER demand-reduction measures, at the highest levels. However, in the current situation of low MPOWER adoption (only two countries have adopted at least three of the six MPOWER measures at the highest levels), scaling up action on MPOWER can benefit from regional evidence that demonstrates the anticipated benefits.

A 15-country study was commissioned by WHO to project the impact of adopting the highest levels of MPOWER measures, individually and collectively, on reducing tobacco use and tobacco-attributable deaths. The study used the SimSmoke model, which has been shown to be valuable in making analyses at the national and subnational levels. An important aim of this meeting was to discuss the study results and their implications for the tobacco target of 30 by 25.

The specific objectives of the meeting were to present the results of the SimSmoke study in 14 countries; agree on an approach to develop national tobacco reduction targets for 2025, considering the anticipated benefits of MPOWER based on SimSmoke projections; identify barriers and bottlenecks in scaling up tobacco control towards achieving the national tobacco target by 2025; identify next steps and roles and responsibilities of various partners, including WHO, to achieve national tobacco targets by 2025. The meeting aimed at bringing together Tobacco Free Initiative and noncommunicable diseases managers, which will be helpful in: the adoption of a holistic approach to tobacco control at national level; facilitating joint use of limited resources and funds; aligning of work plans of both noncommunicable diseases and the Tobacco Free Initiative; and developing of coordinated plans between both noncommunicable diseases and the Tobacco Free Initiative at national levels.

The meeting was attended by senior health officials from 16 Member States, representing the tobacco control and noncommunicable diseases sectors. Also, in attendance were global and regional experts on tobacco control from the United States of America, Australia, Canada, Jordan and Oman. The WHO FCTC Secretariat participated via Skype. The meeting secretariat included WHO staff from country offices, from the Eastern Mediterranean, African and European regional offices, and from Headquarters.

The meeting was inaugurated by Dr Samar Sammoud, representing HE the Minister of Health in Tunisia, and Dr Guido Sabatinelli, WHO representative in Tunisia, who delivered a message from Dr Ala Alwan, WHO Regional Director for the Eastern Mediterranean. In his message, Dr Alwan noted that tobacco use impacts negatively on the noncommunicable diseases epidemic; it is important to start taking action now. Although many gaps have been bridged since the entry

into force of the WHO FCTC, many still exist, especially in policy areas. In addition, countries and parties to the WHO FCTC need immediate technical support to adopt national targets in line with the international target. The newly released trends for tobacco present a clear alarm for the Region, and action is needed from countries to escalate their efforts. Dr Sabatinelli concluded by calling for countries of the Region to be aware of potential challenges posed by the tobacco industry in spreading tobacco use, and demanded strict implementation of the Guidelines for Article 5.3 of the WHO FCTC to limit such negative influences.

Dr Sammoud shared the experience of Tunisia in controlling tobacco, and briefed the meeting on the achievements and the efforts of the Tunisian government in tobacco control, including tobacco-free airports, health facilities and education facilities. He highlighted the challenges presented in affordability of tobacco products as well as availability of smuggled tobacco products on the national market. The Ministry of Health was committed to tobacco control and in the new government tobacco control was high on the political agenda.

## **2. Summary of discussions**

In the first session of the meeting, five speakers gave presentations, Dr Edouard Tursan, Dr Fatimah El-Awa, Dr Mike Daube (through Skype), Dr David Levy, and on behalf of the WHO FCTC secretariat Dr Tibor Zoltan (through Skype). The major areas covered included the tobacco trends 2000–2025, evidence on prevalence, MPOWER status, introducing the outcomes of the SimSmoke results in the 15 countries in the study, evidence that shows tobacco control is possible and doable, and finally the work of the WHO FCTC secretariat that will support countries/parties to achieve the 30% reduction.



Using survey data collected by the countries, WHO carried out an exercise to derive the underlying tobacco trends and estimates for each country for 2000–2025. Trends were derived for nine countries in the Region: according to the findings, overall prevalence will likely increase over the period 2010–2025 rather than falling towards the 30% relative reduction set under the noncommunicable diseases voluntary global target. Of these nine countries, only one was on a downward track, but even there it is not expected that the target will be reached unless stronger action is taken.

The prevalence of tobacco use among youth and adults was highlighted, along with the MPOWER status, and the most common gaps at regional level in each of the MPOWER policies; the evidence indicates that each policy will work once implemented. Evidence was presented that tobacco control does work when using a comprehensive rather than a selective approach. The data from a number of countries demonstrated that good results were achieved in reducing prevalence and protecting the public from exposure to tobacco use through comprehensiveness, complementarity, multisectoral actions and countering the tactics of the tobacco industry.

The SimSmoke model was explained: how is it implemented, the elements used, the results that have been reported from different countries, the limitations, how such a model can benefit the planning and development of a tobacco control programme at national level, and the way forward.

A presentation was given focusing on the WHO FCTC implementation at country level and how this will support achieving the tobacco reduction noncommunicable diseases target. Also highlighted were the recent developments following the last COP

session in the WHO FCTC tools and the support available to countries to use in order to facilitate speedy implementation of the FCTC.

Regional and country experiences were discussed, with presentations from both the WHO African Region and the European Region. The country experiences included presentations on Australia and countries under the International Tobacco Control Policy Evaluation Project (the ITC Project). The Australian experience with regard to the advertising, promotional and sponsorship ban, tobacco-free public places, and, most importantly, pictorial health warnings was detailed. The role of different sectors at national level in pushing forward the tobacco control agenda was highlighted, along with the achievement of Australia in reducing prevalence and not submitting to tobacco industry claims and threats.

The ITC Project is an evaluation system used in 22 countries. It combines a rigorous scientific design (longitudinal cohort survey with strong focus on evaluating in the impact of FCTC/MPOWER policies) with a strong emphasis on communicating to governments and other stakeholders findings on which policies are working and which are not. The ITC Project has conducted over 30 rigorous evaluations of FCTC policies and has been the main source of evaluation for the FCTC globally. The findings have also been used by governments to counter tobacco industry misinformation (e.g. Australia's defence of their plain packaging law in a trade treaty and at the World Trade Organization; Uruguay's defence of their large health warnings in a trade treaty) and to support stronger policies (e.g. the United States of America's proposal for pictorial health warnings).

The discussions continued on the tobacco control status at country level in the WHO African region, experience in implementing key tobacco control WHO FCTC measures and the key achievements at

country levels. The challenges, needs and suggested way forward were highlighted. It was noted that the WHO African and Eastern Mediterranean regions were the only two regions likely to expect an increase in tobacco prevalence in 2025, and that joint effort was needed in this area.

The experience in the WHO European region was presented, in particular details of how some countries were able to achieve the highest measures in MPOWER while others were not. Although the European region will not witness an increase in the prevalence of tobacco use, it will not achieve the target either. The European region has launched a HEALTH 2020 plan that included tobacco control and noncommunicable diseases targets and there are activities yet to be conducted, including the scaling up of the WHO FCTC implementation and continued monitoring.

Regarding mortality and morbidity related to tobacco control, using data provided by the countries on deaths according to age, sex and cause of death, the WHO Health Information Systems unit checks the provided data for completeness and accuracy using standard demographic techniques. It then produces standard mortality reports for each country. The Health Information Systems unit also works with the Tobacco Free Initiative to produce estimates of mortality attributable to tobacco for each country. It is expected that the damage caused to health (morbidity and mortality) will increase over time in the countries of the Region.

However, it was emphasized that once there is a comprehensive approach to tobacco control, there will be successful outcomes, and although there are prosperous regions and countries implementing tobacco control measures, yet more needs to be done: tobacco control

must be a continuous process in order to meet the changeable and emerging challenges.

Two interactive working group sessions were organized. The first focused on identifying the tobacco control reduction targets for each country through the various tools that were presented. The following points guided the discussion during the working group exercise: current level of tobacco use, projected estimates from the trend and implementation status of MPOWER policies; expected outcomes if the full MPOWER strategies were implemented (summary of SimSmoke results); expected reduction in 2020 and 2025; and an agreed national tobacco use target for 2025.

The second working group focused on approving a set of actions at national and regional level. Through the tools and the materials that were provided, countries were asked to develop national plans/steps that focused on identifying the political steps needed to officially adopt the target and achieve it; the technical steps needed to achieve the target; the actors involved and their different roles and responsibilities; the time lines for these steps.

### **3. Conclusions and next steps**

The main deliverables of the meetings were achieved. The process to develop national tobacco reduction targets for 2025 was initiated, adapting the global voluntary tobacco target of 30 by 25. The roadmap was approved for scaling up, adopting and implementing MPOWER measures at the highest level to achieve national tobacco target by 2025. Participants agreed on the next steps and roles and responsibilities of partners (including WHO) in implementing national activities to achieve national tobacco targets by 2025.

The continued support of the WHO, through both the Regional Office and the Country Representative offices is essential for bridging the existing gaps in tobacco control at national level. There is great need to support Member States in implementing tobacco health cost studies measuring the socioeconomic impact, both direct and indirect costs. Sharing of information on tobacco use and experiences across regions and countries is essential for advancing tobacco control. Tobacco surveillance at the national level needs to be strengthened through regular data collection, including integration of the Tobacco Questions for Surveys Guide into on-going national surveys. The WHO FCTC secretariat should also reach out to countries to ensure they are able to fully utilize all the available FCTC tools.

There is a need to officially adopt the target agreed upon in the meeting through communication between WHO and the highest level decision-makers. Continued coordination and collaboration between the tobacco control and noncommunicable diseases departments/units is necessary to achieve the national tobacco control target in coordination with achieving the other targets under the noncommunicable diseases scheme. Covering each country with national data sets, including SimSmoke, is essential to convince decision-makers of the positive impact of tobacco control.

The participants also agreed on suggested future steps.

#### *Next steps for WHO*

- Look into the possibility of holding a follow-up, interregional meeting for the WHO African and Eastern Mediterranean regions (at the highest possible level).
- Initiate follow-up missions to countries on the implementation of the agreed steps (with international experts).

- Raise political commitment and awareness on tobacco control among policy-makers.
- Request the WHO FCTC secretariat to better mobilize the available tools that are designed to support better implementation of the WHO FCTC at national level.
- Initiate coordination between the WHO African and Eastern Mediterranean regions on tobacco control in the light of current trends.
- Communicate the decision and the target agreed in the meeting to the highest possible authority to ensure national commitment.
- Regularly follow up with countries on their tobacco control plans and activities.
- Share success stories and achievements at regional and global levels with the countries.

*Next steps WHO country offices*

- Ensure that the national health authority is supportive and committed to the agreed national target.
- Identify jointly with ministries of health the next steps to achieve the action plan agreed upon during the meeting.
- Include the agreed upon action plan in the upcoming Joint Programme Review and Planning Mission to secure funding for its implementation.
- Provide the needed technical support to countries to achieve the agreed upon target.
- Conduct continued and regular evaluation of the achievements to quickly identify gaps, and work jointly with the national authority to bridge them.
- Share the scientific evidence and required tools (e.g. the Tobacco Questions for Surveys Guide) with national authorities to achieve the voluntary tobacco global targets.

*Next steps for the countries*

- Officially adopt the agreed upon national targets and priority policies through the Ministry of Health and higher level authorities.
- Communicate the agreed upon target to the highest national health authority for consensus.
- Adopt and apply the guidelines for implementing Article 5.3 of the WHO FCTC to block tobacco industry interference.
- Develop country profiles on tobacco control measures based on the MPOWER data to identify gaps and accelerate the actions that have not yet been implemented.
- Take innovative actions to activate a multisectoral approach at country level to support national/subnational plans towards achieving the agreed upon target.
- Identify gaps in evidence related to the tobacco epidemic, and work to bridge them with national, regional and international partners, e.g. ratification of WHO FCTC Illicit Tobacco Trade Protocol.
- Take a comprehensive approach in national plans to address all tobacco products.
- Ensure the visibility of tobacco control as a national priority through creating partnerships/alliances with key stakeholders, including professional organizations, institutions, academia, youth and the media.
- Take the media on board through press conferences/workshops urging them to play a central role in advocating for tobacco control.
- Integrate the agreed upon national tobacco control target and priority policies within the national noncommunicable diseases control plan.
- Explore all available possibilities to incorporate the Tobacco Questions for Surveys in all on-going national surveys.



World Health Organization  
Regional Office for the Eastern Mediterranean  
P.O. Box 7608, Nasr City 11371  
Cairo, Egypt  
[www.emro.who.int](http://www.emro.who.int)