

Progress report on the implementation of the regional tobacco control strategy

Introduction

1. Tobacco control has come a long way in the Eastern Mediterranean Region, with many successes; however, setbacks have been experienced in some countries where the adoption of adequate policies has been delayed or the implementation of existing policies compromised.
2. Recognizing the gravity of the regional tobacco epidemic, and mindful that no country from the Region was projected to meet the target of a 30% relative reduction in tobacco use by 2025, in 2018 the WHO Regional Committee for the Eastern Mediterranean endorsed the regional strategy and action plan for tobacco control 2019–2023. The regional strategy and action plan aims to scale up action on tobacco control and strengthen commitment at the national level to create a real and lasting reduction in tobacco use in the Region.¹
3. While the Region was preparing for the implementation of the regional strategy and action plan, the COVID-19 pandemic suddenly changed the priorities in multiple health areas. However, the strong links between tobacco use and severe COVID-19 symptoms bolstered support for tobacco control at the national level, despite the many compromises necessary given the circumstances.

Status and progress

4. Since adopting the regional strategy and action plan in 2018, 18 countries and territories out of 22 have developed and adopted national strategies and/or action plans that include the commitments reflected in the strategy.
5. The WHO Tobacco Free Initiative (TFI) continues to support countries through all possible means, including providing available resources, forming global and regional partnerships to strengthen national capacity, developing needed legislation and meeting commitments under various international instruments, including the WHO Framework Convention on Tobacco Control (FCTC) and its supplementary Protocol, WHO's Thirteenth General Programme of Work, the United Nations Sustainable Development Goals and the MPOWER policy package.
6. The fourth edition of the WHO *Global report on trends in the prevalence of tobacco use 2000–2025* (2021) shows for the second time a continued decrease in tobacco use worldwide (Fig. 1).² However, not all countries are seeing a reduction, and even fewer countries are on course to achieve the 30% relative reduction target in tobacco use by the year 2025. More work is indeed needed to advance this situation and sustainably reduce tobacco use at the regional level. According to the 2021 trend report, of the six countries worldwide where tobacco use is increasing, four are in the Region, namely Egypt, Jordan, Lebanon and Oman.

¹ Regional strategy and action plan for tobacco control 2019–2023. Cairo: WHO Regional Office for the Eastern Mediterranean; 2019 (<https://apps.who.int/iris/handle/10665/331952>, accessed 30 January 2023).

² WHO global report on trends in prevalence of tobacco use 2000–2025, fourth edition. Geneva: World Health Organization; 2021 (<https://www.who.int/publications/i/item/9789240039322>, accessed 30 January 2023).

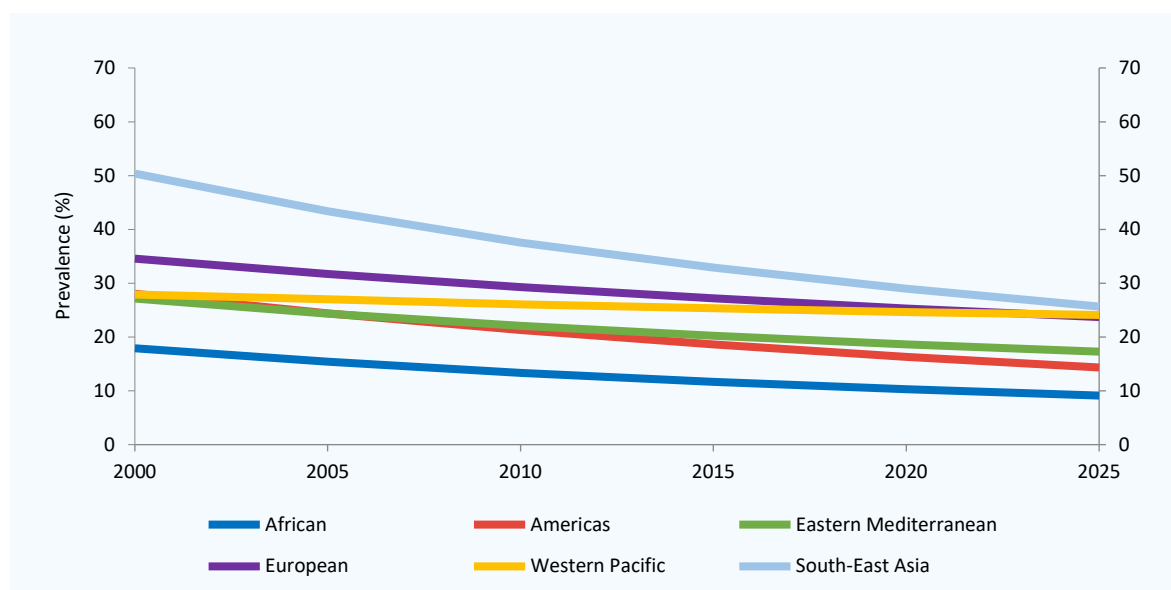


Fig. 1. Current tobacco use trends, both sexes (WHO region)

Governance and political commitment

7. To scale up political commitment to tobacco control, a High-Level Ministerial Group on the Control of Tobacco and Emerging Tobacco and Nicotine Products in the Eastern Mediterranean Region was established in 2021. The group comprises six Member States and three meetings have been conducted so far, and their recommendations shared with all Member States in the Region.

8. The Region is home to 19 States Parties to the WHO FCTC, and this number has not increased since adopting the regional strategy and action plan. WHO continues to support other non-party Member States to join the WHO FCTC as soon as possible. At the same time, 18 Member States have developed a national plan of action or strategy based on the regional strategy and action plan and all countries and territories in the Region have focal points for tobacco control and a tobacco control unit or a unit including tobacco control in its mandate; all but two have a multisectoral tobacco control committee.

9. The Region is not moving as fast as hoped in becoming part of the FCTC Protocol to Eliminate Illicit Trade in Tobacco Products; there is a need for more time and guidance in this area, which will be provided by the Meeting of the Parties of the FCTC Protocol as it develops the technical tools needed for the Protocol's implementation. The Region currently has only seven Parties to the Protocol. This number needs to be increased for the Region to benefit both from the tools that will be developed and adopted by the Meeting of the Parties and from international collaboration in this regard.

10. Regarding tobacco industry monitoring and the implementation of Article 5.3 of the WHO FCTC on protecting tobacco control policies from tobacco industry interference, eight countries in the Region have joined the Global Tobacco Industry Index,¹ but only two countries have acted at the national level to prevent a conflict of interest with the industry by adopting the relevant tools.

11. While we see tobacco control integrated into all relevant areas, including noncommunicable diseases and cancer prevention, identifying tobacco control as a priority and funding it at a national level is still a challenge. Very few countries have adopted an earmarking policy for tobacco control, an area that needs improvement.

¹ Eastern Mediterranean Region Tobacco Industry Interference Index, 20 June 2022. Geneva: Secretariat of the WHO Framework Convention on Tobacco Control; 2022 (<https://extranet.who.int/fctcapps/fctcapps/fctc/kh/wts/news/eastern-mediterranean-region-tobacco-industry-interference-index>, accessed 29 March 2023).

Policy status: MPOWER

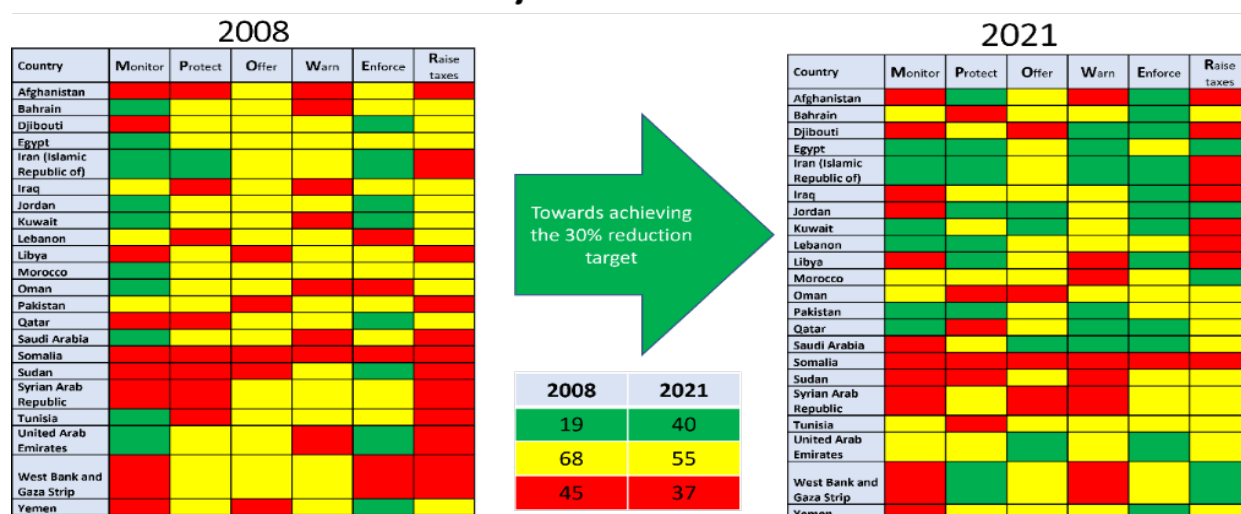


Fig. 2. MPOWER policy status 2008–2021

Note: Green indicates the highest policy achievement, yellow indicates middle achievement and red indicates at-risk status.

Demand reduction measures

12. Policy development has seen significant change in some countries in the Region, and the status of implementation of the MPOWER policies is shown in Fig. 2. Highlights include the following:

- four countries have reached the highest level for tobacco taxation – from a 2017 baseline of two;
- 12 countries have banned tobacco advertising, promotion and sponsorship (TAPS) completely – the 2017 baseline was six;
- eight countries have banned tobacco use in public places – the 2017 baseline was six;
- 12 have adopted graphic health warnings on tobacco packs, although not all at the highest possible level and there are still some gaps to be bridged in some countries (the 2017 baseline was three); two countries have implemented plain packaging.

13. Cessation is one of the areas that has progressed very slowly in the Region despite its potential to be a “quick win”; to date, only five countries have achieved the highest level. The 2017 baseline was three countries.

14. While further change is needed, some developments currently in the pipeline are expected to materialize in the coming months, including comprehensive legislation in Oman on tobacco control, a tobacco use ban in public places in Tunisia, a TAPS ban proposal in Pakistan and a taxation discussion in both Egypt and Pakistan.

Surveillance, monitoring and research

15. The Global Tobacco Surveillance System (GTSS) was established long before the regional strategy and action plan was adopted; its implementation started in 1999. So far, the Region has been widely covered by various surveys, including:

- 89 rounds of the Global Youth Tobacco Survey (GYTS) conducted across all 22 countries/territories in the Region;
- 19 rounds of surveys, mainly using the WHO STEPS instrument, that incorporate the tobacco questions for surveys (TQS) across 18 countries/territories in the Region; and
- four Global Adult Tobacco Surveys (GATS) that have been implemented in various countries of the Region.

16. Since 2018 (noting that the COVID-19 pandemic compromised school and field activities to a large extent), three countries have implemented the GYTS and 10 have implemented adult tobacco surveys.

Challenges

Prevalence, tobacco industry interference, and emerging and novel tobacco products

17. The Region faces several challenges in tobacco control, including high rates of tobacco use (particularly among men), interference from the tobacco industry, regulatory challenges and the emergence of new and unregulated tobacco products.

18. The tobacco industry has a long history of using its vast resources to influence governments and undermine tobacco control efforts. In the Region, this interference takes various forms. For example, the tobacco industry is constantly evolving and using new tactics to encourage young people to become addicted to tobacco products.

19. New and emerging tobacco products such as e-cigarettes and heated tobacco products are not yet regulated in the Region. These products are marketed as safer alternatives to traditional cigarettes, but they still contain harmful chemicals and can lead to addiction and other health problems.

20. Addressing these challenges requires a multipronged approach involving policy-makers, civil society and the public working together to implement evidence-based policies that prioritize public health over the tobacco industry's interests.

21. Advancing the tobacco control agenda is also constrained by slow regulatory mechanisms that hinder the enactment of tobacco control legislation at the national level and need to be addressed through the introduction of more flexible legal mechanisms.

The way forward

22. Despite many achievements at national level, there is a need for greater efforts to scale up the implementation of tobacco control policies and bridge existing gaps in all areas. Equal attention to all tobacco control areas, including demand-side measures, supply-side measures and governance, is necessary to move forward. Otherwise, unevenness in implementation of the different policies will persist. Action is needed to ensure that the challenges are addressed, including novel nicotine and tobacco products and tobacco industry interference and influence over tobacco control policies.

23. More time is required for Member States to fully implement the regional strategy and action plan. Furthermore, in decision WHA72(11) the Seventy-second World Health Assembly decided to extend the term of WHO's global action plan for the prevention and control of noncommunicable diseases from 2020 to 2030, and the WHO NCD Accountability Framework for the NCD Implementation Roadmap was updated to align with this decision.¹ It is therefore recommended to also extend the implementation period for the regional strategy and action plan to 2030, with regular further reports on progress to the Regional Committee and a final report in 2031. The Secretariat will prepare a draft provision to that effect for the Regional Committee's consideration.

¹ WHO NCD Accountability Framework, including Global Monitoring Framework for NCD prevention and control (2021 update) in alignment with the extension of the NCD Global Action Plan to 2030, 27 October 2021. Geneva: WHO; 2021 (<https://www.who.int/publications/m/item/who-ncd-accountability-framework-for-ncd-implementation-roadmap>, accessed 6 September 2023).