

Summary report on the

# Intercountry meeting on prioritizing tobacco control under the Thirteenth General Programme of Work (GPW13)

WHO-EM/TFI/229/E

Virtual meeting  
22–24 February 2021



REGIONAL OFFICE FOR THE

World Health  
Organization

Eastern Mediterranean

Summary report on the

**Intercountry meeting on prioritizing  
tobacco control under the  
Thirteenth General Programme of  
Work (GPW13)**

Virtual meeting  
22–24 February 2021

## © World Health Organization 2021

Some rights reserved. This work is available under the Creative Commons Attribution-NonCommercial-ShareAlike 3.0 IGO licence (CC BY-NC-SA 3.0 IGO); <https://creativecommons.org/licenses/by-nc-sa/3.0/igo>.

Under the terms of this licence, you may copy, redistribute and adapt the work for non-commercial purposes, provided the work is appropriately cited. In any use of this work, there should be no suggestion that WHO endorses any specific organization, products or services. The use of the WHO logo is not permitted. If you adapt the work, then you must license your work under the same or equivalent Creative Commons licence. If you create a translation of this work, you should add the following disclaimer along with the suggested citation: "This translation was not created by the World Health Organization (WHO). WHO is not responsible for the content or accuracy of this translation. The original English edition shall be the binding and authentic edition".

Any mediation relating to disputes arising under the licence shall be conducted in accordance with the mediation rules of the World Intellectual Property Organization.

**Suggested citation.** Summary report on the intercountry meeting on prioritizing tobacco control under the Thirteenth General Programme of Work (GPW13). Cairo: WHO Regional Office for the Eastern Mediterranean; 2021. Licence: CC BY-NC-SA 3.0 IGO.

**Sales, rights and licensing.** To purchase WHO publications, see <http://apps.who.int/bookorders>. To submit requests for commercial use and queries on rights and licensing, see <http://www.who.int/about/licensing>.

**Third-party materials.** If you wish to reuse material from this work that is attributed to a third party, such as tables, figures or images, it is your responsibility to determine whether permission is needed for that reuse and to obtain permission from the copyright holder. The risk of claims resulting from infringement of any third-party-owned component in the work rests solely with the user.

**General disclaimers.** 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.

## Contents

1.	Introduction.....	1
2.	Summary of discussions .....	3
3.	Conclusions.....	8
4.	Recommendations.....	10

## **1. Introduction**

The Thirteenth General Programme of Work (GPW13), the World Health Organization's (WHO) five-year strategy for 2019–2023, focuses on measurable impacts on people's health at the country level. The five-year strategy encompasses three main targets, known as the "Triple Billion targets": one billion more people to benefit from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being. The GPW13 targets also serve as milestones for the health-related targets of the 2030 Sustainable Development Goals (SDGs).

Tobacco control is estimated to have the second biggest impact on achieving GPW13's Triple Billion targets. Hence, it is imperative for countries to focus on GPW13 target 22, which proposes a "25% relative reduction in prevalence of current tobacco use in persons 15+ years". This GPW13 target corresponds to SDG target 3.a aiming at "Strengthen(ing) the implementation of the World Health Organization Framework Convention on Tobacco Control in all countries, as appropriate". With a relatively high prevalence of tobacco use, countries in the Eastern Mediterranean Region have the potential to make particularly strong progress in the Triple Billion targets if they strengthen tobacco control measures.

With this in mind, the Tobacco Free Initiative at the WHO Regional Office for the Eastern Mediterranean held a virtual intercountry meeting on prioritizing tobacco control under the GPW13 from 22 to 24 February 2021. The three-day meeting was led by representatives from WHO headquarters and the Regional Office, along with experts from the UK's University of Newcastle and MonEval International. It included participation by focal points in the WHO country offices of Djibouti, Islamic Republic of Iran, Jordan, Lebanon, occupied Palestinian territory and Somalia. There was also representation from

the ministries of health of Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, occupied Palestinian territory, Qatar, Saudi Arabia, Somalia, Syrian Arab Republic, Tunisia and United Arab Emirates. Three representatives attended from Qatar's General Customs Authority. Overall, there were 69 participants.

The objectives of the meeting were to:

- discuss tobacco control progress in the Eastern Mediterranean Region through various reports and documents;
- brainstorm strategies to achieve the GPW13 targets through scaling up tobacco control efforts;
- present international best practices for countries that managed to reduce prevalence of tobacco control; and
- agree on a way forward and best approaches for the next steps.

The meeting was opened by Dr Ahmed Al-Mandhari, WHO Regional Director for the Eastern Mediterranean. In his opening remarks, Dr Al-Mandhari stated that the purpose of the meeting was to accelerate action towards achieving the GPW13 goals and the SDGs through tobacco control within the greater context of noncommunicable disease (NCD) risk factor prevention. He reminded participants of the grave costs of tobacco use to the well-being of populations, economies and environments of countries on an annual basis. These damages, he clarified, can only be prevented by effectively implementing the WHO Framework Convention on Tobacco Control (WHO FCTC) as a national and regional priority.

## 2. Summary of discussions

### *An overview of tobacco use trends in the Eastern Mediterranean Region*

Dr Vinayak Mohan Prasad, Unit Head of the Tobacco Free Initiative at WHO headquarters, commenced by explaining the importance of tobacco control in achieving the Triple Billion targets. He gave an overview of smoking trends amongst different groups in the Region, outlining that overall, according to projected trends, the Region is expected to make the slowest progress in tobacco use reduction, with a 6% relative reduction, compared to other WHO regions, who average a 17% relative reduction (WHO global report on trends in prevalence of tobacco use 2000–2025, third edition, p. 21). For men, smoking trends are alarmingly high in the Region, with minimal decreases in the projected trend. By contrast, expected smoking trends for women in the Region perform better than the global average. Another challenge, Dr Prasad pointed out, are the increasing rates of adolescent smoking in the Region, especially amongst girls. With some countries of the Region having made significant progress in implementing MPOWER policy measures, Dr Prasad encouraged this progress to be extended to all countries of the Region.

Dr Fatimah El-Awa, Regional Adviser for the Tobacco Free Initiative at the WHO Regional Office, gave a presentation on the status, opportunities, challenges and future expectations for tobacco control in the Region. She pointed out the alarmingly high tobacco use in both adults and youth in multiple countries of the Region, and highlighted the emerging challenge of novel tobacco products, and their rapidly spreading popularity. Taking the three interlinked global tobacco control targets together – the 2023 GPW13 goals, 2025 NCD Voluntary Goals and 2030 SDGs, the final target is a 30% reduction in tobacco use amongst adults. In order to achieve this, Dr El-Awa emphasized the need to implement the regional strategy and action plan for tobacco control, a policy framework based on MPOWER and the WHO FCTC.

*Putting GPW13 into greater context*

Dr Pavel Ursu, Director of the Division of Data, Analytics and Delivery for Impact at WHO headquarters, clarified the purpose of GPW13 in the greater context of WHO's agenda. The 2023 GPW13 goals were established to bring special focus to all health-related SDGs. By providing an intermediary landmark, GPW13 aims to help countries stay on track towards the 2030 SDGs. GPW13 brings attention to major gaps in the public health status of countries, and thus aids them in accelerating progress towards their health-related goals. Specifically, tobacco control is captured in the “universal health coverage” and “healthier population” Triple Billion targets of GPW13. In the Eastern Mediterranean Region alone, tobacco control is estimated to contribute 14 million healthier lives by 2023 if all countries meet the acceleration scenarios in line with the global NCD target. Therefore, it is imperative to continuously monitor trends to determine whether countries are on track to meet the targets.

*Surveillance in tobacco control*

Ms A'isha Alison Louise Commar, Technical Officer at the Tobacco Free Initiative at WHO headquarters, outlined the fundamental requirements of effective tobacco control monitoring. For countries to establish a sound tobacco control surveillance system, they need thoroughly planned, consistent and representative monitoring of tobacco-related prevalence and policies, along with a strategy to effectively disseminate the collected information. WHO recommends collecting data on tobacco use and tobacco control policies at least every five years. To maximize their effect, survey results should be continuously publicly disseminated by advocates among governments, civil society and the media, and researchers should be encouraged to analyse the data.



Edouard Tursan d’Espaignet, Associate Professor at the University of Newcastle and the University of New England and Research Associate at MonEval International, James Rarick, Research Associate at MonEval and A’isha Commar introduced their Interactive Smoking Projection and Target Setting Tool (ISPT). The tool is to be used in interactive consultation with countries to compile available data on the current tobacco control situation in each country to explore policy options to meet smoking prevalence reduction targets. By showing the expected effects of specific tobacco control policies in each country, the ISPT helps create personalized action plans for countries to implement suitable legislation. Delivery plans are further strengthened by examining best practices from countries who have shown success in tobacco control.

The second day of the meeting commenced with Dr d’Espaignet presenting global and regional tobacco use data to situate the Eastern Mediterranean Region’s progress in the global context. The Region has seen a steady relative reduction in tobacco use, from 29.5% in 2000 to 18.6% in 2020 (*WHO global report on trends in prevalence of tobacco use 2000–2025*, third edition, p. 12). This relative reduction is expected to continue, with a projected tobacco use rate of 17% in 2025, just shy of the 16% 2025 target. However, mostly due to population growth, the absolute number of smokers has been increasing in the Region since 2000. Starting with 56 million smokers in 2020, the absolute number of smokers in the Region has been steadily increasing to reach an estimated 94 million in 2020. That is, the Region has seen an added 38 million smokers in its population between 2000 and 2020. By contrast, the absolute number of smokers globally actually decreased by 30 million during this 20-year period: the WHO Americas, European and South-East Asia regions all saw a decrease of 48 million, 52 million and 1 million in their absolute number of smokers between 2000 and 2020 (*WHO global report on trends in prevalence of tobacco use 2000–2025*, third edition, p. 17). The Eastern Mediterranean Region, along with the

African and Western Pacific WHO regions, are the only regions that have seen an increase in their absolute number of smokers since 2000. Out of these three regions with growing numbers of smokers, the Eastern Mediterranean Region has shown the most significant increase with its 38 million added smokers. The Eastern Mediterranean Region alone has approximately increased in the same number of smokers that the entire global population decreased in. The alarming fact that the Region is going in the opposite direction of global trends shows the urgent need to intensify tobacco control efforts in the Region.

Dr d'Espaignet showed the importance of effective tobacco control policy implementation by investigating examples of varying trends in countries of the Region.

*Tobacco use trends in the Eastern Mediterranean Region: a special focus on adolescents and females*

Dr Heba Fouad, Regional Surveillance Officer in the Noncommunicable Diseases Surveillance Unit at the WHO Regional Office presented on the importance of controlling all forms of tobacco use, including waterpipe, in order to achieve GPW13 and SDG targets. Dr Fouad emphasized that the Eastern Mediterranean Region must accelerate efforts to reach the SDG target of a 30% reduction of premature deaths by 2030. Dr Fouad gave a regional overview of tobacco use prevalence rates amongst different gender and age groups, with a special focus on youth. Data collected from various WHO surveys over the past years indicate that the onset of tobacco use occurs primarily in adolescents. The Eastern Mediterranean Region currently ranks second for tobacco use amongst boys with a 15.8% prevalence rate, after the South-East Asia Region. The average tobacco use rate for girls in the Region lies at almost 8%. Waterpipe use is especially popular amongst youth, as it is more socially acceptable and easier to

access. Although waterpipe use is lower amongst adults than adolescents in the Region, it is still relatively high in many countries, reaching up to 22.4% among both sexes. Adolescent waterpipe use is prevalent in almost all countries of the Eastern Mediterranean Region, with rates reaching up to almost 35% for both sexes. This contributes to the normalization of tobacco use from a young age, thus threatening the GPW13 and SDG goals of tobacco use reduction.

Ms Sophia El-Gohary, UNV Junior Officer in the Tobacco Free Initiative at the WHO Regional Office presented on the importance of tackling tobacco use amongst women and girls in the Eastern Mediterranean Region. Currently, adult male smoking is significantly higher than female adult smoking in the Region. The relatively low female smoking rates in the Region help keep overall tobacco use rates amongst both sexes lower. By contrast, this large gap in tobacco use rates amongst adult males and females is significantly narrower between adolescent males and females, indicating increased prevalence among young girls. When directly comparing tobacco smoking between adult women and young girls in the Region, almost all countries show significantly higher rates amongst girls than women. Since women are a key group needed to lower overall tobacco use rates now and especially in the future, paying special attention to tobacco control amongst girls and women can be a quick win in achieving GPW13 targets.

*Using the Interactive Smoking Projection and Target Setting Tool (ISPT) to achieve GPW13 and SDG targets in the Eastern Mediterranean Region*

Dr d’Espaignet and Mr Rarick demonstrated how the ISPT can be applied by countries in the Region as a way to visualize the tobacco control policies needed to achieve GPW13, NCD and SDG targets. The tool estimates how varying intensities of different MPOWER policies would affect the prevalence of tobacco use in specific countries. Changes in the number of

smokers and tobacco-related mortality for both smokers and non-smokers can also be estimated based on the strength and enforcement of different MPOWER measures. The ISPT shows expected tobacco use rates in each country corresponding to different POWER policy levels (from one to five) and enforcement strength (from low to strong). It also proposes country-specific recommendations for how each POWER policy must be addressed in order to reach GPW13, NCD and SDG targets. By looking at the gaps and areas of improvement unique to each country, a personalized, evidence-based tobacco control work plan can be developed for each country of the Region. The quantitative trends projected by the ISPT can be used to effectively advocate tobacco control policy project proposals to stakeholders and policy-makers in an evidence-based manner.

The consultation was concluded by Dr Fatimah El-Awa presenting closing remarks and initiating post-meeting next steps. Member States participating in the meeting were encouraged to commit to individual virtual missions planned by Tobacco Free Initiative team members from WHO headquarters and the Regional Office in 2021. These virtual missions aim to involve multisectoral stakeholders and decision-makers from ministries of health. The missions will help identify the specific policies needed to effectively impact tobacco use prevalence and achieve GPW13, NCD and SDG targets in individual countries of the Region. WHO plans to work individually with countries on prioritizing tobacco control through developing personalized background documents and trend modules for accelerating tobacco control. Interested countries were asked to send confirmations for a virtual mission through an official request from their respective WHO Representatives in countries.

### **3. Conclusions**

The meeting emphasized how intensifying tobacco control efforts can be a quick win for countries in achieving GPW13, NCD and SDG targets. Currently, the Eastern Mediterranean Region is exhibiting alarmingly high

tobacco use trends, with minimal decreases projected in future trends compared to other WHO regions. The discussion clarified the urgent need to significantly intensify tobacco control policy implementation in order to meet the GPW13 goal of a 25% relative reduction in adult tobacco use by 2025 and ultimately a 30% reduction in line with the 2030 SDG target. Due to the considerable room for improvement in tobacco control in the Eastern Mediterranean Region, the Region has high potential to make significant changes in its tobacco use prevalence.

Experts presenting at the meeting emphasized the importance of paying special attention not only to the alarmingly high tobacco use prevalence among males, but also to increasing rates of tobacco use among adolescents and females in the Region. Youths and females are particularly vulnerable to the effects of tobacco use and targeted marketing by the tobacco industry. Increasing social acceptance of female and adolescent tobacco use, which is further driven by waterpipe and novel tobacco use amongst these groups, is expected to drive up overall tobacco use rates in the Region if not addressed immediately. Such increases in tobacco prevalence trends greatly threaten progress towards achieving GPW13, NCD and SDG targets.

The discussion further solidified the importance of establishing a comprehensive surveillance system to monitor tobacco use and tobacco control policies both nationally and regionally. A reliable surveillance system requires thoroughly planned, periodic and representative monitoring with widespread dissemination of the collected information. Reliable data is essential to effectively advocate for evidence-based tobacco control policy implementation to policy-makers and other stakeholders.

The Interactive Smoking Projection and Target Setting Tool (ISPT) calculates projected tobacco use trends and tobacco-related deaths depending on the strength and enforcement level of MPOWER policy

implementation in individual country settings. WHO plans to use this tool in interactive consultation with countries to compile available data on the current tobacco control situation in each specific country to explore policy options to meet smoking prevalence reduction targets.

The meeting saw the initiation of preparations for virtual missions planned with selected countries of the Region throughout 2021. These multisectoral virtual missions aim to use the ISPT to create personalized action plans to advocate for suitable tobacco control policy proposals to policy-makers and other stakeholders of individual countries. The technical information and best practices in effective tobacco control in the Region discussed throughout the meeting should be used to establish personalized, well-rounded tobacco control programmes to achieve GPW13, NCD and SDG targets.

#### **4. Recommendations**

Taking into account the findings of the background papers of the meeting, and the results of the ISTP, the following actions were recommended.

##### *For Member States*

1. Advocate to policy-makers and other stakeholders the significant impact of tobacco control as a quick win to accelerate progress towards GPW13, NCD and SDG targets.
2. Adapt and implement the regional strategy and action plan for tobacco control at country level.
3. Promote tobacco control measures from WHO FCTC and MPOWER guidelines in a way that considers differences in tobacco use dynamics amongst genders and age-groups.
4. At a programmatic level, countries are called upon to focus on:
  - reducing male tobacco use;
  - maintaining female tobacco use at previously low rates;

- ensuring that national programmes target youth smoking to prevent further future increases;
  - look into legislative and programmatic measures to control the spread and normalization of water-pipe and novel tobacco products, especially amongst females and youth.
5. Prevent gender and age group targeted marketing by the tobacco industry by strengthening policies from Article 5.3 of the WHO FCTC.
  6. Strengthen surveillance of tobacco use and tobacco control policies through planned, periodic and representative monitoring.
  7. Strengthen national surveillance systems through a multisectoral approach by including ministries of health, ministries of finance, ministries of education and national bureaus of statistics.
  8. Disseminate collected information and data on tobacco use across relevant groups in government, civil society and the media, and encourage researchers to conduct analyses of the data.
  9. Use the ISPT to create action plans for the specific tobacco control measures needed to reduce future tobacco use prevalence and tobacco-related deaths.
  10. Look at best practices from countries and regions with successful tobacco control programmes.
  11. Initiate technical preparations for upcoming WHO-led individual virtual missions involving multisectoral stakeholders and decision-makers from ministries of health.
  12. Continue engaging with policy-makers to strengthen tobacco control policies.

*For WHO*

13. Initiate organizational preparations with countries to conduct individual virtual missions to discuss ISTP findings and future action plans.

The image features a minimalist, abstract design composed of several rectangular blocks. A large teal block occupies the top right and bottom right portions. A grey block is positioned at the top left. A horizontal grey band runs across the middle. A dark grey block is located in the bottom left. The bottom of the image is a solid grey bar containing white text.

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)