Summary report on the

Intercountry meeting on restricting digital marketing of tobacco and nicotine products in the Eastern Mediterranean Region: a comprehensive approach to restricting digital marketing

Virtual Meeting 8–10 July 2024





Summary report on the

Intercountry meeting on restricting digital marketing of tobacco and nicotine products in the Eastern Mediterranean Region: a comprehensive approach to restricting digital marketing

Virtual meeting 8–10 July 2024



© World Health Organization 2024

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 restricting digital marketing of tobacco and nicotine products in the Eastern Mediterranean Region: a comprehensive approach to restricting digital marketing. Cairo: WHO Regional Office for the Eastern Mediterranean; 2024. 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. | Introduction1 | Ĺ |
|----|---------------------------------------|----|
| 2. | Summary of discussions | 2 |
| 3. | Conclusion | ١3 |
| 4. | Recommendations and next steps | 13 |
| 5. | Annex 1. Sample action plan template1 | 14 |

1. Introduction

In an era marked by exposure to digital marketing, the promotion of unhealthy products, such as tobacco, and emerging alternatives, such as electronic nicotine-delivery systems, poses a growing threat. As time spent online shifts increasingly to social media and digital devices such as phones and tablets, where personalized and targeted advertising predominates, digital marketing and consumption are expected to rise. In consequence, the response to this threat from governments and public health institutions needs strengthening to achieve a comprehensive ban on the digital marketing of tobacco and nicotine products.

The obligation to restrict digital marketing stems from Article 13 and Article 5.3 of the World Health Organization (WHO) Framework Convention on Tobacco Control (FCTC), which aim to ban all forms of direct and indirect tobacco advertising, promotion and sponsorship, and shield public health policies from industry influence.

In response to these challenges, the WHO Regional Office for the Eastern Mediterranean, in collaboration with WHO headquarters, held an online intercountry meeting on restricting digital marketing of tobacco and nicotine products in the WHO Eastern Mediterranean Region on 8–10 July 2024. The meeting aimed to strengthen the commitment and capacity to combat the digital marketing of these products and advance tobacco control measures in the Eastern Mediterranean Region. The meeting brought together regional and international experts, country representatives, nongovernmental organizations and regulatory authorities, to discuss the current situation, share experiences and strategize on restricting the digital marketing of tobacco and nicotine products.

Page 2

2. Summary of discussions

Dr Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative (TFI), WHO Regional Office for the Eastern Mediterranean, commenced the meeting by delivering a message from Dr Asmus Hammerich, Director for Noncommunicable Diseases and Mental Health at the WHO Regional Office for the Eastern Mediterranean and Acting Director for Healthier Populations, highlighting concerns over recent survey data showing up to 60% prevalence rates of tobacco use among men in some countries of the Region, along with rising use of new and emerging nicotine and tobacco products. Despite successes in banning tobacco advertising, promotion and sponsorship (TAPS), enforcement gaps remain, particularly in social media and digital marketing. Additionally, while nearly all countries in the Region have some form of TAPS ban in place, many do not have comprehensive bans. In particular, the digital marketing of newer tobacco products is a significant challenge in the Region, with widespread promotion on various social media platforms.

Restricting digital marketing of tobacco and nicotine products: introducing the problem

Dr Benn McGrady, Unit Head, Public Health Law and Policies, Department of Health Promotion, WHO headquarters, highlighted the challenges many countries face in enforcing partial or age-based restrictions, particularly regarding advertising to children. Dr McGrady emphasized the importance of the guidelines for Article 13, which categorize advertising, promotion and sponsorship, including digital marketing and corporate social responsibility activities.

Ms Elisabet Ruiz Cairó, Legal Consultant, Public Health Law and Policies, Department of Health Promotion, WHO headquarters,

presented on the types of digital marketing and actors in the digital marketing supply chain. She emphasized the importance of understanding digital marketing and its actors to effectively implement and enforce regulations, and described digital marketing techniques such as display advertising, influencer marketing and user engagement techniques. She outlined the actors involved in the digital marketing supply chain who play a significant role in tobacco product marketing, including tobacco product manufacturers, distributors and retailers, noting that in digital environments, publishers include website owners, social media platforms, search engines, app developers and streaming services. Ms Ruiz Cairó concluded that digital marketing increases exposure to tobacco advertising and enhances marketing power through targeted adverts and user engagement.

Ms Kritika Khanijo, Technical Officer (Legal), Public Health Law and Policies, Department of Health Promotion, WHO headquarters, presented on contemporary examples of the digital marketing of tobacco and nicotine products, including a case study on the Juul Vaporized campaign. Juul's e-cigarette was launched in 2015 and gained popularity due to its discrete design and high nicotine content. The Vaporized campaign's primary target was youth, although it was also designed to transition adult smokers away from combustible cigarettes. Ms Khanijo described how Juul became a leading e-cigarette brand in the United States of America after aggressively marketing its products on social media platforms and achieving significant market penetration and sales. However, due to criticism and rising teen vaping rates, Juul closed its social media accounts and later leveraged YouTube to showcase product features and benefits through promotional content and advertisements. Ms Khanijo concluded by highlighting the legal repercussions Juul faced due to its marketing practices.

Ms Caroline Renzulli, Director of Internal Communications at the Campaign for Tobacco-Free Kids (CTFK), presented on the functioning of digital marketing compared to traditional marketing in terms of targeting, exposure and challenges. She discussed a recent report from CTFK and highlighted the social media marketing strategies of tobacco giants, including British American Tobacco and Philip Morris International. She described how the tobacco industry creates a "surround sound marketing effect", through the use of paid adverts, direct marketing, collaboration, contests and influencer marketing, making tobacco content appealing and normalized on social media, and gave examples of influencers promoting e-cigarettes and adverts targeting young women. Ms Renzulli highlighted the efforts by public health organizations to pressure social media companies to curb tobacco marketing through policies and content moderation. She called for ensuring a media focus on the topic to ensure policy-makers recognize the urgency of protecting young people from tobacco marketing on social media.

Ms Khanijo presented on the WHO FCTC and comprehensive bans on digital marketing. She explained that Article 13 requires parties to ban tobacco adverts on traditional and digital media, covering both outflowing and inflowing cross-border advertising. Ms Khanijo noted the need for effective restrictions on electronic nicotine delivery systems to prevent the targeting of minors and non-smokers, highlighted the challenges of cross-border advertising in entertainment media and discussed the adoption of new guidelines at the tenth session of the Conference of Parties to the WHO FCTC to address these issues. She also described examples of the enforcement of bans from various jurisdictions. Ms Khanijo concluded by reiterating the WHO FCTC's requirement for comprehensive bans on all media types and novel tobacco products, and the need for broad restrictions where complete bans are constitutionally unfeasible.

Dr El-Awa presented on the most important gaps in TAPS bans in the Eastern Mediterranean Region. She stated that despite some progress, such as complete bans in certain countries and initiatives to address point-of-sale advertising, challenges persist such as promotional activities in petrol stations and media portrayals of tobacco use. Digital marketing and weak enforcement of existing laws further complicate efforts. Dr El-Awa emphasized the need for comprehensive bans, particularly to protect children and vulnerable populations.

Country presentations on the status of TAPS at the national level and digital marketing bans

Dr Kawthar Al-Eid, Head of the Anti-Smoking Group, Public Health Directorate, Ministry of Health of Bahrain, outlined the country's measures against tobacco advertising and promotion. She stated that all forms of publicity, promotional advertising and brand participation by tobacco companies are prohibited. Dr Al-Eid emphasized the ban on recognizable tobacco brands in the media, as well as the prohibition of online tobacco sales and adverts for electronic nicotine delivery systems. Challenges have included the lengthy process to change laws in Bahrain and the rise of electronic products. She suggested that media depictions of tobacco use must include a written declaration from involved parties that they will not benefit from showing tobacco products.

Dr Behzad Valizadeh, Head of the National Tobacco Control Secretariat of the Iranian Ministry of Health and Medical Education, detailed the country's rigorous measures against tobacco advertising and sales, especially online. The National Tobacco Control Act bans all tobacco promotion, and online adverts and sales. It also prohibits smoking depictions in the media, tobacco sponsorship and the sale of e-cigarettes. Dr Valizadeh further stated that efforts are ongoing to draft regulations protecting children and adolescents from online tobacco adverts, with the Ministry of Industry setting restrictive

criteria for these. A public compliance system, including a hotline, allows the reporting of tobacco sales and advertisement violations.

Dr Mansour Zafer Algahtani, Secretary General of Saudi Arabia's National Committee for Tobacco Control and Supervisor of the Tobacco Control Programme at the Ministry of Health, outlined the country's measures to regulate online tobacco sales, emphasizing the integration of e-commerce and child protection laws. He highlighted the challenge of an increasing trend among teenagers in purchasing tobacco products online, unauthorized sales and promotional discounts. Dr Algahtani said the country bans sales to minors and all forms of tobacco advertising in the media, with child protection laws addressing harms to children and licensing requirements for online advertising. He recommended stricter enforcement of e-commerce laws, authentication of online sellers and a ban on online tobacco sales.

Dr Loubna Lammaghi described Morocco's laws regulating tobacco product composition, nicotine levels and taxation, which have significantly increased excise duties on tobacco products. The Ministry of Health regularly reminds other ministries not to sponsor or organize events promoting tobacco use and conducts activities to raise public awareness about the harms of tobacco. A draft bill exists to ban electronic cigarettes, alongside a draft circular to regulate their advertising. She concluded by noting that future projects include monitoring the online retail of nicotine products and further developing digital marketing regulations.

Dr Jawad Al-Lawati, Senior Consultant with Oman's Tobacco Control Programme, and Head of the National Committee for Tobacco Control, highlighted the country's long-standing ban on TAPS. Point-of-sale promotions were a significant issue until 2018, when tobacco advertising was banned in all forms of media. Promotional offers and giveaways are also banned. Despite this, occasional violations by

companies persist due to limited municipal staff to enforce the ban. Tobacco company corporate social responsibility activities, such as supporting women's associations and mosque maintenance, remain a challenge. The government is studying these activities, and the Ministry of Information aims to address the issue.

Mr Wasim Saleem, Tobacco Tax Consultant at the WHO Pakistan country office, noted that all forms of tobacco promotion, including sponsorships, sampling, display of brand logos and use of merchandise that promotes smoking, are prohibited in the country. The Ministry of National Health Services Regulations and Coordination is focusing on reducing the promotion of both electronic and traditional tobacco products, ensuring compliance and reinforcing tobacco control measures across Pakistan.

Mr Mohamed Asaad Ibrahim, Monitoring and Evaluation Coordinator, Health Promotion Department, Non-Communicable Diseases Division, Ministry of Public Health of Qatar, highlighted the country's regulation of tobacco products, noting that their advertising on social media or any other platform is illegal, and violators face significant penalties. There is a government cybercrime department that has concluded a memorandum of understanding with the Ministry of Health to track digital marketing of tobacco and nicotine products. Challenges include cross-border enforcement and the different regulations across the Region that make it difficult to maintain a consistent approach to banning electronic tobacco advertisements and sales. Qatar aims to move towards plain packaging and to further tighten its regulations.

Dr Buthaina Bin Belaila Al Muhairi, Head of Noncommunicable Diseases and Mental Health at the Ministry of Health and Prevention, United Arab Emirates, outlined the country's tobacco control efforts since 2005, including a 2009 ban on tobacco promotion and a 2016 law protecting children. Dr Belaila noted challenges in regulating and managing digital

marketing, saying the country has issued guidelines for social media influencers and fines for violations. Ongoing efforts include using AI for enforcement and raising public awareness through social media.

Adapting TAPS bans to digital environments

Dr McGrady presented on different laws relevant to digital marketing, including those on tobacco control advertising, and media and data protection laws, and on the need for legal coordination. He emphasized the importance of an integrated approach across governmental agencies and ministries to effectively control the digital marketing of tobacco products. Highlighting examples from Saudi Arabia and the United Arab Emirates, Dr McGrady illustrated successful coordination between tobacco control authorities and e-commerce regulators. He stressed that effective regulation begins with a comprehensive national tobacco control law, which should also cover nicotine products such as e-cigarettes, and that the ultimate goal is that the relevant government agencies can effectively monitor and enforce restrictions on TAPS across digital platforms.

Ms Ruiz Cairó outlined the digital marketing practices to be covered by TAPS bans, including influencer marketing, user engagement and product placement, noting that laws should be comprehensive and explicitly cover all forms of media. Despite comprehensive bans in some countries, challenges remain in enforcement and coverage, particularly for nicotine products and related devices. Advertising from abroad poses additional challenges, especially in regions with shared languages. To counter this, laws should specify that bans apply to all advertisements viewed within the country, regardless of the origin. Ms Ruiz Cairó also emphasized regulating influencer marketing by requiring disclosures and restricting the categories of product they can advertise. She highlighted addressing user engagement techniques in

digital marketing, which make campaigns more effective and harder to monitor, and suggested banning the online retail of tobacco products.

In discussion, participants emphasized the importance of national and regional efforts to regulate the digital marketing of tobacco products. While comprehensive bans and coordinated legislation across regions such as the European Union can provide a strong framework, individual countries must tailor regulations to their specific media laws and enforcement capabilities. Regional collaboration, such as within member countries of the Gulf Cooperation Council or League of Arab States, can help address cross-border challenges and harmonize standards. A supply chain approach to monitoring and enforcing digital marketing regulations for tobacco products, and targeting social media platforms, manufacturers and influencers, was suggested as a practical way to enhance compliance and effectiveness in digital marketing regulation.

Implementation, monitoring and enforcement

Dr Kerstin Schotte, Medical Officer, TFI, Department of Health Promotion, WHO headquarters, presented on the contribution of World No Tobacco Day (WNTD) to addressing digital marketing for tobacco control. The WNTD campaign for 2024 highlighted the manipulation and targeting of youth by the tobacco industry. She discussed the various marketing approaches, both direct (e.g. print media) and indirect (e.g. sponsorships), and stressed the importance of comprehensive bans on all forms of TAPS, noting the impact of social media influencers being paid to promote tobacco products, high visibility of tobacco-related hashtags, provision of free samples and targeting of new nicotine products to youth. Dr Schotte concluded by reiterating the campaign's key messages, urging policy-makers to close all marketing channels and protect future generations.

Ms Melina Magsumbol, Senior Research Manager, Vital Strategies, presented on innovative mechanisms to monitor digital marketing and provided a detailed overview of TERM (Tobacco Enforcement and Reporting Movement), a digital media monitoring tool designed to combat online tobacco marketing. TERM operates in real-time, using AI and human expertise to track tobacco adverts across platforms such as Facebook, Instagram and YouTube. It addresses hidden and ephemeral online marketing, focusing on branded accounts and keywords that allow systematic monitoring and data collection. The data generated informs policy action and counter-marketing campaigns. Plans are in place to expand TERM's geographical reach and explore its application to other unhealthy products, reinforcing its role as a vital resource in the fight against tobacco marketing.

Ms Ruiz Cairó presented on mechanisms to strengthen the enforcement of digital marketing regulations and the challenges of monitoring online advertising, especially targeted adverts. She proposed two main strategies: 1) imposing disclosure obligations on advertisers and online platforms, as seen in Canada, the European Union and the United States, where detailed marketing information is required; 2) implementing enforcement measures for non-compliant adverts, for example, broad complaint mechanisms and alternative penalties such as publicizing violators and requiring content removal. Ms Ruiz Cairó highlighted the difficulties of enforcing rules across borders and emphasized the need for adaptive strategies to tackle online marketing violations. In conclusion, Ms Ruiz Cairó urged adapting enforcement measures to the unique challenges of digital environments, emphasizing that both monitoring and enforcement strategies need to evolve to effectively address online marketing violations.

There was discussion on the challenges and strategies for regulating tobacco and nicotine marketing in digital spaces, especially when national laws are

absent or unclear. It was noted that in such cases, enforcement often relies on platform policies and self-regulatory codes, which can be less stringent. The importance of a multifaceted approach was emphasized, combining education, advocacy and engagement with various stakeholders, including global brands, influencers and small businesses. The need for clear and consistent rules across different jurisdictions was highlighted, along with the importance of public support. The discussion concluded with agreement on the need to develop model guidelines to assist countries in banning digital tobacco marketing, tailored to various national contexts.

Work at the country level

Dr Hina Hafeez, a Fellow with the TFI programme at the WHO Regional Office for the Eastern Mediterranean, facilitated a country working group session to identify key elements and challenges in managing digital tobacco marketing and plan strategies for effective restriction in countries, and introduced an action plan template to support this (see Annex 1).

Working group 1: Bahrain, Oman, Qatar

A draft national action plan to control and end the digital marketing of tobacco and nicotine products was developed. The group emphasized building on existing control activities, establishing monitoring indicators and coordinating with relevant authorities. They proposed integrating digital marketing indicators into ongoing research, learning from other sectors and enhancing governance through multisectoral collaboration. The plan also included advocacy efforts involving social media influencers and key partners, using various media for public awareness and engaging the public in reporting violations via a ministry of health hotline.

Working group 2: Islamic Republic of Iran, Pakistan

The group noted the need for judicial support for implementing executive guidelines and bylaws and proposed a review of laws and regulations to identify gaps. They highlighted the need to create a government coordination mechanism to address these challenges and suggested developing advocacy documents for better implementation and compliance. Noting legislative differences between the two countries, they urged progressive legislative measures, interventions by the ministry of health and collaboration with the ministry of justice. The involvement of various ministries and influential figures in advocacy efforts was suggested to ensure comprehensive enforcement and legislative progress.

Working Group 3: Kuwait, Saudi Arabia, United Arab Emirates

The group identified the need to: enhance tools for screening advertisements using AI; align mandates and roles among stakeholders such as the ministries of trade, commerce and health; and raise awareness on advertising laws, especially among young influencers. The group also discussed effective penalization systems, noting Saudi Arabia's restricting of travel for violators and the United Arab Emirate's interest in banning online sales of tobacco and related products.

Working group 4: Morocco, Tunisia

Both countries aim to monitor digital marketing of tobacco and nicotine products at the national level to gather evidence. They also plan to continue their strong multisectoral collaboration to ensure effective task sharing and both are interested in assessing their legal environments before proposing legislative changes. Tunisia is considering modifying its tobacco control law to include nicotine products and ban TAPS. Morocco is evaluating how to implement existing restrictions or possibly adopt a new law for the same purpose.

Page 13

3. Conclusion

Dr Fatimah El-Awa concluded the meeting by expressing her gratitude to all the participating countries and speakers, and thanking WHO headquarters for its leadership and support.

4. Recommendations and next steps

For Member States

- 1. Develop an action plan and implement country-level activities to restrict digital marketing of tobacco and nicotine products.
- 2. Provide updates on the plan's development and implementation by December 2024.
- 3. Coordinate among different sectors to develop a multisectoral approach to action on digital marketing.

For WHO

- 4. Follow-up on planned activities, including through regular meetings with country groups.
- 5. Continue providing technical support to countries to plan and implement their activities, as needed.
- 6. Hold a second intercountry meeting to provide all Member States of the Region with technical information.

For the WHO FCTC Secretariat

7. Coordinate with Parties to address digital marketing and its threat to tobacco control and provide technical guidance through Conference of the Parties (COP) sessions.

Page 14

5. Annex 1. Sample action plan template

National level plan of action for controlling/ending digital marketing of tobacco and nicotine products

| Area | Activities | Timeline | Key partners |
|---------------|---|---|--|
| Research and | Establish systems to continuously monitor social media, websites and other digital platforms for tobacco and nicotine marketing activities. | 6–12 months, then ongoing 1–6 months ongoing | Ministry of health |
| monitoring | | | Ministry of information |
| | Integrate digital marketing questions into ongoing surveys. | | Academic institutions |
| | Document good practices. | | Ministry of education |
| | | | Legal experts/law department |
| | | | Nongovernmental organizations |
| Governance/ | Include in the multisectoral mechanism in the country all | nd ongoing | Ministry of health |
| multisectoral | national level partners who can contribute to the ban and monitoring of digital marketing, including the ministry of | | Ministry of information |
| | information, civil society, etc. | | Civil society |
| | | | Ministry of information and technology |
| | | | Intercountry collaboration |
| | | | |

Page 15

National level plan of action for controlling/ending digital marketing of tobacco and nicotine products

| Area | Activities | Timeline | Key partners |
|--------------------|--|---------------------------|-------------------------|
| Legislative/policy | Develop guidelines on digital marketing regulation if there is a full/comprehensive ban on TAPS in the country. | 1–2 years | Ministry of health |
| ptions | run/comprehensive ban on TAPS in the country. | | Parliament |
| | In case of no full/comprehensive ban on TAPS in the country, identify a legal modality to bridge existing gaps. | 2–4 months | Legislators |
| | Suggestions include: | | Policy-makers |
| | Articulate a regulatory pathway for new and emerging nicotine and tobacco products. | 4–6 months | Legal experts |
| | Issue an appropriate legal instrument to ban or restrict all forms of digital marketing for tobacco and nicotine products. | 1–2 years | |
| | Send official letters to all digital platforms to remove existing tobacco and nicotine advertisements. | 6–12 months | |
| | How to tackle advertisements for jurisdictions that have no regulation for new and emerging nicotine and tobacco products. | | |
| | Incorporate guidelines/regulations for influencers, content creators and celebrities to ban all tobacco and nicotine advertising and disclose any commercial content they may publish. | | |
| Advocacy and | Collaborate with relevant national authorities, influencers and | 6–12 months, then | Ministry of health |
| awareness | public figures to promote anti-tobacco messages and advocate for a tobacco-free lifestyle. | ongoing | Ministry of information |
| | Develop an awareness package that can be used by all sectors and key partners tailored to the country. | 6–12 months, then ongoing | Advocacy groups |

Page 16

National level plan of action for controlling/ending digital marketing of tobacco and nicotine products

| Area | Activities | Timeline | Key partners |
|----------------------|---|-----------------|---|
| | Run national/regional level social media campaigns to raise awareness | 1–2 years, then | Nongovernmental organizations |
| | about digital marketing tactics, how it increases tobacco advertising and promotion, and its damaging impact on the next generation. | ongoing | Journalists |
| | Raise awareness about the impacts of tobacco marketing to | | Influencers/celebrities/influential figures |
| | promote anti-tobacco messages. | | Social media platforms |
| | Integrate digital literacy and anti-tobacco education into school curricula. | | Educational institutions |
| Enforcement | If legislation has been adapted and monitoring has been conducted, relevant authorities need to enforce the law and impose available sanctions. | Ongoing | |
| General observations | | | |



World Health Organization
Regional Office for the Eastern Mediterranean
Monazamet El Seha El Alamia Street,
Extension of Abdel Razak El Sanhouri Street
P.O. Box 7608, Nasr City
Cairo 11371, Egypt