

Report on the

**Intercountry meeting on
addressing tobacco and
nicotine use amongst
women and adolescents
in the Eastern
Mediterranean Region**

Virtual meeting
30 June–2 July 2025

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CONTENTS

1. Introduction.....	1
2. Summary of discussions	2
3. Recommendations.....	5
Annex 1. Programme	8
Annex 2. List of participants.....	10
Annex 3. Call to Action: Towards a Tobacco- and Nicotine-Free Generation in the Eastern Mediterranean Region.....	22
Annex 4. Operationalization of consultation recommendations for adolescents.....	32
Annex 5. Operationalization of consultation recommendations for women	37

1. INTRODUCTION

Tobacco and nicotine use is a significant public health issue globally, with a particularly pronounced burden in the World Health Organization (WHO) Eastern Mediterranean Region. Specifically, the rising trends in tobacco and nicotine use among women and adolescents in the Region is alarming. In some countries of the Region, smoking rates have escalated to 43% among adolescent boys (aged 13–15 years) and 20% among adolescent girls, and the smoking rates for boys are the highest among all WHO regions. The increase in tobacco and nicotine use among these vulnerable age groups is concerning due to the negative impacts on physical health, both now and in the future.

In response, the Tobacco Free Initiative, Women's Health, and Child and Adolescent Health units of the WHO Regional Office for the Eastern Mediterranean established a collaborative initiative to address tobacco and nicotine use in these demographic groups. To launch the initiative, an expert consultation was held on 3–5 June 2024 to review the literature and evidence on tobacco and nicotine use among women and adolescents, assess the situation in the Region, share global and regional best practices in tobacco control, and conceptualize a draft roadmap for addressing tobacco and nicotine use among women and adolescents in the Region. The consultation brought together over 140 participants to build on experts' inputs, share experiences and drive country-level action. The consultation highlighted the rise in prevalence of tobacco and nicotine use among women and adolescents, the dangers of tobacco and nicotine use for these groups and the influence of the tobacco industry. Discussions emphasized the urgent need for stronger legislation and policies, including integrating gender-sensitive approaches into national tobacco control strategies, leveraging digital media for advocacy and strengthening government engagement. Importance was also placed on early interventions, education and collective action, alongside continued support for countries in policy implementation, monitoring tobacco and nicotine use trends, and advocating for stronger tobacco control measures at regional and global levels.

A key outcome of the expert consultation was the identification of the need for an intercountry meeting to facilitate deeper engagement among health experts and key stakeholders at national level, including focal points in relevant ministries and nongovernmental organizations. As a result, an intercountry meeting was held virtually by the WHO Regional Office for the Eastern Mediterranean from 31 June to 2 July 2025.

The objectives of the meeting were to:

- present key findings from the expert consultation on tobacco and nicotine use among women and adolescents;
- examine country-level trends and challenges in addressing tobacco and nicotine use among women and adolescents;
- use these findings to discuss and explore gender and age-sensitive policy recommendations to enhance tobacco control measures, and ways of integrating these recommendations into national tobacco control programmes; and
- agree on the way forward at country and regional levels.

The programme and list of participants can be found in Annexes 1 and 2, respectively.

2. SUMMARY OF DISCUSSIONS

Opening session

The meeting opened with a message from Dr Asmus Hammerich, Director, Department of Noncommunicable Diseases and Mental Health, delivered by Dr Khalid Saeed, Regional Adviser for Mental Health and Substance Abuse, WHO Regional Office for the Eastern Mediterranean, who highlighted the urgency of strengthening tobacco control efforts for women and adolescents in the Region. He emphasized the need for multisectoral collaboration, noting that tobacco control progress is off-track due to weak implementation of the WHO Framework Convention on Tobacco Control (FCTC) and MPOWER strategies, compounded by shifting priorities during emergencies. Dr Saeed stressed that with 40% of the Region's population aged under 29, early tobacco uptake, particularly through waterpipe and flavoured products, is rising, but countries have the tools and obligations to act.

In a subsequent presentation, Dr Khalid Siddeeg, Regional Adviser for Child and Adolescent Health, and Dr Mohamed Afifi, Regional Adviser for Women's Health, WHO Regional Office for the Eastern Mediterranean, underscored the urgent need to prioritize women and adolescents in tobacco control. They noted that adolescents make up 20% of the population and are highly vulnerable to industry marketing. Furthermore, tobacco and nicotine use harms brain development and increases early noncommunicable disease (NCD) risk. Tobacco and nicotine use among women is also rising in absolute numbers, and adolescent girls now often exceed adult women's use in some countries of the Region. Both groups face targeted marketing, making age- and gender-sensitive approaches essential.

Dr Fatimah El-Awa, Regional Adviser, Tobacco-Free Initiative (TFI), WHO Regional Office for the Eastern Mediterranean, outlined the outcomes of the 2024 expert consultation, which developed three sets of recommendations (for Member States, WHO and nongovernmental organizations) and proposed this intercountry meeting to align regional and country-level efforts.

First session: Presenting existing evidence

The session began with Dr Sara Hitchman, Technical Officer, WHO FCTC Secretariat, highlighting how the WHO FCTC protects women and adolescents through its provisions on taxation, smoke-free environments, health warnings and advertising bans. She emphasized the need to implement these measures through a gender- and age-sensitive lens.

Dr Vinayak Mohan Prasad, Head, No Tobacco Unit, WHO headquarters, echoed the need to strengthen FCTC implementation, noting the tobacco industry increasingly targets women and adolescents in the Region. He stressed that multisectoral approaches are crucial, alongside youth engagement and leadership.

Dr Mary Assunta, Head of Global Research and Advocacy, Global Center for Good Governance in Tobacco Control (GGTC), presented on industry tactics targeting women and adolescents globally. She outlined how flavoured products, sleek designs and social media are being used to reach these groups, highlighting the challenges of regulating digital marketing and the need for stronger enforcement mechanisms.

Key points

- The importance of fully implementing FCTC measures through age- and gender-sensitive strategies was highlighted.
- The industry uses digital platforms and influencer marketing to reach women and youth.
- Governments are urged to improve monitoring and enforcement to protect vulnerable groups.

Second session: Country-level challenges and examples

Participants were divided into three regional groups to discuss challenges and opportunities for integrating tobacco control with women's and adolescents' health programmes. Common challenges included weak multisectoral coordination, lack of gender- and age-sensitive policies, limited data and industry interference. Opportunities identified included leveraging WHO tools, existing health strategies and youth engagement platforms. Solutions focused on integrating tobacco control into primary health care, updating legislation, using digital platforms and enhancing awareness efforts.

Key points

- In response to the identified challenges, the group discussion highlighted the need to:
 - integrate cessation into primary health care and school health programmes;
 - increase taxation on products targeted at women and youth;
 - strengthen cross-sectoral coordination and data systems;
 - address digital marketing through updated regulations.

Third session: Evidence on the regional situation

Dr Shaimaa Elsafoury, Consultant for NCD Surveillance, Monitoring and Evaluation, WHO Regional Office for the Eastern Mediterranean, presented data highlighting concerning trends in tobacco and nicotine use among women and adolescents in the Region, with adolescent girls' use rising in several countries. She stressed the need for improved monitoring and data collection and obtaining a minimum dataset for all countries to analyse demographic and geographical trends.

Ms Sophia El-Gohary, Technical Officer, TFI, WHO Regional Office for the Eastern Mediterranean, and former WHO consultant Dr Nibras Omer Elhag Arabi, presented a comprehensive overview of how the tobacco industry is actively targeting women and adolescents in the Eastern Mediterranean Region, both through traditional and digital strategies, emphasizing the need for stronger implementation of WHO FCTC provisions. The presentation highlighted that without urgent multisectoral action and better enforcement of WHO FCTC provisions, the tobacco industry will continue to exploit regulatory gaps to addict a new generation of users.

Case studies from other regions were delivered by the WHO regional offices for the Americas Europe and South-East Asia, who illustrated school-based interventions, regulatory approaches and youth engagement strategies in tackling tobacco and nicotine use. These examples showed how targeted initiatives can help reverse trends, despite persistent challenges from novel products and industry tactics.

A moderated panel with nongovernmental organizations from Egypt, Jordan and Saudi Arabia discussed the role of civil society in supporting tobacco control, advocating for stronger collaboration with governments and the creation of a regional alliance focused on women and adolescents.

Key points

- The Region faces rising adolescent tobacco and nicotine use and weak monitoring in some countries.
- The tobacco industry aggressively targets youth and women through novel products and social media.
- Cross-regional examples demonstrate the crucial role of schools, supportive legislation and youth engagement initiatives.
- Nongovernmental organizations stress the value of coordinated regional civil society efforts.

Fourth session: Strategic planning

In breakout groups, participants discussed practical steps to operationalize recommendations from the 2024 expert consultation. Proposed actions included revising national tobacco control plans to explicitly include women and adolescents, strengthening multisectoral coordination, integrating services into primary health care packages, and launching targeted media campaigns. Groups also recommended enhancing data systems and promoting a tobacco free generation initiative.

Nongovernmental organizations highlighted the importance of shifting from tobacco control to tobacco endgame, focusing on stronger advocacy, exposing industry tactics and tailored cessation services. They suggested integrating tobacco messaging into broader health campaigns and expanding youth engagement through schools and digital platforms.

Key points

- The group discussion identified the following key steps for operationalization of recommendations:
 - update national plans and strengthen governance;
 - expand youth-focused awareness and cessation services;
 - tailor messaging to women and adolescents using digital platforms;
 - build regional collaboration through nongovernmental organization networks, alliance building and resource sharing.

Fifth session: Understanding behaviour and media impact on women's and youth tobacco use

Dr Stella Aguinaga Bialous, Professor, Social and Behavioral Sciences, University of California San Francisco, discussed the drivers of tobacco and nicotine use among women and youth, highlighting the role of marketing, stress and body image issues. She emphasized the need for comprehensive policies addressing all nicotine products and tailored cessation services.

Dr Kerstin Schotte, Medical Officer, WHO headquarters, presented the World No Tobacco Day 2025 campaign, which targets young people and focuses on banning flavours, filters and influencer marketing.

Dr Rasha Alfawaz, Director, Public Health Programmes and Policies, Gulf Center for Disease Prevention and Control (Gulf CDC), described the challenges in Gulf Cooperation Council member countries, including high tobacco consumption and increasing use amongst young people. Gulf CDC's initiatives focus on taxation, age- and gender-sensitive campaigns, and improving surveillance.

Shirley Mark Prabhu, Regional Health Specialist, and Emma Bebart, Intern, Maternal, Newborn, Child, and Adolescent Health, UNICEF Middle East and North Africa Regional Office, shared examples from Belize and Indonesia, showing how integrating tobacco control with broader adolescent health programmes can be effective. Youth engagement, mental health support and cross-sector collaboration were highlighted as key strategies.

Key points

- Global and regional experiences have shown that it is critical to:
 - address marketing tactics and social drivers of tobacco and nicotine use;
 - integrate tobacco messaging into broader health and youth programmes;
 - enhance surveillance and tailor interventions for women and adolescents.

Sixth session: The way forward

In the final discussion, participants agreed on the following key actions to advance regional efforts:

- develop a call-to-action for a tobacco- and nicotine-free generation by 2030 (see Annex 3);
- establish a regional alliance for tobacco control focused on women and youth;
- advocate for inclusion of women and adolescent tobacco issues on the agenda of the WHO Regional Committee for the Eastern Mediterranean;
- create practical side-by-side tables to guide implementation in countries (see Annexes 4 and 5);
- strengthen coordination and cross-fertilization between tobacco control and health programmes for women and adolescents
- support youth engagement initiatives through schools and social media.

3. RECOMMENDATIONS

For Member States

1. Adopt the proposed roadmaps and their side-by-side guides based on the WHO FCTC, which have been developed based on the recommendations of the consultation and this intercountry meeting (see Annexes 4 and 5).
2. Integrate the needs and perspectives of women and adolescents in national tobacco control efforts by:
 - updating national action plans to explicitly include gender- and age-responsive approaches;
 - embedding women- and adolescent focused components in existing policies and programmes;
 - developing joint advocacy materials.

3. Enhance tobacco and nicotine use monitoring and surveillance through regular, disaggregated national surveys that capture gender, age and type of tobacco product used (including novel products).
4. Improve multisectoral coordination across ministries of health, youth, education and women's affairs to foster joint accountability and action.
5. Strengthen enforcement and regulatory action to limit tobacco industry tactics targeting adolescents and women, including digital marketing, flavoured products and misleading branding.
6. Disseminate and operationalize a call to action for a tobacco- and nicotine-free generation in the Eastern Mediterranean Region (see Annex 3).
7. Collaboratively advocate for the inclusion of tobacco and nicotine use among women and adolescents as a dedicated agenda item in a future session of the WHO Regional Committee for the Eastern Mediterranean by submitting a joint request through multiple Member States.

For WHO

In relation to the Tobacco Free Initiative:

8. Support Member States in contextualizing and implementing adopted policies at national level and integrating them into broader health systems.
9. Provide continued, country-specific technical support for tobacco control planning, implementation and monitoring.
10. Improve surveillance efforts by working with WHO monitoring units to address underreporting, particularly among women and adolescents, and to ensure comprehensive data on novel products.
11. Disseminate and promote a call to action for a tobacco- and nicotine-free generation in the Eastern Mediterranean Region as a regional advocacy and mobilization tool.
12. Support the creation and operationalization of a regional multisectoral alliance or network dedicated to advancing the call to action and regional cooperation on gender- and youth-responsive tobacco control.

In relation to women's health:

13. Facilitate the integration of tobacco and nicotine use screening, prevention and cessation interventions into existing women's health services, including maternal and reproductive health.
14. Advocate for the development and implementation of gender-responsive tobacco control strategies that reflect the specific needs, risks and determinants affecting women and girls.
15. Promote research and data collection on tobacco and nicotine use and its health impacts among women, supporting evidence-based interventions.
16. Disseminate and promote a call to action for a tobacco- and nicotine-free generation in the Eastern Mediterranean Region as a regional advocacy and mobilization tool.
17. Support the creation and operationalization of a regional multisectoral alliance or network dedicated to advancing the call to action and regional cooperation on gender- and youth-responsive tobacco control.

In relation to child and adolescent health:

18. Promote integration of tobacco prevention into existing child and adolescent health programmes, including school-based education, using age-appropriate content.
19. Support expansion of youth-friendly tobacco cessation services, including within school health and primary care systems.
20. Provide training and tools for health professionals to deliver tailored tobacco prevention and cessation support to adolescents, addressing peer influence, mental health and stigma.
21. Disseminate and promote a call to action for a tobacco- and nicotine-free generation in the Eastern Mediterranean Region as a regional advocacy and mobilization tool.
22. Support the creation and operationalization of a regional multisectoral alliance or network dedicated to advancing the call to action and regional cooperation on gender- and youth-responsive tobacco control.

For nongovernmental organizations

23. Ensure that organizational strategies and programmes prioritize the protection of women and adolescents from tobacco and nicotine use.
24. Develop and implement targeted, community-based initiatives that include school engagement, peer education and gender-sensitive hotlines.
25. Collaborate with government entities and WHO to strengthen the reach, effectiveness and sustainability of tobacco control programmes.
26. Advocate for the inclusion of tobacco prevention in broader health and development campaigns (e.g. cancer awareness) and amplify messaging using culturally relevant media, digital platforms and trusted community voices.
27. Contribute to monitoring and accountability efforts by documenting violations, sharing data and raising awareness about industry tactics that target vulnerable populations.
28. Promote and integrate the call to action in community outreach, youth engagement and gender-focused initiatives to promote two-way dialogue on the issue.

ANNEX 1.

PROGRAMME

Time	Agenda item
Monday 30 June 2025 , moderated by Dr Fatimah El-Awa, Regional Adviser, Tobacco Free Initiative (TFI), WHO Regional Office for the Eastern Mediterranean	
12:00–12:05	Opening video: World No Tobacco Day (WNTD) 2025
12:05–12:25	Opening remarks from Dr Asmus Hammerich, Director, Department of Noncommunicable Diseases and Mental Health, <i>delivered by Dr Khalid Saeed, Regional Adviser, Mental Health and Substance Abuse, WHO Regional Office for the Eastern Mediterranean</i> Objectives of the meeting, <i>Dr Fatimah El-Awa</i>
12:25–12:30	Introduction of participants
12:30–12:35	Group photo
12:35–12:45	Why women and adolescents? <i>Dr Mohamed Afifi, Regional Adviser, Women's Health, and Dr Khalid Siddeeg, Regional Adviser, Child and Adolescent Health, WHO Regional Office for the Eastern Mediterranean</i>
12:45–12:55	The outcomes of the regional consultation, <i>Dr Fatimah El-Awa</i>
12:55–13:05	Coffee break
First session: Presenting existing evidence , moderated by Dr Mohamed Afifi	
13:05–13:15	How the WHO FCTC aims to protect women and young people from tobacco, <i>Dr Sara Hitchman, Technical Officer, The Secretariat of the WHO Framework Convention on Tobacco Control</i>
13:15–13:30	Tobacco control work in WHO headquarters: how women and adolescents are integrated into its scope, <i>Dr Vinayak Mohan Prasad, Head, No Tobacco Unit (TFI), WHO headquarters</i>
13:30–13:45	How are the tobacco industry activities targeting women and adolescents at global level? <i>Dr Mary Assunta, Head of Global Research and Advocacy, Global Center for Good Governance in Tobacco Control (GGTC)</i>
Second session: Country level challenges and examples	
13:45–14:30	Actions needed at country level to better integrate women and adolescents into their tobacco control work and vice versa. Three working groups by consumption level (High, Medium, Low)
14:30–15:00	<ul style="list-style-type: none"> Reporting back from working groups and open discussion Reflections on the National Council for Women's role in tobacco control, <i>Dr Gamela Nasr, Member of the Health and Population Committee, The National Council for Women</i>
15:00–15:15	Closure of day one
Tuesday 1 July 2025 , moderated by Dr Khalid Siddeeg	
12:00–12:15	Recap of day one
Third session: Evidence on the regional situation	
12:15–12:30	Latest data on women and adolescents: keep the monitoring ongoing, <i>Dr Shaimaa Elsafoury, Consultant, Noncommunicable Diseases Surveillance, Monitoring and Evaluation, WHO Regional Office for the Eastern Mediterranean</i>
12:30–12:45	How are the tobacco industry activities targeting women and adolescents? Evidence from the Region, <i>Ms Sophia El-Gohary, Technical Officer, TFI, WHO Regional Office for the Eastern Mediterranean, and Dr Nibras Omer Elhag Arabi, Former Consultant, TFI, WHO Regional Office for the Eastern Mediterranean</i>
12:45–13:25	Other Regional Offices' experiences: Case studies of effective strategies in combatting tobacco use among women and youth.

	<ul style="list-style-type: none"> • Dr William Maina, Tobacco Control and Reduction of Other NCD Risk Factors Unit, Universal Health Coverage/Healthier Populations Cluster, WHO Regional Office for Africa • Dr Laura Vremis, Consultant, Tobacco Control Programme, Special initiative on NCDs and Innovation, WHO Regional Office for Europe • Ms Adriana Bacelar, Specialist, Tobacco Surveillance, Noncommunicable Diseases and Mental Health Department, Pan American Health Organization • Dr Jagdish Kaur, Regional Adviser, Tobacco Free Initiative, WHO Regional Office for South-East Asia
13:25–13:45	<p>Moderated panel discussion</p> <p>What worked at nongovernmental organization level?</p> <ul style="list-style-type: none"> • Egypt, Dr Wael Safwat, Founder and Coordinator, Egyptian Coalition for Tobacco Control and Egyptian NCD Alliance • Islamic Republic of Iran, Dr Fatemeh Azimbeik, International Relations Expert, Iranian Anti-Tobacco Association • Jordan, Eng. Wisam Qarqash, Deputy President of Jordanian Anti-Smoking Society • Saudi Arabia, Dr Sarah S. Monshi, Researcher and Academic in Health Policy and Health Services Research, and Scientific Committee Member at Kaffa Tobacco Control
13:45–13:55	Coffee break
Fourth session: Strategic planning: defining what should be the focus of action and where we should intervene for tobacco control amongst women and adolescents	
13:55–14:30	Three working groups by area of intervention challenges and how to overcome them in integrating tobacco control into the work of women and adolescents at country level
14:30–14:45	Closure of day two
Wednesday 2 July 2025, moderated by Dr Fatimah El-Awa	
12:00–12:30	Reporting on working groups
Fifth session: Understanding behaviour and media impact on women's and youth tobacco use	
12:30–12:45	Understanding why: exploring tobacco use behaviour among women and youth, <i>Dr Stella Aguinaga Bialous, Professor, Social and Behavioral Sciences, UCSF School of Nursing</i>
12:45–13:00	How will World No Tobacco Day (WNTD) 2025 support raising the awareness about youth tobacco and nicotine products, <i>Dr Kerstin Schotte, Medical Officer, No Tobacco Unit (TFI), WHO headquarters</i>
13:00–13:15	Integration of controlling tobacco and nicotine use among women and adolescents in the GCC, <i>Dr Rasha Alfawaz, Director, Public Health Programmes and Policies, Gulf Center for Disease Prevention and Control (GCDC)</i>
13:15–13:45	<ul style="list-style-type: none"> • Reflections on UNICEF's role in tobacco control, Dr Shirley Mark Prabhu, Regional Health Specialist, UNICEF Middle East and North Africa Regional Office • Q and A
13:45–13:50	Coffee break
Sixth session: The way forward	
13:50–14:20	<p>Open discussion:</p> <p>Brainstorming the way forward: next steps at both national and regional levels</p>
14:20–14:30	Conclusion and closing remarks

ANNEX 2.

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ANNEX 3.**CALL TO ACTION: TOWARDS A TOBACCO- AND NICOTINE-FREE GENERATION
IN THE EASTERN MEDITERRANEAN REGION**

The intercountry meeting on addressing tobacco and nicotine use amongst women and adolescents in the Eastern Mediterranean Region, held on 30 June to 2 July 2025, concluded that despite global and regional advancements in tobacco control, the Region continues to face an alarming and escalating epidemic of tobacco and nicotine use, particularly among adolescents and women. Evidence from the Region reveals several concerning trends: overall tobacco and nicotine use among women and adolescents is increasing; the gap in tobacco and nicotine use between adolescent girls and boys is narrowing; tobacco and nicotine use is more prevalent among younger females compared with adult women; and new and emerging tobacco and nicotine products are being aggressively marketed to adolescents and women, amid minimal regulation and conservative restrictions.

The time has come to unite under a bold and transformative vision: a tobacco- and nicotine-free generation (TNFG). This concept has already been embraced in various countries outside the Region and proposes legislative and policy measures that prevent individuals born after a certain year from ever being legally sold tobacco and nicotine products. Although it is a long-term preventive strategy, immediate action is required to set the Region on the right path. A dual-mode strategy needs to be embraced balancing interventions to address current use as well as future use.

Situation analysis of the Eastern Mediterranean Region

- At 11%, the Region has one of the highest rates of tobacco and nicotine use among adolescents globally, particularly in waterpipe and new and emerging products such as e-cigarettes and heated tobacco.¹
- Implementation of key provisions of the [WHO Framework Convention on Tobacco Control \(WHO FCTC\)](#) and its accompanying [MPOWER policy framework](#) remains inconsistent.
- Tobacco industry interference remains a critical barrier, with aggressive marketing and policy obstruction tactics targeting women and adolescents.
- Digital platforms are largely unregulated, allowing the industry to reach young people with deceptive messaging without consequence or accountability.
- There is insufficient coordination at country level between the relevant actors working on tobacco control and women and adolescent health.

These factors underscore the urgent need for a paradigm shift, one that goes beyond mitigating use to ending initiation altogether. The legal ground for this work is well presented in the WHO FCTC, which obligates governments to implement evidence-based measures to reduce tobacco use, with particular attention to women and adolescents. The MPOWER technical package complements the

¹ WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: World Health Organization; 2024 (<https://www.who.int/publications/i/item/9789240088283>). Licence: CC BY-NC-SA 3.0 IGO.

WHO FCTC by providing practical tools to support its implementation, while addressing the entire population, including women and adolescents.

We therefore call on the following actors to take immediate, decisive and coordinated action:

Governments

- Integrate the TNFG concept into national legislation and tobacco control strategies, and in health and non-health intervention packages, prioritizing social determinants' interventions and ensuring all measures are equity-focused, with multisectoral engagement in the adoption and implementation of priority interventions.
- Set a legal cut-off birth year (e.g. 2010 or later) beyond which the sale of tobacco and nicotine products is prohibited, while raising the legal purchasing age to 21 for current users.
- Strengthen WHO FCTC implementation and adopt the full MPOWER package, with emphasis on women's and adolescents' protection and enforcement.
- Update and strengthen existing regulations to address the digital marketing of tobacco and nicotine products, leveraging Article 5.3 of the WHO FCTC.
- Allocate resources to prevention, cessation and community-based participatory research on how women and adolescents use new and emerging tobacco products.
- Strengthen coordination platforms to engage women and adolescent health programmes within the health sector, and across relevant sectors.
- Ensure regular monitoring of tobacco and nicotine use behaviours among women and adolescents, and ensure accountability, and restrict tobacco industry influence and privileges.
- Ensure that all measures embrace the goal of ending the tobacco epidemic rather than sustaining long-term mitigation, reinforcing that WHO FCTC provisions set a baseline, and that Article 2.1 empowers governments to adopt stronger, forward-looking measures to fully protect people from tobacco and nicotine-related harms.

Nongovernmental organizations

- Integrate the TNFG concept into current and future plans and programmes of nongovernmental organizations.
- Advocate for the adoption of TNFG policies through awareness campaigns, community mobilization and legal advocacy.
- Build coalitions to promote community participation, including that of women and adolescents, to expose tobacco industry interference and protect public policy from commercial interests.
- Collaborate with experts and local communities to address the sociocultural factors influencing tobacco and nicotine use among women and adolescents.
- Engage women's and adolescents' networks to be champions of the TNFG vision and involve them in designing interventions and advancing related agendas.
- Collaborate with existing movements for a TNFG and adolescents' and women's health.

Specialized agencies and regional institutions

- Provide technical support, normative guidance and capacity-building to both governments and civil society organizations to develop and implement TNFG laws.
- Facilitate interagency and interregional dialogue and best practice exchange on ending the tobacco epidemic through South–South collaboration.
- Mainstream the TNFG concept into regional noncommunicable disease and sustainable development agendas.

Media organizations (including digital platforms)

- Refrain from publishing tobacco- and nicotine-promoting content and advertisements.
- Raise public awareness about the dangers of tobacco and nicotine, and the benefits of a TNFG.
- Expose industry tactics and amplify the voices of adolescents and health advocates championing the TNFG cause.
- Improve media professionals' knowledge of tobacco and nicotine control through professional capacity-building programmes to create evidence-based insightful content.

Women and adolescents

- Raise awareness among peers about the harms of tobacco and nicotine, including new products.
- Reject and speak out against industry marketing that targets women and adolescents.
- Join adolescent- and women-led networks advocating for a TNFG.
- Engage in community initiatives and policy discussions to ensure your voices shape tobacco and nicotine control efforts.
- Hold governments accountable to protect your health under the WHO FCTC.

The future starts NOW

The Eastern Mediterranean Region stands at a crossroads. The rising epidemic among adolescents and women demands bold leadership and innovative action. Adopting the TNFG vision is not just a legal intervention; it is a moral and public health imperative to protect our children and the generations to come. Let us act decisively and collectively to create a Region where tobacco and nicotine addiction no longer have a future. Let us make history by embracing a tobacco and nicotine-free generation.

ANNEX 4.**OPERATIONALIZATION OF CONSULTATION RECOMMENDATIONS FOR ADOLESCENTS****Side-by-side recommendations and operationalization to address tobacco and nicotine use among adolescents and youth based on WHO FCTC articles**

WHO FCTC article	Specific policy recommendations for adolescents	Proposed actions for operationalization
Article 2.1	<ul style="list-style-type: none"> • Create innovative adolescent and youth-focused tobacco control programmes, including interactive digital platforms, social media campaigns and peer-led initiatives, to prevent and empower youth with healthier choices beyond FCTC mandates 	<ul style="list-style-type: none"> • Co-design peer-led, school-based and community programmes (e.g. summer camps, youth forums) that include gamified, video-based and culturally resonant content to educate on tobacco risks. • Leverage digital tools and platforms, including social media influencers, chatbot helplines and WhatsApp-based reporting, to deliver engaging, accessible prevention and cessation support. • Integrate mental health and stress-coping narratives into all materials to address emotional drivers of tobacco and nicotine use and promote value-based decision-making.
General obligations	<p>Article 5</p> <p>5.1 Comprehensive multisectoral national tobacco control strategies, plans and programmes</p> <ul style="list-style-type: none"> • Regularly update national tobacco control strategies to address emerging tobacco and nicotine products that appeal to young people. • Involve all relevant stakeholders, including youth organizations and leaders, in planning and implementing tobacco control strategies. <p>5.2 National coordinating mechanism or tobacco control focal point</p> <ul style="list-style-type: none"> • Include young representatives in national coordinating mechanisms to ensure their perspectives and voices are considered in policy development. 	<ul style="list-style-type: none"> • Reactivate and strengthen multisectoral tobacco control committees, mandating participation from youth, education and civil society sectors. • Ensure formal youth representation in national planning via partnerships with youth-led councils and organizations. • Prohibit tobacco industry corporate social responsibility activities (CSR) and sponsorship in youth and education spaces through enforceable legislation. • Integrate regulation of novel products (e.g. flavoured e-cigarettes) into national strategies with specific youth-focused measures.

WHO FCTC article	Specific policy recommendations for adolescents	Proposed actions for operationalization
	<p>5.3 Protecting tobacco control policies from the tobacco industry's commercial and vested interests</p> <ul style="list-style-type: none"> • Extend the ban on tobacco-related CSR activities targeting youth and adolescents. • Monitor the tobacco industry's behaviour and interference with government policies and conduct strategic research to counter industry tactics, focusing on closing loopholes in existing regulations. • Collaborate with non-health sectors to counter the tobacco industry's lobbying efforts through these channels. • Punitive measures: Ensure the industry faces monetary repercussions for non-compliance. 	<ul style="list-style-type: none"> • Establish digital platforms for reporting violations, including WhatsApp-based alerts, to monitor youth-targeted marketing. • Collaborate with academic and nongovernmental organization partners to produce counter-marketing research and expose industry tactics targeting adolescents.
Demand-reduction measures	<p>Article 6 Price and tax measures to reduce tobacco demand</p> <ul style="list-style-type: none"> • Implement higher taxes on tobacco products marketed specifically to youth and adolescents, such as flavoured cigarettes, to reduce their appeal and consumption. • Ensure tax parity across different tobacco and nicotine products to prevent substitution, especially by price-sensitive young people. • Allocate a portion of tobacco tax revenue to fund youth-focused tobacco prevention and cessation programmes. 	<ul style="list-style-type: none"> • Introduce excise taxes on flavoured and novel tobacco products popular among youth and ensure tax parity across all tobacco and nicotine products to prevent substitution. • Earmark a portion of tobacco tax revenue to fund school-based prevention, youth cessation services and digital outreach initiatives. • Utilize regional data and case studies to advocate for taxation as an effective youth deterrent in national policy dialogues.
	<p>Article 8 Protection from exposure to tobacco smoke</p> <ul style="list-style-type: none"> • Implement mandatory ID checks to prevent underage individuals from accessing designated smoking areas or ordering waterpipes, ensuring compliance with age restrictions. • Create smoke-free zones around schools, playgrounds and recreational facilities frequented by adolescents and youth to reduce exposure to tobacco smoke and vapour. 	<ul style="list-style-type: none"> • Enforce age-verification laws in venues offering waterpipes and designated smoking areas to prevent underage access. • Expand smoke-free legislation to cover schools, sports venues and youth-centred public spaces. • Engage municipalities and school authorities in compliance monitoring through signage, inspections and youth reporting mechanisms.
	<p>Articles 9 and 10 Regulation of tobacco product contents and disclosures</p>	<ul style="list-style-type: none"> • Implement a national ban/regulation on flavourings and sweeteners in tobacco and nicotine products

WHO FCTC article	Specific policy recommendations for adolescents	Proposed actions for operationalization
	<ul style="list-style-type: none"> • Ban additives that increase palatability, especially those appealing to adolescents and youth (e.g. flavours, sweeteners). • Prohibit design features that make products more attractive to adolescents (e.g. sleek designs, colourful packaging). 	<p>known to attract youth, including single-use e-cigarettes.</p> <ul style="list-style-type: none"> • Mandate plain packaging regulations that eliminate appealing colours, shapes and design elements targeting young people. • Conduct periodic market surveillance to detect and address new youth-targeted product modifications or loophole exploitation by the industry.
Article 11	<p>Packaging and labelling of tobacco products</p> <ul style="list-style-type: none"> • Mandate plain packaging for all tobacco products to reduce their appeal to adolescents and youth. • Mandate minimum package sizes to prevent making smaller packages more affordable to children. • Collaborate with national intellectual property offices to halt trademark renewals for youth-appealing packs. • Require labelling on child labour use until companies verify ethical production practices. 	<ul style="list-style-type: none"> • Involve school inspectors and local authorities to enforce bans on small packs and monitor compliance near youth areas. • Collaborate with trademark and customs offices to block youth-targeted packaging through stricter registration and import controls.
Article 12	<p>Education, awareness and training</p> <ul style="list-style-type: none"> • Implement comprehensive school-based tobacco prevention programmes that: <ul style="list-style-type: none"> – are aligned with broader population-based policies; – sustain implementation over prolonged periods; – include advocacy skills and social competence training. • Integrate tobacco education into school curricula across multiple subjects. • Utilize digital platforms and social media for adolescents and youth-oriented tobacco awareness campaigns. 	<ul style="list-style-type: none"> • Collaborate with ministries of education to embed tobacco education across subjects, including life skills and civic education. • Partner with youth influencers and digital creators to co-design engaging prevention campaigns on social media platforms. • Integrate tobacco prevention into national school health programmes and monitor rollout through joint Ministry of Health/Ministry of Education mechanisms.
Article 13	<p>Advertising, promotion and sponsorship</p> <ul style="list-style-type: none"> • Ban digital and social media marketing to prevent tobacco companies from reaching young audiences. 	<ul style="list-style-type: none"> • Strengthen legislation to explicitly prohibit tobacco promotion on social media, influencer content and entertainment platforms targeting youth.

WHO FCTC article	Specific policy recommendations for adolescents	Proposed actions for operationalization
	<ul style="list-style-type: none"> • Ensure tobacco products are not associated with activities appealing to youth and adolescents, such as vape shows, music festivals, video games and streaming platforms such as Netflix and Disney. • Enforce penalties for violations of advertising and sponsorship regulations. • Engage counter-influencers, including bloggers and TikTok creators, to promote positive behaviours and healthy lifestyles 	<ul style="list-style-type: none"> • Monitor online marketing via digital surveillance tools and collaborate with technology companies to report and block violations. • Launch peer-led counter-marketing campaigns using youth ambassadors and relatable influencers to reshape social norms around tobacco and nicotine use.
Article 14	<p>Demand-reduction measures concerning tobacco dependence and cessation</p> <ul style="list-style-type: none"> • Strengthen and integrate cessation services into schools, universities, family and paediatric clinics, and primary, maternal and child health care centres. • Promote awareness of cessation services among youth and adolescents. • Train health care providers on the harms of tobacco and nicotine use, focusing on new and emerging products, especially for adolescents. • Use digital platforms and social media to support adolescents and youth in quitting tobacco and nicotine use. 	<ul style="list-style-type: none"> • Integrate youth-friendly cessation support into existing school health services, university clinics, and maternal and child health platforms. • Train school counsellors, general practitioners and gynaecologists to offer brief advice and refer adolescents to tailored cessation support. • Develop and promote accessible digital cessation tools (e.g. apps, hotlines, WhatsApp services) co-designed with youth input.
Supply-reduction measures	<p>Article 16 Sales to and by minors</p> <ul style="list-style-type: none"> • Prohibit the sales of tobacco products to and by minors. • Require that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors. • Require that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age. • Ban the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves. • Prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors. 	<ul style="list-style-type: none"> • Conduct regular compliance checks at points of sale, including restaurants, cafés and kiosks, using undercover youth volunteers in coordination with enforcement authorities. • Mandate clear age restriction signage at all retail outlets and introduce digital age-verification systems where feasible (especially for online or delivery services). • Engage youth and nongovernmental organizations in awareness campaigns that promote reporting of illegal sales via anonymous digital platforms (e.g. WhatsApp hotlines or mobile reporting tools).

WHO FCTC article	Specific policy recommendations for adolescents	Proposed actions for operationalization
	<ul style="list-style-type: none"> • Prohibit the sale of tobacco products from vending machines. • Prohibit and/or promote the prohibition of the distribution of free tobacco products to the public and especially minors. • Prohibit the sale of cigarettes individually or in small packets, as such packages increase the affordability of tobacco products to minors. Small packets usually contain fewer than 20 cigarettes and are subsequently cheaper than regular-sized packets. • Provide for penalties against sellers and distributors to ensure compliance. 	
Scientific and technical cooperation and communication of information	<p>Articles 20 to 22</p> <p>Research, surveillance and international cooperation</p> <ul style="list-style-type: none"> • Conduct regular surveys on adolescents' tobacco and nicotine use, including their use of new and emerging nicotine and tobacco products. • Fund research (qualitative and quantitative) to address tobacco and nicotine use among adolescents, e.g. on policies impacts, evaluation and understanding the social aspect of tobacco and nicotine use. • Foster international collaboration to address cross-border tobacco issues. 	<ul style="list-style-type: none"> • Integrate modules on novel products and gender or age-disaggregated data into national school-based surveys (e.g. GYTS), with regular updates every 3–5 years. • Collaborate with universities, nongovernmental organizations and youth organizations to conduct participatory research exploring the social drivers of tobacco and nicotine use among adolescents. • Establish a regional knowledge-sharing platform to exchange research findings, successful youth interventions and lessons learned across countries, coordinated by WHO.

ANNEX 5.

OPERATIONALIZATION OF CONSULTATION RECOMMENDATIONS FOR WOMEN


Side-by-side recommendations and operationalization to address tobacco and nicotine use among women based on WHO FCTC articles

WHO FCTC article	Specific policy recommendations for women	Proposed actions for operationalization
Article 2.1	<ul style="list-style-type: none"> Establish comprehensive tobacco control support systems for women, including accessible health services, targeted public awareness campaigns and robust policies addressing gender-specific health challenges, exceeding FCTC requirements. 	<ul style="list-style-type: none"> Integrate tobacco cessation counselling into maternal, reproductive and antenatal health services at primary care level. Design and implement gender-sensitive media campaigns (e.g. “She deserves to breathe”) using female role models, testimonials and culturally tailored messaging. Develop national tobacco control action plans with a dedicated women’s pillar, in coordination with women’s ministries, nongovernmental organizations and supreme councils for women.
General obligations	<p>Article 5</p> <p>5.1 Comprehensive multisectoral national tobacco control strategies, plans and programmes</p> <ul style="list-style-type: none"> Involve all relevant stakeholders, including women organizations and leaders, in planning and implementing tobacco control strategies. <p>5.3 National coordinating mechanism or tobacco control focal point</p> <ul style="list-style-type: none"> Include women’s representatives in national coordinating mechanisms to ensure their perspectives and voices are considered in policy development. <p>5.2 Protecting tobacco control policies from the tobacco industry’s commercial and vested interests</p> <ul style="list-style-type: none"> Extend the ban on tobacco-related corporate social responsibility activities (CSR) activities targeting women. 	<ul style="list-style-type: none"> Ensure national tobacco control strategies are co-designed with women’s groups, gender experts and female community leaders. Facilitate regular consultations with women’s nongovernmental organizations to inform policy and programme development. Legally prohibit tobacco industry CSR activities that target women under the guise of empowerment or philanthropy. Conduct gender-sensitive research on tobacco marketing tactics and use findings to strengthen legislation and public campaigns. Establish intersectoral coordination mechanisms (e.g. with ministries of women’s affairs, commerce, and

WHO FCTC article		Specific policy recommendations for women	Proposed actions for operationalization
		<ul style="list-style-type: none">• Monitor the tobacco industry’s behaviour and interference with government policies and conduct strategic research to counter industry tactics and raise standards, focusing on closing loopholes in existing regulations.• Collaborate with non-health sectors to address the tobacco industry’s lobbying efforts through these channels.	education) to monitor and block industry interference targeting women.
Demand-reduction measures	Article 6	<p>Price and tax measures to reduce tobacco demand</p> <ul style="list-style-type: none">• Implement higher taxes on tobacco products marketed specifically to women, such as flavoured cigarettes, to reduce their appeal and consumption.• Use tobacco tax revenue to fund targeted public health campaigns and cessation programmes for women.	<ul style="list-style-type: none">• Introduce excise taxes on flavoured and slim cigarette products disproportionately marketed to women.
	Article 8	<p>Protection from exposure to tobacco smoke</p> <ul style="list-style-type: none">• Establish smoke-free areas in locations predominantly frequented by women, such as markets, beauty salons and community centres, to protect them from secondhand smoke.• Promote smoke-free homes through public awareness campaigns and support programmes, encouraging women to create and maintain smoke-free living environments for their families.	<ul style="list-style-type: none">• Enforce smoke-free legislation in female-dense public spaces, supported by visible signage and local enforcement.• Launch culturally tailored public campaigns promoting smoke-free homes, emphasizing women’s roles as health protectors in households.• Partner with community health workers and women’s organizations to distribute educational materials and promote voluntary smoke-free pledges in homes and childcare settings.
	Articles 9 and 10	<p>Regulation of tobacco product contents and disclosures</p> <ul style="list-style-type: none">• Ban additives that increase palatability, especially those appealing to women (e.g. flavours, sweeteners).• Prohibit design features that make products more attractive to women, such as sleek designs and colourful packaging that resemble cosmetic products.• Mandate that this information be presented in women-friendly formats on product packaging and in public databases, making it accessible and understandable.	<ul style="list-style-type: none">• Task national regulatory agencies with reviewing and removing additives and packaging elements that explicitly target women, supported by market surveillance and penalties for non-compliance.• Partner with women’s health nongovernmental organizations and consumer groups to monitor and publicly report on tobacco product marketing and design trends aimed at women, and feed these findings into national policy revisions.

WHO FCTC article	Specific policy recommendations for women	Proposed actions for operationalization
Article 11	<p>Packaging and labelling of tobacco products</p> <ul style="list-style-type: none"> • Mandate plain packaging for all tobacco products to reduce their appeal to women. • Include women-targeted messages in health warnings, highlighting the negative consequences of tobacco and nicotine use on reproductive health, pregnancy outcomes and overall women's health. • Mandate minimum package sizes to prevent affordable purse packs that may appeal to women. 	<ul style="list-style-type: none"> • Mandate packaging laws that remove gender-targeted branding and fast-track their adoption by leveraging case studies from countries with successful implementation targeting female users.
Article 12	<p>Education, awareness and training</p> <ul style="list-style-type: none"> • Implement comprehensive community-based tobacco prevention programmes that: <ul style="list-style-type: none"> – combine with population-based policies; – sustain implementation over prolonged periods; – include advocacy skills and social competence training specifically for women. • Utilize digital platforms and social media for women-oriented tobacco awareness campaigns, taking digital literacy levels into account. • Ensure tobacco education, information and cessation campaigns incorporate gender-responsive messages that address women's specific needs and challenges. 	<ul style="list-style-type: none"> • Partner with women's organizations, health clinics and civil society groups to deliver sustained, community-based prevention programmes that include skills training and empowerment elements tailored to different age groups and socioeconomic backgrounds. • Develop gender-sensitive digital campaigns using accessible formats (e.g. audio, local dialects, visual storytelling) for platforms commonly used by women, taking varying digital literacy into account. • Integrate women-specific content in national tobacco awareness and cessation materials – addressing fertility, maternal health, secondhand smoke at home and stigma – and disseminate them through trusted community networks, maternal health services and influencers.
Article 13	<p>Advertising, promotion and sponsorship</p> <ul style="list-style-type: none"> • Ban digital and social media marketing and sales to prevent tobacco companies from reaching women, particularly on platforms popular among female users. • Ensure tobacco products are not associated with activities targeted at women, such as fashion shows, women's magazines and women-centric streaming content. • Enforce penalties for violations of advertising and sponsorship regulations, especially those targeting women. 	<ul style="list-style-type: none"> • Conduct periodic monitoring of sponsorship and indirect advertising at events targeted at women (e.g. fashion shows, wellness expos), and partner with event organizers to enforce bans and promote tobacco-free branding. • Collaborate with influencers, women's groups and regulators to develop counter-marketing campaigns and publicly expose tobacco industry tactics targeting women, while ensuring that enforcement bodies apply penalties for breaches.

WHO FCTC article	Specific policy recommendations for women	Proposed actions for operationalization
Article 14	<p>Demand-reduction measures concerning tobacco dependence and cessation</p> <ul style="list-style-type: none"> • Promote awareness of tailored cessation services for women, including pregnant women. • Train health care providers on the harms of tobacco and nicotine use, focusing on women and new tobacco products. • Use digital platforms and social media to support women in quitting tobacco. • Offer incentives for women to quit smoking, such as health service vouchers, childcare support or wellness programmes. 	<ul style="list-style-type: none"> • Integrate cessation support into maternal and reproductive health services, including routine screening for tobacco and nicotine use and offering brief interventions during antenatal and postnatal visits. • Develop digital cessation tools tailored for women (e.g. mobile apps or hotlines), ensuring accessibility for those with lower digital literacy. • Train health workers, especially midwives and community health workers, to provide non-judgmental, gender-sensitive cessation counselling and refer women to support services that may include incentives such as wellness programmes or childcare assistance.
Scientific and technical cooperation and communication of information	<p>Articles 20 to 22</p> <p>Research, surveillance and international cooperation</p> <ul style="list-style-type: none"> • Conduct regular surveys on women's tobacco and nicotine use, including new and emerging nicotine and tobacco products. • Implement survey methodologies that ensure privacy, anonymity and cultural sensitivity to reduce underreporting due to social stigma or cultural barriers. • Utilize digital tools for real-time data collection and analysis, ensuring accessibility and privacy for women participants. • Fund research and academic studies on tobacco and nicotine use among women, including policy impacts, evaluation of cessation programmes and gender-specific health consequences. • Strengthen technical cooperation with international bodies on women's health and tobacco control. 	<ul style="list-style-type: none"> • Incorporate gender-disaggregated indicators in national tobacco surveillance tools and ensure surveys cover new and emerging products used by women. • Engage female researchers, community health workers and women's organizations in culturally sensitive data collection to build trust and improve response accuracy. • Establish regional research alliances to share findings, methodologies and tools for addressing women's tobacco and nicotine use across similar sociocultural contexts.



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