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**PROGRESS REPORT**  
**TOBACCO FREE INITIATIVE**

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## 1. EFFORTS SO FAR

The Regional Committee for the Eastern Mediterranean considered a progress report on the Tobacco-Free Initiative at its Forty-sixth Session. That another progress report is submitted now is indicative of the great importance attached to this programme and its pace.

The situation in this Region with regard to the spread of the tobacco pandemic continues to be dire. Efforts by the tobacco industry to promote tobacco continue on a wide scale. Needless to say, the tobacco industry will continue to exploit every possibility to recruit more smokers. It knows that eventually it will succumb to the noble efforts of those who care for the welfare and health of mankind. However, it regards every child or adolescent who picks up the habit as a customer who may continue to smoke for 50 years. Hence its mad race to recruit more victims for its foul product. As the enforcement of the laws promulgated in this Region, on the whole, leaves much to be desired, the tobacco industry feels immune when it repeatedly contravenes the laws of Member States. Hence it is imperative that more teeth are added to the promulgation of laws and regulations that seek to control the spread of the tobacco epidemic.

The regional plan of action provides for the establishment in every Member State of a national, multisectoral council or committee to coordinate and promote national tobacco control policies and efforts. Many countries in the Region have such committees, such as Bahrain and the Syrian Arab Republic, but some of them continue to be limited to the health sector. The idea of a national committee is to get all sectors to play their respective roles in tobacco control. If the national committees are limited to the health sector, efforts will continue to be unevenly balanced. Hence, those countries which have such health committees are urged to widen them and make them multisectoral, and those which have not yet formed such councils are urged to do so as soon as possible.

Within the Region, there are certain important agencies which could take important actions that would help with tobacco control. The Arab League and the Gulf Cooperation Council (GCC) are two such agencies. The Regional Director met with Dr Esmat Abdulmaguid, the Secretary-General of the League of Arab States and discussed with him the role of the Arab League in promoting tobacco control. The Secretary-General made it clear that he is personally fully committed to the cause of a tobacco-free Arab society and agreed to make it possible for WHO to address the Councils of Arab Ministers of Education, Information, Justice, Finance, Interior, Agriculture and Industry to promote concerted action in their respective areas. The tobacco issue featured prominently in the discussions of the Council of Arab Ministers of Health held in Beirut in March 2000.

The GCC is a useful platform for the coordination of health policies in its six member states. At the meeting of the health ministers earlier this year, tobacco tax was raised to 100%. This was in fulfilment of an already agreed aim to raise tobacco tax to this level by 2000. However, tobacco products remain very cheap in the GCC countries and throughout the Region. This area is a very important factor in tobacco control as will be discussed later in this report.

Of particular importance is the decision of the Government of Qatar to allocate 2% of tobacco tax revenues for health promotion. This is a very important step forward and Qatar joins a small group of countries in the Region which allocate some tobacco tax revenue to counter the effects of tobacco addiction. Other countries are encouraged to follow suit, but the percentage needs to be higher in order to generate more income for tobacco control activities.

The GCC has continued its bi-annual seminars on tobacco. The eleventh seminar was held in Abu Dhabi, United Arab Emirates, in November 1999, concentrating on education and tobacco control.

On the negative side, the United Arab Emirates was chosen as the centre of operation for what is known as the Middle East Tobacco Association. This is a company formed by multinational tobacco companies to promote tobacco in the GCC countries. It has placed advertising which is designed to give the tobacco industry a respectable image. As usual with the tobacco industry, it cuts corners and makes use of every loophole and every opportunity to show itself in a humane light. The health authorities are monitoring its activities. It is hoped that the activities of this association, and indeed any similar enterprise that may come into being in the future, may be curbed.

Nearly all countries have some laws and regulations that aim to control tobacco. Some are more far-reaching than others. Several countries have issued laws and decrees that take the matter of tobacco control further than before. However, implementation has not generally been given due priority. Unless a regulation or a law is seen to leave no room for abuse or negligence, it remains ineffective. It is hoped that countries will always outline the modes and means of implementing their tobacco laws and further strengthen them.

Studies remain an important area for providing an accurate picture of the size of the tobacco problem in the Region. Several countries have sought the help of the Regional Office in conducting different studies. Some have incorporated such studies in their collaborative programmes outlined by the Joint Programme Review Mission. Moreover, the Regional Office is seeking funds to conduct economic studies in three countries. It is hoped that by October 2000 when the Regional Committee meets, funds will have been allocated and the countries concerned will have started the preparatory work to conduct those studies.

Efforts at capacity-building continue in close collaboration with WHO headquarters. Funds are sought for such efforts from donors. Should a proposal prepared for this purpose be successful, extrabudgetary funds will be available for six countries.

Three countries participated in the global media initiative launched in San Francisco in November 1999. It is hoped that their experience will encourage other countries to enhance their media efforts for tobacco control.

Most countries have worked out plans of action, some of which are comprehensive. The implementation of such plans of action is very important. The Regional Office will give every support possible to the implementation of these plans of action.

## **2. FRAMEWORK CONVENTION ON TOBACCO CONTROL**

The Framework Convention on Tobacco Control (FCTC) is the flagship of WHO's efforts in tobacco control. The development of this convention and related protocols will be the first time that WHO has used its constitutional mandate to facilitate the creation of an international convention. The convention will be an international legal instrument that will circumscribe the global spread of tobacco products. With its related protocols, it will support and assist national and local authorities in strengthening their tobacco control programmes.

Two meetings were held in Geneva during the past year to prepare the proposal draft elements of the Framework Convention and report on progress, which will be discussed by the intergovernmental negotiating body in its meeting due to be held in October 2000 in Geneva. Ten countries of the Region participated in the first meeting of the working group, which was held in October 1999. That number did not increase much in the second meeting, which was held in March 2000. According to Health Assembly resolution WHA53.16, special consideration should be given to secure the participation of delegates from developing countries in the negotiations. Therefore, the Regional Office will have a better chance in funding the participation of more countries in the coming negotiations.

In order to prepare countries for adopting and implementing the convention the following steps were taken at the regional level:

- After the first meeting of the working group, all the convention documents and copies of the World Bank report *Curbing the Epidemic* were sent to concerned authorities in all countries. The Regional Office also keeps countries up to date on the development of the FCTC by sending them all relevant documents and technical papers.
- The Regional Office is in the process of collecting all tobacco control-related regulations and laws from all countries. The aim is to support each country in developing its own tobacco control laws and regulations in a manner that leaves no areas of weakness or loopholes.

## **3. THE WAY AHEAD: AN INTEGRATED STRATEGY**

It has been long recognized that combating a multifaceted problem like that of tobacco requires concerted action on several fronts at the same time. It is neither feasible nor useful for the ministry of health to undertake such a task on its own. If it does, it will soon find itself in the position of a lone fighter facing attack on several fronts. The plan of action which the Regional Committee approved in its original and revised forms in 1996 and 1999 addresses this issue and outlines a strategy that involves different sectors and a host of governmental departments and nongovernmental agencies. Unfortunately the implementation of the plan remains sketchy in most countries of the Region, despite the fact that most countries recognize the seriousness of the tobacco problem and the need to move with determination to combat it.

Moreover, there is a need to formulate in each country a strategy that addresses the various aspects of the tobacco problem. Such a strategy needs to be based on certain fundamental principles that apply to all societies and communities, although application and speed of implementation may vary from one country to another.

The first of these fundamental principles concerns the **pricing of tobacco products**. In the Eastern Mediterranean Region, tobacco products sell very cheaply compared with other countries which are ahead in tackling this problem. Hardly anywhere in the Region are taxes on tobacco over 100%, whereas taxes in some European countries form not less than 80% of the retail price of cigarettes. That is a tax equal to 400%. Even then, such countries are determined to raise the price still further to put it beyond the reach of young people. This is the effective way of using pricing to good advantage, helping young people not to start smoking and generating tax revenue to offset some of the cost of smoking to society.

It may be pointed out here that the tobacco industry is fond of painting itself as a net contributor to the national economy. In Egypt, for example, the tobacco industry claims to be more important to the national economy than the Suez Canal, which is a preposterous claim, unless it is that the importance of the Suez Canal is for what it puts into the national economy, and the tobacco industry for what it takes out of it.

The second fundamental principle is a **total ban on all tobacco advertising and promotion activities**. A total ban means exactly that. The ban must be comprehensive, leaving no loopholes whatsoever. No activity that seeks to promote tobacco, especially among the young generations, should remain outside this ban. Thus, all sponsorship of sport, social and cultural events should be banned. Even if the tobacco industry offers financial support to a health initiative, such as poliomyelitis eradication, its name should not be allowed to appear in association with that initiative. If it does, then it gives the wrong impression, showing the tobacco industry as caring for health. That is a false guise this industry must never be allowed to wear. Hence, the ban must be on both direct and indirect advertising, through all means of advertising and promotion, including all event sponsorship by the tobacco industry.

Third is an **anti-tobacco social climate**. To bring such a social climate into being, an awareness campaign is needed, in which different sectors must be involved, and most important the media and education. The fact remains that most people do not realize the extent of the problem of tobacco. The overwhelming majority of smokers sense that smoking is not good for their health, but few of them know the extent of the risks they take with their health as a result of their smoking. Non-smokers rarely concern themselves with the magnitude of the problem unless they have something to do with it. Hence it is the duty of those who are entrusted with the task of promoting health and controlling disease to rise to the challenge of making smoking socially unacceptable. Only in having such a climate can we hope to make real progress towards a tobacco-free community and a tobacco-free world.

A social climate is created when sufficient numbers of people in different sectors are of the conviction that they have a contribution to make in shaping social attitudes to smoking and tobacco use. We are still far from reaching that conviction. Hence a concerted awareness campaign is urgently needed.

The fourth principle is translated into practice through a **set of auxiliary measures**, including a ban on smoking in certain areas which must be diligently implemented. These include public places, restaurants, public transport, workplaces, government offices and buildings. While this is essential to protect nonsmokers from passive smoking, it also helps to generate into the back of smokers' minds a sense that their action is injurious to other people's health. This is particularly important in that most passive smoking takes place at home, with the victims being the smoker's closest relatives. These measures, then, bring home to smokers the realization that their addiction harms their own families. They are thus more willing to refrain from smoking inside their own homes. Furthermore, they are more generally amenable to smoking control and cessation.

Fifth is **reducing the numbers of new smokers**. In the Eastern Mediterranean Region, it is women, children and adolescents that are targeted by smoking promotion activities. The great rise in the number of women smoking in public may be felt by any one who cares to look around. About a decade ago, the tobacco industry felt that it should expand its aggression on human health so as to include women. The industry said publicly that it intended to move into this area with serious promotion activity, because it had neglected it for so long. Thus, the industry wishes to bring cancer and heart disease to the women of the Region as they have been doing with men for centuries. And they have been true to their word. They are certainly expanding very rapidly in the women's market. It is imperative, then, that any integrated strategy to fight the smoking pandemic should face up to the challenge of addressing smoking among women.

The other social group targeted by the tobacco industry is youth. This is because the tobacco industry knows for certain that after the age of 18 it becomes more and more difficult to tempt people to start smoking. In fact the chances of starting to smoke after 24 years of age are practically nonexistent. The industry knows also that the earlier an adolescent starts smoking, the harder it is for him or her to quit. Hence all its advertising and marketing campaigns are conceived and executed with young recruits in mind.

For any tobacco control strategy to be effective, it is imperative to strongly counter the goals of the industry and steer the young away from tobacco. To be successful, any campaign to combat smoking among the youth must include at least the following components:

- a ban on all tobacco advertising, direct and indirect;
- an annual increase in real prices of tobacco products, because the young are more sensitive to price levels;
- monitoring the spread of smoking among youth;
- incorporating proper and adequate health information about the harm tobacco causes to health and its addictive nature in all school curricula;
- involving youth in the design of schemes and approaches to prevent adolescents and children from starting smoking.

Finally, **providing help and counselling for smoking cessation**. It is gratifying to see that some countries have already started this activity, with smoking cessation clinics available to increasing numbers of people. However, in many cases, the approaches available need to be diversified. As the implementation of the other components of this strategy increase, the demand for facilities and services to help smokers to quit will also increase. Hence countries should expect more and more requests for help and should be ready to respond to such increased demand.

#### 4. A REGIONAL PERSPECTIVE

We are all together in having to face up to this problem. Hence, cooperation between countries should be placed at the highest level. As has already been stated, a comprehensive strategy of tobacco control cannot be mounted by the ministry of health on its own. It is likely that some sectors will be more convinced than others of the priority that should be given to the tobacco problem. Moreover, a sector that comes forward to assume a leading role in the fight against tobacco in one country may be very reluctant to do so in another. It is likely therefore that different countries will make more headway in different aspects of the strategy. Addressed at a regional level, tackling the problem will become a rich, multi-faceted experience that could bring important benefits to all. However, if each country works on its own, limiting itself to its own experience, the overall pace will be much slower, and duplication will be the symptom of our efforts.

Moreover, without coordination of efforts and good use of the limited resources available, some major issues may be neglected. For example, most countries ban tobacco advertising on government-controlled television and radio. Yet all countries host private satellite channels which consider tobacco advertising a major source of income. Unless efforts in this area are coordinated, there will be loopholes for the tobacco industry to exploit, thus undermining all efforts in banning its temptation of the young. Similarly, steep price rises will not be very effective if they are implemented in some countries but not in others. Indeed, such a situation is likely to lead to widespread smuggling, a prospect no country wants to face. The most effective method to forestall smuggling is for price rises to be coordinated in all countries.

A unanimous policy of mutual cooperation, coordination and harmonization is essential for a successful programme of tobacco control. It will stand all in good stead and be of mutual benefit to all. It will further ensure that no effort in any area by one country is made less effective by another country's lack of effort in that area.

While the Regional Office will work for such ends and exert all efforts to help countries in concentrating on priority areas, the tasks involved are too great for the Tobacco-Free Initiative unit alone. Countries are encouraged to look into the proposal to set up a committee on the lines of the Tobacco-Free Europe Committee, established by the European Regional Office, to push ahead with plans and policies aiming at making the whole of Europe tobacco-free. This committee was set up in Europe because the countries in western Europe were far ahead of those in eastern Europe in combating tobacco. This presented discrepancies and



dangers similar to those this Region may well face. Indeed the need for a Committee for a Tobacco-Free Region in the Eastern Mediterranean is all the more important, because this Region is still far behind other regions in setting appropriate targets for the work involved and getting other sectors involved in the implementation of tobacco control policies. The committee should be a multisectoral one, including legal experts, policy advisers, academicians, media and education experts, economists and law enforcement experts. The committee should meet no less than twice a year, and report to the Regional Director and the Regional Committee.