

WORLD HEALTH ORGANIZATION
Regional Office for the Eastern Mediterranean
ORGANISATION MONDIALE DE LA SANTE
Bureau régional de la Méditerranée orientale



مَنْظَرَةُ الصَّحَّةِ الْعَالَمِيَّةِ
المكتب الإقليمي شرق المتوسط

**Regional Committee for the
Eastern Mediterranean**

EM/RC54/INF.DOC.3
July 2007

Fifty-fourth Session

Original: Arabic

Agenda item 4 (c)

**Progress report on
The Tobacco-Free Initiative**

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1. Introduction

Tobacco control was identified as a priority in the Eastern Mediterranean Region with the beginning of the negotiations for the WHO Framework Convention on Tobacco Control (FCTC). The FCTC entered into force in 2005, and Member States of the Region that are not a Party to the Convention are becoming a minority. Political support is high in most countries; however, the classical challenges of continuity and sustainability remain a fundamental concern and are elements holding back progress in tobacco control in the Region.

At the same time, new trends in tobacco use are adding a huge burden to tobacco control efforts. These trends include the widespread use of the waterpipe, also known as shisha, the use of snuffed tobacco among the elderly in some countries, and the use of chewing tobacco. Information related to these new trends of tobacco use is very limited and few efforts have been made to address problems associated with these trends.

In 2006, a new initiative was announced to support tobacco control in the 15 highest burden countries worldwide, the Bloomberg Global Initiative to Reduce Tobacco Use. At the same time, the Regional Office is encouraging countries to target more efforts towards addressing other forms of tobacco use, especially shisha. These two areas of work are addressed below.

2. New areas of tobacco control

2.1 The Bloomberg Initiative

In August 2006, Michael R. Bloomberg, Mayor of New York City, announced his commitment to donate US\$125 million in an initiative towards ending the global tobacco epidemic. The World Health Organization (WHO) was identified as one of the five key partners in the initiative. The other partners are the Campaign for Tobacco-Free Kids, Centers for Disease Control and Prevention (CDC) Foundation, the Johns Hopkins Bloomberg School of Public Health and the World Lung Foundation.

Bloomberg's \$125 million, two-year contribution is many times larger than any prior donation for global tobacco control and more than doubles the global total of private and public donor resources devoted to fighting tobacco use in developing countries, where more than two-thirds of the world's smokers live.

The initiative will focus on the following four components.

- Refining and optimizing tobacco control programmes to help smokers stop and prevent children from starting.
- Supporting public sector efforts to pass and enforce key laws and implement effective policies, in particular to tax cigarettes, prevent smuggling, change the image of tobacco, and protect workers from exposure to other people's smoke.
- Supporting advocates' efforts to educate communities about the harms of tobacco and to enhance tobacco control activities so as to help make the world tobacco-free.
- Developing a rigorous system to monitor the status of global tobacco use.

The scope of work of the initiative includes two aspects. One is direct support to those countries with the highest burden of tobacco use. In the Eastern Mediterranean Region, these countries are Egypt and Pakistan. The second aspect is support for all countries through the surveillance component. The Global Tobacco Control Report will be covered under this component, as well as the Global Adult Tobacco Survey.

Each of the five partners in the initiative will cover specific areas. The CDC Foundation will cover surveillance; the Campaign for Tobacco-Free Kids and World Lung Foundation will cover advocacy and grants; and the Johns Hopkins Bloomberg School of Public Health will cover the economic component.

WHO will focus on strengthening capacity for tobacco control in countries, to enable countries to design and implement national tobacco control action plans and to create (or strengthen) governmental tobacco control units, and also within WHO, at global, regional and country levels. WHO will contribute to the grants process administered by the World Lung Foundation and the Campaign for Tobacco-Free Kids by assisting the public sector to apply, reviewing applications, assisting countries to implement projects and feeding results of projects back into global tobacco control policy. WHO will continue to support the activities of World No Tobacco Day and ensure wide dissemination of information. WHO will also support the implementation of the surveillance component in all Member States.

WHO's share of the Bloomberg donation is US\$ 14 million, which was distributed between WHO headquarters and regional offices according to workplans approved by the World Lung Foundation, which administers the Initiative's funds. These include three workplans developed for the Regional Office and the two countries involved, Pakistan and Egypt. The main outputs in these workplans are:

- an effective national coordination mechanism and structure for tobacco control.
- active engagement of WHO in the grants mechanism and the activities associated with World No Tobacco Day.
- a surveillance system to measure tobacco trends and measure the impact of tobacco control policies.

The Regional Office has been strongly involved in supporting countries in the grant application process; some countries held meetings for nongovernmental organizations and civil society groups for this purpose and some used other means to distribute the information. To date, only two countries, Egypt and Pakistan, were accepted in principle for the grants; they are now in the process of finalizing proposals. It is hoped that in the second round of grants, more countries will be accepted. The Regional Office is following up with the other partners on this issue.

WHO has signed a memorandum of understanding with the World Lung Foundation and transferred funds to countries for action. The funds cover two areas: personnel needs and activities indicated in the workplans. Countries and regional offices are in the process of recruiting staff and implementing the workplans.

2.2 Waterpipe health hazards

The main message of World No Tobacco Day 2006 was that tobacco consumption is harmful in any form, including tobacco used in waterpipes, chewing tobacco and snuff. However, more efforts are still needed to take this message forward at the grass roots level and to the general public in order to change the social acceptance of tobacco use, especially waterpipe use, that is spreading daily in countries of the Region. As part of the World No Tobacco Day celebration, several studies were released on waterpipe use: one was on the waterpipe and young people, the second was an advisory note on waterpipe use that was published originally in English by WHO and was translated into Arabic and released by the Regional Office for World No Tobacco Day 2006.

The Regional Office took further main message of the World No Tobacco Day by targeting more efforts towards this area. In March 2007, a press conference was held to release the first publication on waterpipe health hazards, entitled *Tobacco use in shisha*. The publication contains the results of studies that were carried out by the Egyptian Smoking Prevention Research Institute (ESPRI) on the history and composition of the waterpipe, the types of tobacco used in waterpipe smoking and the attributes and magnitude of waterpipe smoking. Six studies are reported: a national survey on waterpipe use and other risk factors for cardiovascular disease; a national survey on cigarettes and waterpipe smoking; epidemiology of waterpipe smoking; comparison of cigarette and waterpipe smoking among female university students; behavioural and biological aspects of waterpipe smoking; and the micronucleus test in buccal mucosa cells for assessment of the genotoxicity of waterpipe smoking.

Although the studies included in the publication were undertaken in Egypt and reflect the national situation in Egypt, it is hoped that the findings will inspire other Member States in the Region to study different aspects of waterpipe use and to make the results available to the public. It is also hoped that the results will give support to decision-makers to regulate waterpipe use, taking into consideration Articles 10 and 11 of the FCTC where countries are called upon to regulate all forms of tobacco and not only cigarettes.

3. Future directions

The Bloomberg Initiative is a great opportunity for public health. It is vital at this stage for participating countries of the Region to be active in the implementation of the plans of action, in the grant mechanism, and in mobilizing all partners at national level, in addition to the national authority, to support the implementation of activities and achieve results by the end of the two-year period of implementation.

All forms of tobacco use are harmful. With 16 Member States party to the FCTC, efforts in the Region should focus on regulating other forms of tobacco use according to the FCTC. There is evidence that waterpipe smoking can contribute to the spread of communicable diseases such as tuberculosis; regulating the use of all forms of tobacco, including waterpipe smoking, is vital in the Region in order to address such threats and to prevent further uptake of tobacco use. Countries must be actively involved in these efforts.