

# Regional Summary for the Eastern Mediterranean Region

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Over the past 50 years, the fundamental relationship between tobacco use, death and disease has been well established and is beyond doubt. The Eastern Mediterranean Region (EMR) in particular faces a great challenge due to high rates of tobacco consumption. In most of the countries of the Region, the rates of smoking reach up to 50% among men and around 10% among women. The situation among youth of both sexes is even more serious as seen in this profile.

Over the last decade, enormous efforts have been dedicated towards tobacco control. An unlimited number of activities took place regionally as well as nationally in support of the tobacco control message. Of course, new evidence as well as changes at the global level in policy to control tobacco – such as the preparation of the Framework Convention on Tobacco Control (FCTC) – had a direct effect on redirecting the policy that has been followed by the Regional Office as well as by its Member States.

Steadily, tobacco control is breaking out of its old medical shell into the broader arena of politics, economics and social behavior. Tobacco control is not only gaining more support at different levels but it is in the scope of interest of many groups. It has been recognized that improving the lifestyle of the population is impossible without realizing the consequences of tobacco use on the social and economic well being of each country.

It will take a long time to get the degree of attention needed for change but, networking at the regional level, collaborating with different sectors in EMR Member States and garnering support for World Health Organization (WHO)'s FCTC are signs that change is coming and that tobacco control is soon to be a priority area not only in the Regional Office, as it currently is, but also in each Member State.

## Smoking Prevalence

The available data at the country level which was gathered officially for the first time in the Eastern Mediterranean Regional Profile shows that the levels of consumption do vary from one country to the other. On average, the level of consumption among men is around 50% while among women it is nearly 5%. However in some countries there are extraordinary exceptions such as in Yemen, where the prevalence of tobacco use among women is 29% and among youth aged 15-19 in Lebanon it reaches 33.7%, which is con-

sidered very high compared to other Member States. This is due either: (a) to a special kind of tobacco use, like the use of 'khat' in Yemen which accordingly increases tobacco use; or (b) to the wide social acceptance of tobacco use in Lebanon.

## Legislation

The direct involvement of EMR Member States in the developments of the FCTC reflected effectively on their tobacco control efforts and more specifically their legislation.

Three countries have adopted tobacco control laws during 2002, namely Pakistan, Egypt, and Qatar. Moreover, four other countries are studying new tobacco control laws and will be presenting them to their parliaments shortly. These countries are Oman, Yemen, Lebanon, and Syria.

This kind of development is unique. Five years ago, this would never have happened as tobacco control was not a priority on the political agenda of most EMR Member States. The FCTC however has changed that. The evidence of the harm caused by tobacco that has been publicized through the process of the FCTC became clear beyond a doubt.

Additionally and for the first time, it was officially realized that the tobacco industry is taking a lead in increasing the level of consumption in developing countries, which led to a widespread movement against such activities. This led to the formulation of four reports on the tobacco industry activities in Egypt, Gulf Cooperation Council (GCC) and Iran. These reports highlighted the efforts of the tobacco industry to undermine tobacco control efforts and its involvement in tobacco smuggling in the Region.

Moreover, the involvement of high political figures such as Mrs. Susan Mubarak, Egypt's First Lady and Queen Rania Al-Abdulla of Jordan, in support of tobacco control strengthened the national efforts for tobacco control and led to the official adoption of national tobacco control plans, then the establishment of national committees with the involvement of different sectors.

## Infrastructure for Tobacco Control

Tobacco control programmes used to be controlled by Ministries of Health, however there are currently more players joining in as the political commitment increases. Fifteen of the 23 Member States have multi-sectoral committees which involve other Ministries as well as some Civil Society Groups. At the same time, there is now a full-time Focal Point

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in almost all EMR Member States. This increase in the number of people helping out in this area has contributed to the growing attention given to it and to the activities carried out in its support. For example, there are two surveys being carried out at the Regional level. These are the Global Youth Tobacco Survey (GYTS), which is currently being implemented in more than 19 Member States and the Health Professionals Survey (HP), which was carried out in 13 Member States. These are in addition to numerous other national level activities and studies that would have never materialized without the devotion of tobacco Focal Points in EMR Member States.

Eleven of the 23 Member States have tobacco control programmes available and nine out of the 11 actually have written tobacco control programmes. In the remaining Member States, the Focal Points decide on the priority areas of work within the general policy and framework of the Minister of Health.

The significant development that took place during the last two years is the acceptance of the role played by Non-governmental Organizations (NGOs) in controlling tobacco. We see NGOs as key partners in the national tobacco control programmes in Iran, Egypt, Jordan and Saudi Arabia. Through the WHO project "Channeling the Outrage" there is a high possibility of more involvement of NGOs in other Member States in implementing and developing tobacco control related policies.

On another front, there is an increasing interest in tobacco cessation. Twelve Member States established their own tobacco cessation clinics, with technical support provided through individual experts as well as through WHO.

## **Conclusion**

It has been well recognized that combating a multi-faceted 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 problem on

its own. 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 NGOs. Actually, the Regional plan of action provides for the establishment in every Member State of a national, multi-sectoral council or committee to coordinate and promote national tobacco control policies and efforts. Fifteen Member States in the Region have such committees but in other Member States the responsibility continues to be limited to the health sector. A national committee will get all sectors involved in tobacco control and they will play their respective roles in the success of tobacco control. If we limit our national committees to the health sector, the efforts will continue to be lopsided. Therefore, those Member States which have such health committees are urged to widen them and make them multi-sectoral, and those which have not yet formed such councils are urged to form such committees as soon as possible.

Unfortunately, the implementation of the Regional plan of action remains sketchy in most of the Region's countries despite the fact that most Member States recognize the seriousness of the tobacco epidemic and the need to move with determination to combat it.

Moreover, each Member State needs to formulate a strategy that addresses the various aspects of the tobacco problem. Such a strategy is based on certain fundamental principles (which was included in the Regional plan of action mentioned above) that apply to all societies and communities, but their application and the speed of their implementation may vary from one country to another.

The above should be taken forward in parallel to the adoption, ratification and implementation of the FCTC. The FCTC is the one international tool that will support national frameworks and give support to nations with specific problems.