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Introduction

In May 2013 the 66th World Health Assembly endorsed a global monitoring framework comprising 9 global voluntary targets and 25 indicators for the prevention and control of noncommunicable diseases. One of the targets was a 30% relative reduction in the prevalence of current tobacco use in persons aged 15+ years by 2025 (30 by 25). Resolution WHA66.10 also called on Member States to adopt national targets and indicators based on the global ones.

In another international development, the 6th session of the WHO Framework Convention on Tobacco Control (FCTC) (http://www.who.int/fctc/en/) Conference of the Parties adopted a decision calling on the Parties to:

set national targets for 2015, taking into account the voluntary global target of 30% reduction;

develop or strengthen national multisectoral policies and plans;

accelerate the implementation of the WHO FCTC;

encourage countries that are not yet Parties to consider ratifying the convention.

From the 2015 WHO tobacco trends report,[1] it is clear that the Eastern Mediterranean Region is facing a real challenge with tobacco trends: prevalence is projected to increase by 2025, meaning that the Region will not be able to achieve the target agreed at the World Health Assembly. More alarmingly, the situation at regional level will compromise the ability of other regions to collectively achieve the global noncommunicable disease and tobacco targets.

WHO is committed to supporting countries to adopt a target for tobacco reduction and to

providing technical assistance towards realizing the international commitments regarding tobacco, the MPOWER measures[2], noncommunicable diseases best buys and the Conference of the Parties decisions. Therefore, the WHO Regional Office for the Eastern Mediterranean organized a meeting in Tunis on 8–9 June 2015 on achieving the global target of 30% reduction in tobacco use by 2025.

The meeting was attended by senior health officials from 16 Member States, representing the tobacco control and noncommunicable diseases sectors, experts on tobacco control from the United States of America, Australia, Canada, Jordan and Oman and representatives from the WHO FCTC secretariat as well as WHO staff from country offices, from the Eastern Mediterranean, African and European regional offices, and from Headquarters.

The specific objectives of the meeting were to: i) present the results of the SimSmoke study[3] and the implications for the tobacco target of 30 by 25; ii) agree on an approach to develop national tobacco reduction targets for 2025, considering the anticipated benefits of MPOWER based on SimSmoke projections; iii) identify barriers and bottlenecks in scaling up tobacco control towards achieving the national tobacco target by 2025; and iv) identify next steps and roles and responsibilities of the various partners to achieve national tobacco targets by 2025. The meeting aimed at bringing together Tobacco Free Initiative and noncommunicable diseases managers, which will be helpful in: adopting a holistic approach to tobacco control at the national level; facilitating joint use of limited resources and funds; aligning work plans for noncommunicable diseases units and the Tobacco Free Initiative, and developing of coordinated plans at the national level.

Tobacco situation in the Region

Achieving the tobacco 30 by 25 targets requires scaling up implementation of the WHO FCTC, and particularly the MPOWER demand-reduction measures, at the highest levels. However, in the current situation of low MPOWER adoption (only 2 countries in the Region have adopted at least 3 of the 6 MPOWER measures at the highest levels), scaling up action on MPOWER can benefit from regional evidence that demonstrates the anticipated returns.

Using the SimSmoke survey data, trends were derived for 9 countries in the Region: overall prevalence of tobacco use will likely increase over the period 2010–2025, rather than falling towards the 30% relative reduction set under the voluntary global target. Only one of these countries was on a downward track, but even there it is not expected that the target will be reached unless stronger action is taken.

The prevalence of tobacco use among youth and adults was highlighted, along with the MPOWER status and the most common gaps at regional level in each of the MPOWER policies; the evidence indicates that each policy will work once implemented. Evidence was presented that tobacco control does work when using a comprehensive rather than a selective approach. The data from a number of countries demonstrated that good results were achieved in reducing prevalence and protecting the public from exposure to tobacco through comprehensiveness, complementarity, multisectoral actions and countering the tactics of the tobacco industry.

It was noted that the WHO African and Eastern Mediterranean regions were the only two WHO regions likely to expect an increase in tobacco prevalence in 2025, and that joint effort was needed in this area. The Health Information Systems unit works with the Tobacco Free Initiative to produce estimates of mortality attributable to tobacco for each country. It is expected that the damage caused to health (morbidity and mortality) will increase over time in the countries of the Region.

Conclusions

It was emphasized that a comprehensive approach to tobacco control will result in successful outcomes. The main outcomes of the meetings were:

the process to develop national tobacco reduction targets for 2025 was initiated, adapting the global voluntary tobacco target of 30 by 25;

a roadmap for each country was approved for scaling up, adopting and implementing MPOWER measures at the highest level to achieve national tobacco target by 2025.

Next steps

The next steps and roles and responsibilities of partners in implementing national activities to achieve national tobacco targets are shown in Box 1 . The continued support of WHO is essential for bridging the gaps in tobacco control at the national level. There is a great need to support Member States in implementing tobacco health cost studies measuring socioeconomic impact, including both direct and indirect costs. Surveillance needs to be strengthened at the national level through regular data collection. Sharing information on tobacco use and experiences across regions and countries is essential for advancing control. The WHO FCTC secretariat should also reach out to countries to ensure they are able to fully utilize all the

available FCTC tools.

There is a need to officially adopt the agreed target through communication between WHO and decision-makers at the highest level. Covering each country with national data sets, including SimSmoke projections, is essential to convince decision-makers of the positive impact of tobacco control.

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[1] WHO global report on trends in prevalence of tobacco smoking 2015. Geneva: World Health Organization; 2015 (http://apps.who.int/iris/bitstream/10665/156262/1/9789241564922_eng.pdf?ua=1, accessed 2 January 2015).

[2] The WHO Framework Convention on Tobacco Control (WHO FCTC) and its guidelines provide the foundation for countries to implement and manage tobacco control. To help make this a reality, WHO introduced the MPOWER measures. These are intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco. More information on MPOWER can be found at: http://www.who.int/tobacco/mpower/en/

[3] A study commissioned by WHO in 14 countries of the Region using the SimSmoke simulation model to project the impact of the adoption of the highest levels of MPOWER measures, individually and collectively, on reducing tobacco use and tobacco-attributable deaths.

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