PDF version

[1] This summary is extracted from the report on the intercountry meeting on prioritizing tobacco control under the Thirteenth General Programme of Work (GPW13), virtual meeting, 22–24 February, 2021 (https://applications.emro.who.int/docs/WHOEMTFI229E-eng.pdf?ua=1).

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Introduction

The Thirteenth General Programme of Work (GPW13) – the World Health Organization's (WHO) five-year strategy for 2019–2023 (1) – focuses on measurable impacts on people's health at the country level. The five-year strategy encompasses three main targets, known as the "Triple Billion targets": one billion more people to benefit from universal health coverage, one billion more people better protected from health emergencies, and one billion more people enjoying better health and well-being. The GPW13 targets also serve as milestones for the health-related targets of the 2030 Sustainable Development Goals (SDGs).

Tobacco control is estimated to have the second biggest impact on achieving GPW13's Triple Billion targets (2). With a relatively high prevalence of tobacco use, countries in the Eastern Mediterranean Region (EMR) have the potential to make particularly strong progress in the Triple Billion targets if they strengthen tobacco control measures (2). Therefore, the Tobacco Free Initiative (TFI) at the WHO Regional Office for the Eastern Mediterranean (WHO/EMRO) held a virtual intercountry meeting on prioritizing tobacco control under the GPW13 during 22–24 February 2021 (3). The 3-day meeting was led by representatives from WHO headquarters and the WHO/EMRO, along with experts from the University of Newcastle, United Kingdom, and MonEval International, United Kingdom. The meeting included participation by focal points in 6 WHO country offices as well as representatives from the 13 ministries of health,

i.e. Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Palestine, Qatar, Saudi Arabia, Somalia, Syrian Arab Republic, Tunisia and United Arab Emirates.

The objectives of the meeting were to:

discuss tobacco control progress in the Eastern Mediterranean Region;

develop strategies to achieve the GPW13 targets through scaling up tobacco control efforts; and

present international best practices for countries that managed to reduce prevalence of tobacco control.

Summary of discussions

Currently, the EMR is exhibiting alarmingly high tobacco use trends, with minimal decreases projected in future trends compared to other WHO regions. The discussion clarified the urgent need to significantly intensify implementation of tobacco control policies, in order to meet the GPW13 goal of 25% relative reduction in adult tobacco use by 2025 and ultimately a 30% reduction in line with the 2030 SDG targets. Due to the considerable room for improvement in tobacco control in the EMR, the Region has high potential to make significant changes in its tobacco use prevalence.

The discussion further solidified the importance of establishing a comprehensive surveillance system to monitor tobacco use and tobacco control policies, both nationally and regionally. A reliable surveillance system requires thoroughly planned, periodic and representative monitoring with widespread dissemination of the collected information. Reliable data is essential to effectively advocate for evidence-informed implementation of tobacco control policies by policy-makers and other stakeholders.

Recommendations

To WHO

Initiating organizational preparations with countries to conduct individual virtual missions for discussion of the Interactive Smoking Projection and Target Setting Tool (ISTP) findings and future action plans.

To Member States

Highlighting to policy-makers and other stakeholders the significant impact of tobacco control as a quick win to accelerate progress towards GPW13, noncommunicable disease and SDG targets;

adapting and implementing the regional strategy and action plan for tobacco control (2) at the country level;

strengthening surveillance of tobacco use and tobacco control policies through planned, periodic and representative monitoring;

strengthening national surveillance systems through a multisectoral approach by including ministries of health, finance, education as well as national bureaus of statistics;

disseminating collected information on tobacco use across relevant stakeholders within government, civil society and the media.

References

1.

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