

Highlights on tobacco control in EMR: focusing on IRI “towards achieving the target”

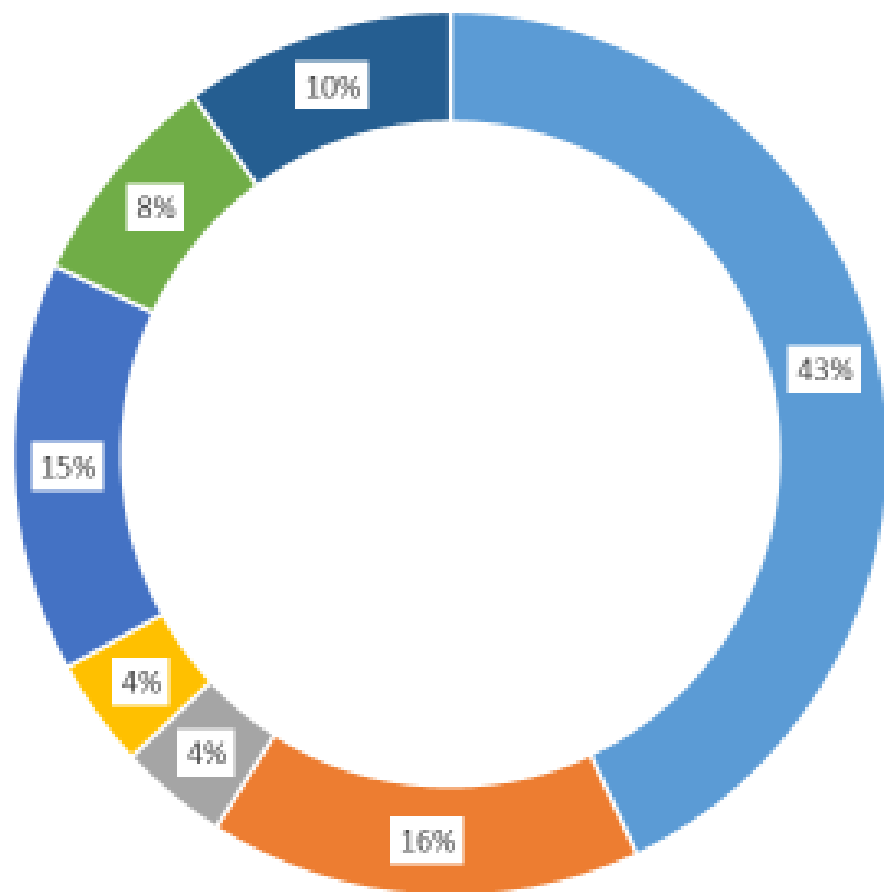
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Tobacco Free Initiative
UHC/NMH
EMRO-WHO

This presentation

- The global tobacco control agenda
- EMR status
- IRI, where are we heading?
- Challenges.
- Way forward.

What are we dealing with?

Proportional mortality



- Cardiovascular Disease
- Cancers
- Chronic respiratory disease
- Diabetes
- Other NCDs
- Communicable, maternal, perinatal and nutritional conditions
- Injuries

NCDs are estimated to account for **81%** of all deaths in Iran!

Tobacco use is a **key risk factor** for NCDs and premature mortality

Data Source: NCD Mortality Factsheet 2018
<https://www.who.int/publications/m/item/noncommunicable-diseases-bhr-country-profile-2018>
Noncommunicable diseases progress monitor 2022. Geneva: World Health Organization; 2022.

We need to implement tobacco control policies to achieve the target...



GPW 13

Healthier
Populations



**30% reduction
in tobacco use**



FCTC
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

International commitment for tobacco control



2005
FCTC
Enter into
force

2008
MPOWER

2012
VT

2013
protocol

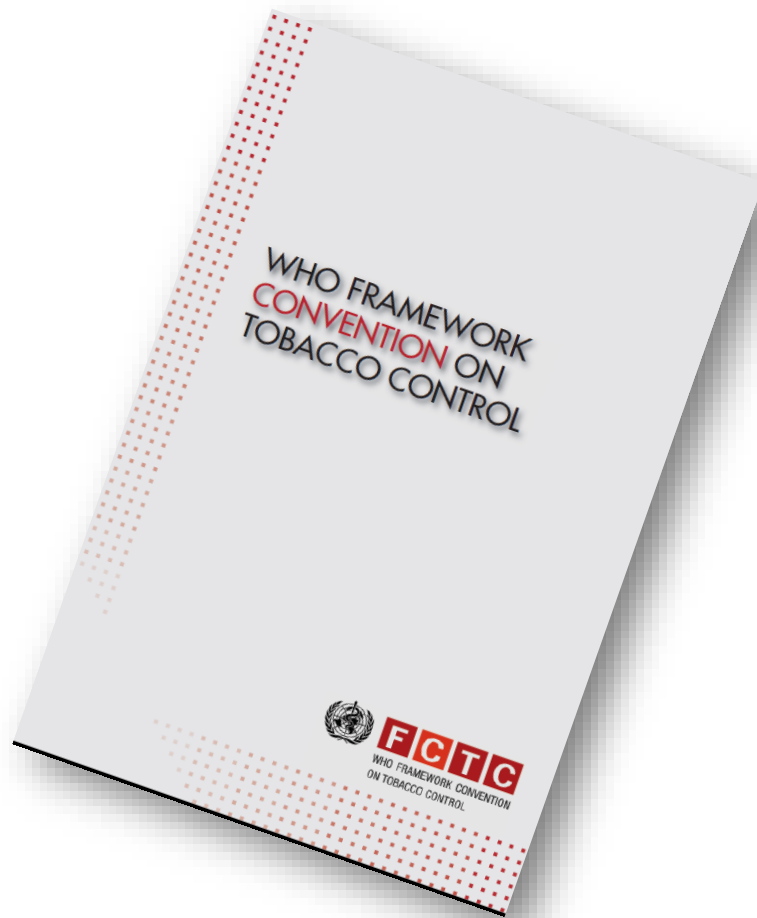
2015
SDGs

2018
RSAP

2021 HLM

EMR Parties to the WHO FCTC

19 Parties in the EMR

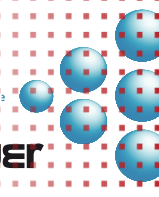


EMR Parties to the WHO FCTC	
1	Afghanistan
2	Bahrain
3	Djibouti
4	Egypt
5	Iran
6	Iraq
7	Jordan
8	Kuwait
9	Lebanon
10	Libya
11	Morocco
12	Oman
13	Pakistan
14	Palestine
15	Qatar
16	Saudi Arabia
17	Somalia
18	Sudan
19	Syrian Arab Republic
20	Tunisia
21	United Arab Emirates
22	Republic Of Yemen



Not
Party

mpower



Protocol Parties

7 Parties from EMR



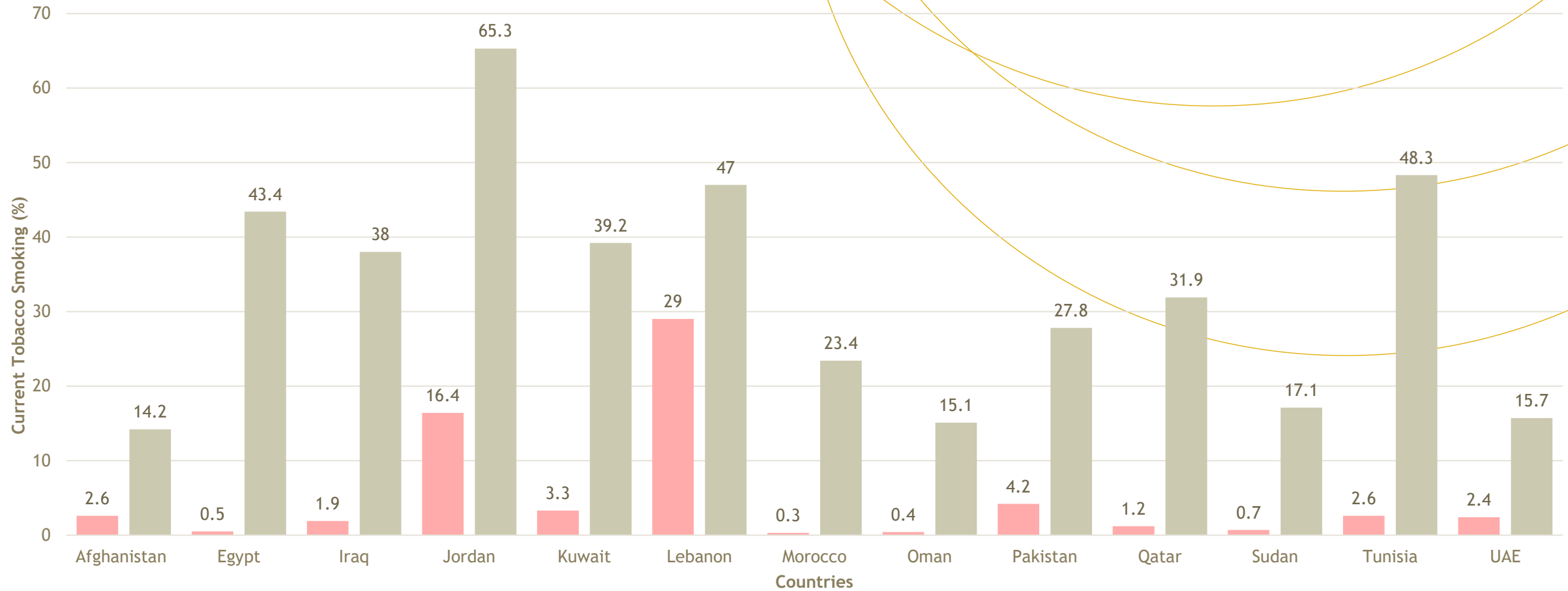
EMR Parties to the Protocol	
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14	Palestine
15	Qatar
16	Saudi Arabia
17	Somalia
18	Sudan
19	Syrian Arab Republic
20	Tunisia
21	United Arab Emirates
22	Republic Of Yemen

Not
Party

RDs suggestion to RC, endorsed in
2021...

High level ministerial group on tobacco
control...

Prevalence of **adult** current tobacco smoking⁹ by gender

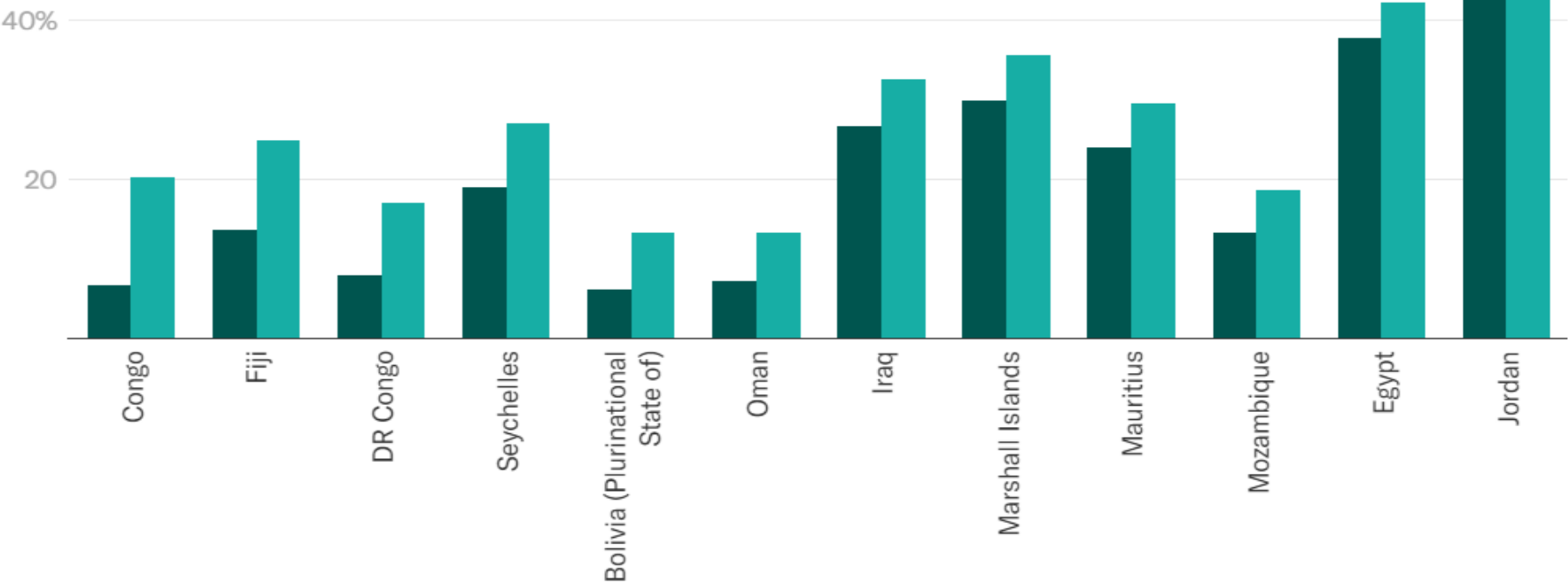


Data source: EMR countries NCD STEPS survey
2012-2019

Change in prevalence in selected countries

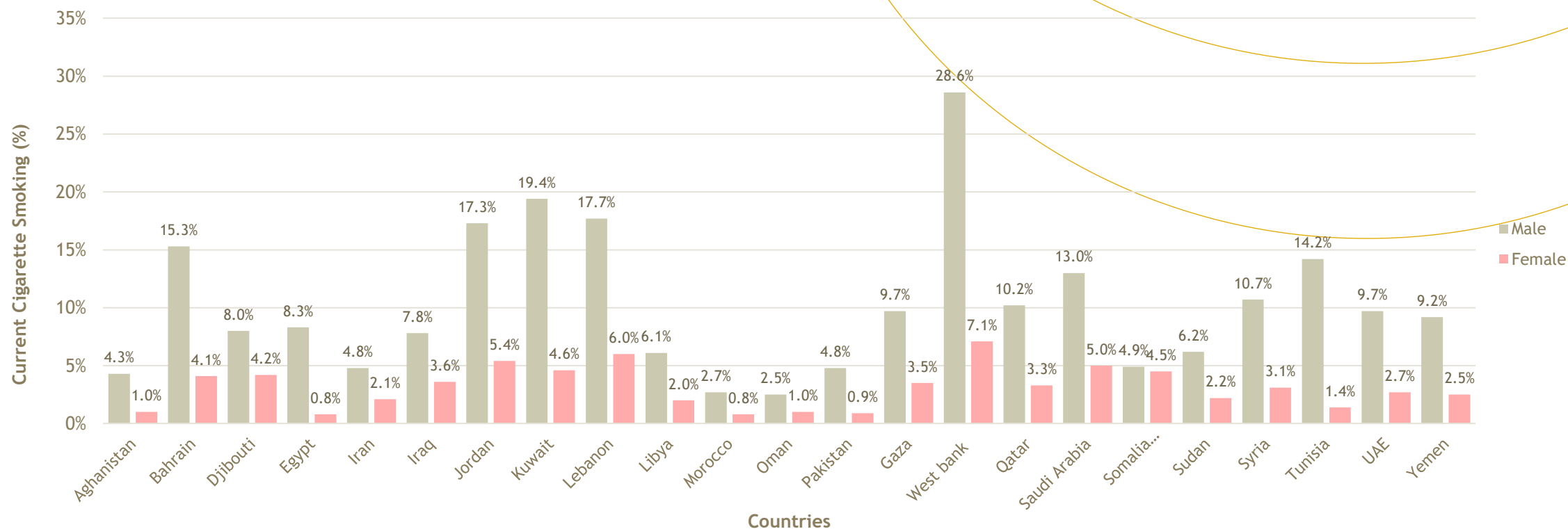
Trends in current tobacco smoking among males (age 15+ yrs) in selected countries with the largest increase in prevalence

2009 2019



Current cigarette smoking among youth

استهلاك التبغ بين الشباب من الجنسين by gender



Policy status: MPOWER

2008

Country	Monitor	Protect	Offer	Warn	Enforce	Raise taxes
Afghanistan						
Bahrain						
Djibouti						
Egypt						
Iran (Islamic Republic of)						
Iraq						
Jordan						
Kuwait						
Lebanon						
Libya						
Morocco						
Oman						
Pakistan						
Qatar						
Saudi Arabia						
Somalia						
Sudan						
Syrian Arab Republic						
Tunisia						
United Arab Emirates						
West Bank and Gaza Strip						
Yemen						

Towards achieving the 30% reduction target

2008

2021

19

39

67

55

45

37

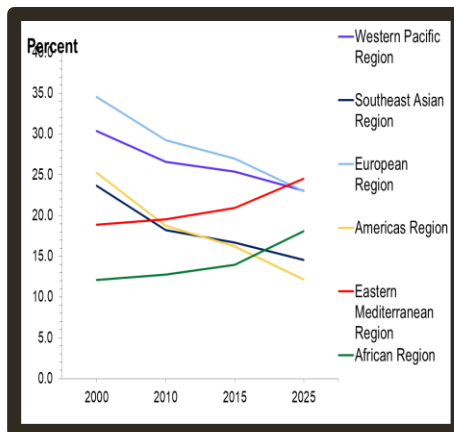
2021

Country	Monitor	Protect	Offer	Warn	Enforce	Raise taxes
Afghanistan						
Bahrain						
Djibouti						
Egypt						
Iran (Islamic Republic of)						
Iraq						
Jordan						
Kuwait						
Lebanon						
Libya						
Morocco						
Oman						
Pakistan						
Qatar						
Saudi Arabia						
Somalia						
Sudan						
Syrian Arab Republic						
Tunisia						
United Arab Emirates						
West Bank and Gaza Strip						
Yemen						

Smoking trends 2000-2025 (4 reports)

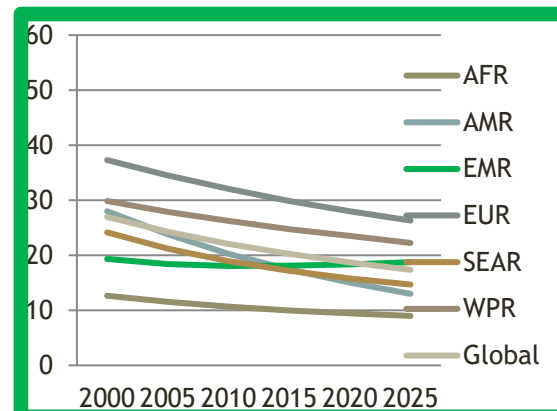
مؤشرات الاستخدام حتي العام 2025

First trend report 2015



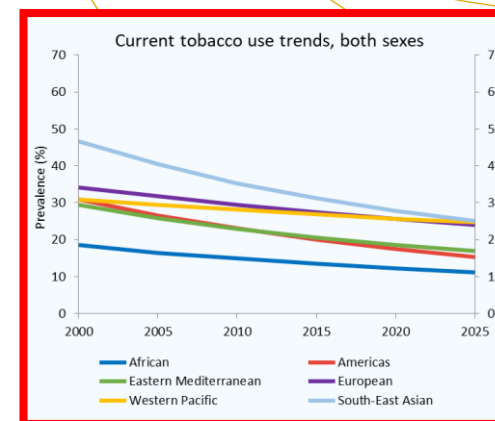
Increase

Second trend report 2018



Increase

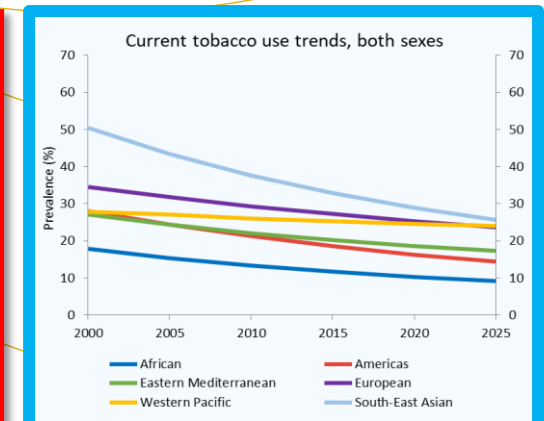
Third trend report 2019



Decrease

Must keep it down

Fourth trend report 2021



Decrease

Must keep it down

WHO global report on trends in prevalence of tobacco smoking 2015
WHO global report on trends in prevalence of tobacco smoking 2018
WHO global report on trends in prevalence of tobacco use 2019

Status of TC and its key policies in IRI

MPOWER measures I.R of Iran

		2007	2008	2010	2012	2014	2016	2018	2020
M	Monitoring								
P	Smoke-free environments								
O	Cessation support								
W-HW	Health warnings on packs								
E	Advertising bans								
R	Raise taxes								
W-MM	Mass media campaigns								
NTCP	National tobacco control program								

MPOWER score colour key

No data	No measure or weak measure	Minimal measure	Moderate measure	Complete measure
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Prevalence of **adult** current tobacco smoking by gender- IRI

16

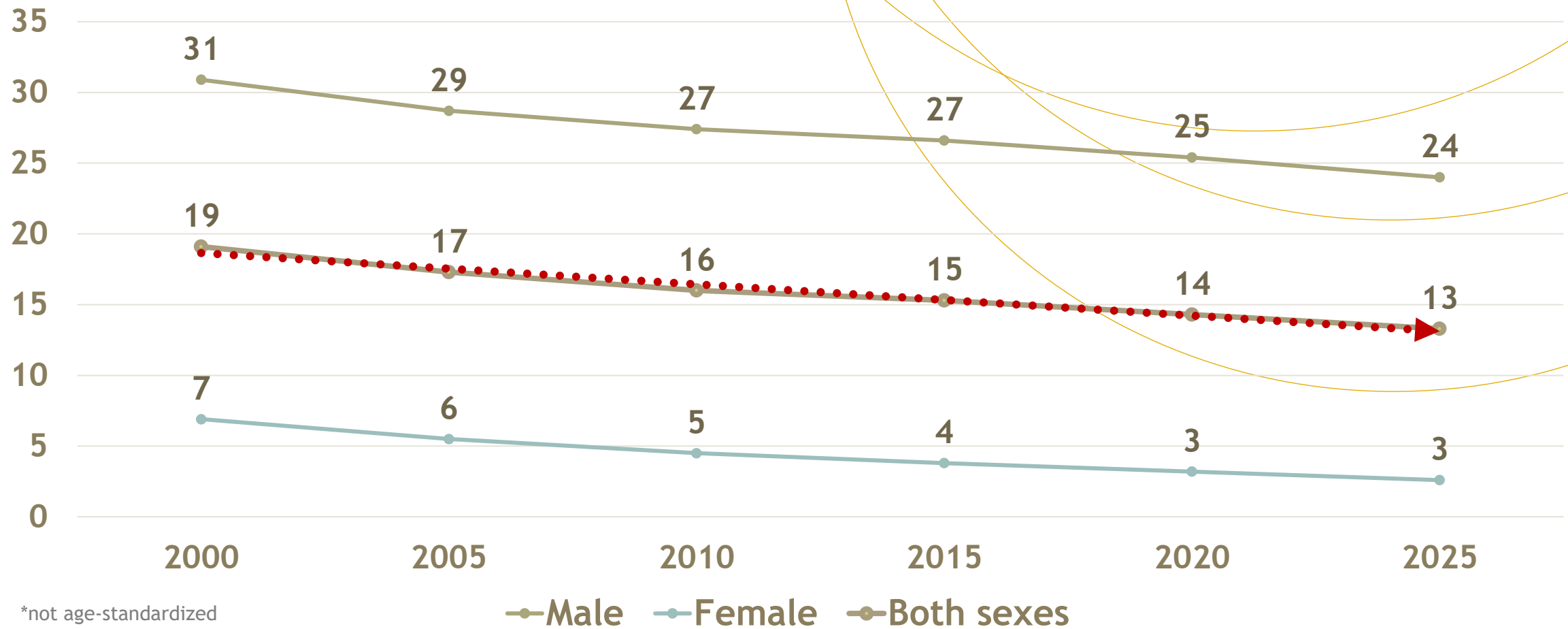
WHO age-standardized estimated prevalence of smoking among those aged 15 years or more: Year 2019

These rates are modelled using all national survey data published since 1990 to estimate the underlying prevalence trends by sex, then applying age-standardization to allow comparison with other countries. They do not necessarily resemble country data from 2019. See the report for further details.

Prevalence (%)	Any tobacco use (smoked and smokeless)		Any tobacco smoking		Cigarette smoking	
	Current	Daily	Current	Daily	Current	Daily
Male	25.0	20.5	19.0	16.6	16.1	6.1
Female	3.3	2.3	1.3	0.8	0.7	0.4
Both sexes	14.2	11.4	10.2	8.7	8.4	3.2

	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adolescents survey: Global Youth Tobacco Survey, 2016; National, ages 13-15										
Male	12.9	...	11.6	...	4.8	...	3.1
Female	7.7	...	7.1	...	2.1	...	0.8
Both sexes	10.2	...	9.2	...	3.4	...	1.9

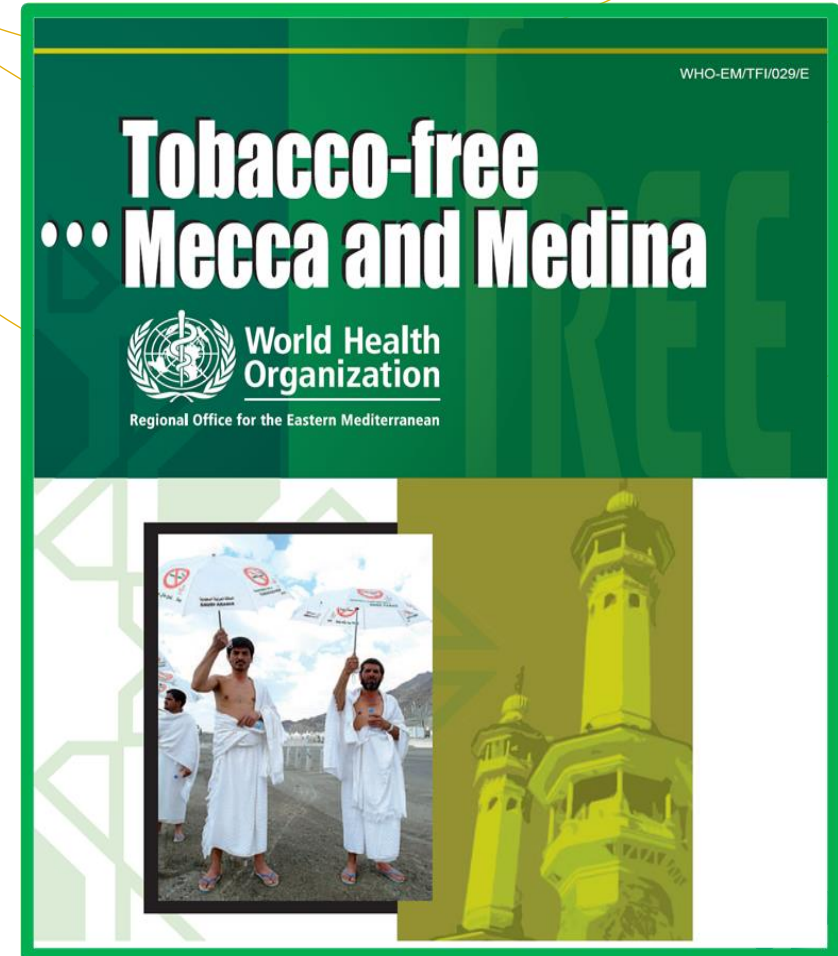
Current tobacco use prevalence trends among people aged 15 years and older in Iran , 2000-2025*



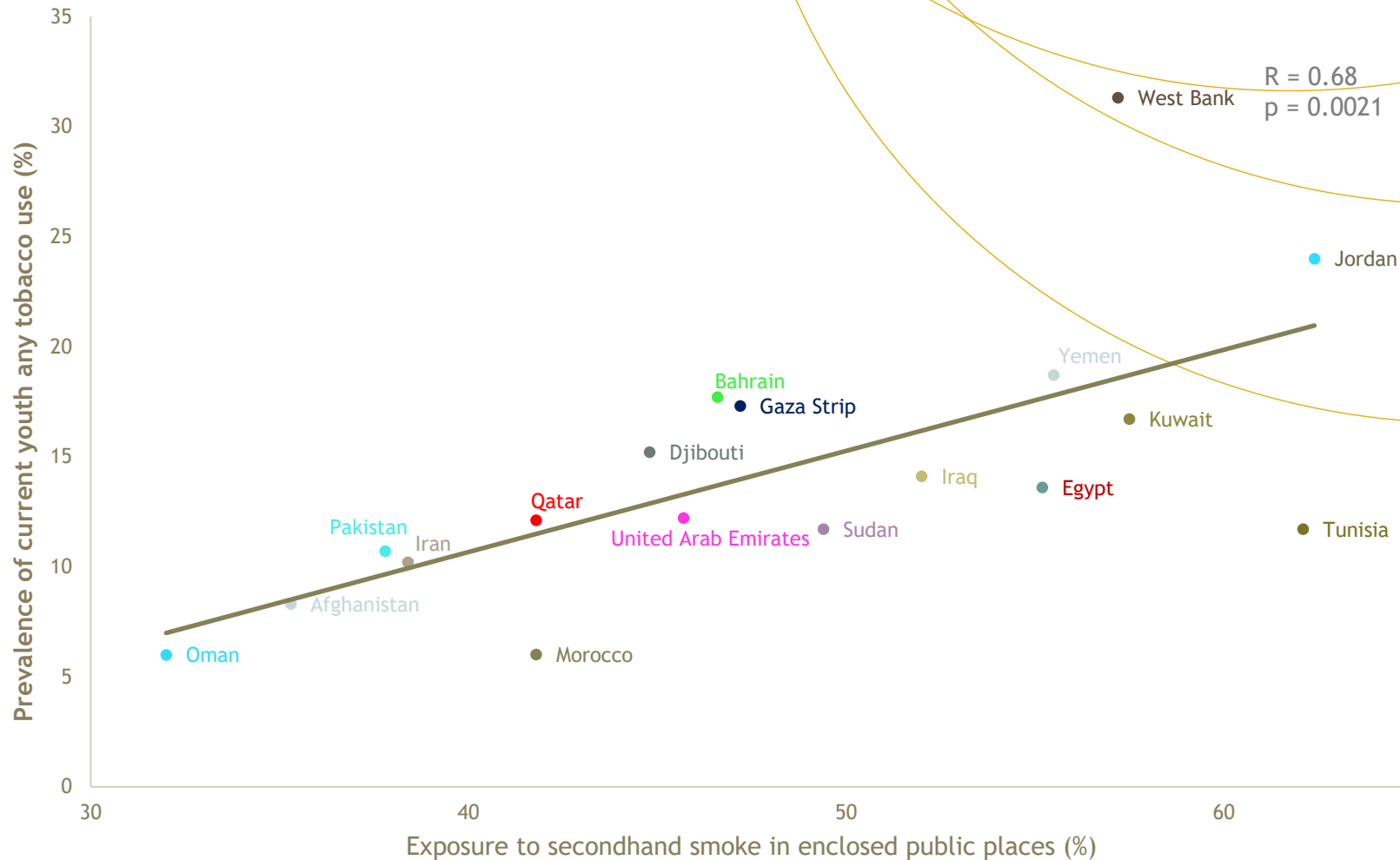
P: Tobacco free public places and cities Before and following COVID-19 ban

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Qom Designated Smoke-Free City - Tobacco Reporter



P-Correlation between youth exposure to second-hand smoke in indoor public places and prevalence of youth tobacco use



O: Offer help to quit- Cessation

20



Smoking Cessation Clinic
Iranian Anti-Smoking Association

W: GHW and PP

21



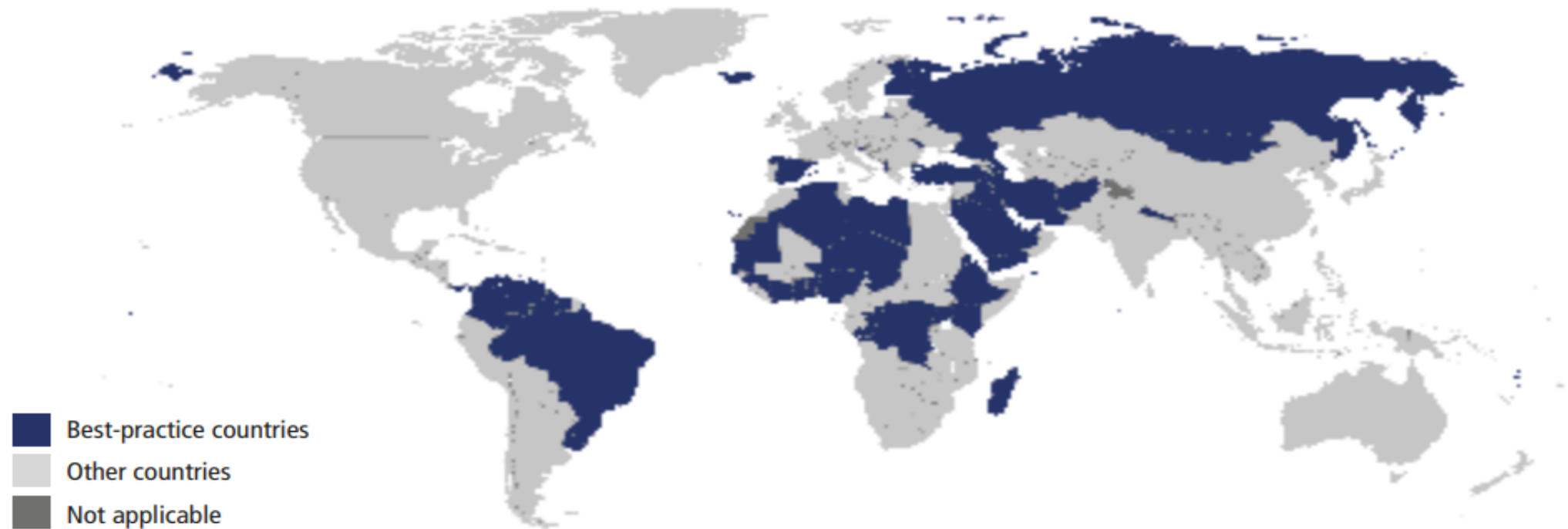
E: TAPS ban UAE and IRA best practices



CSR



ENFORCE BANS ON TOBACCO ADVERTISING, PROMOTION AND SPONSORSHIP – HIGHEST ACHIEVING COUNTRIES, 2020

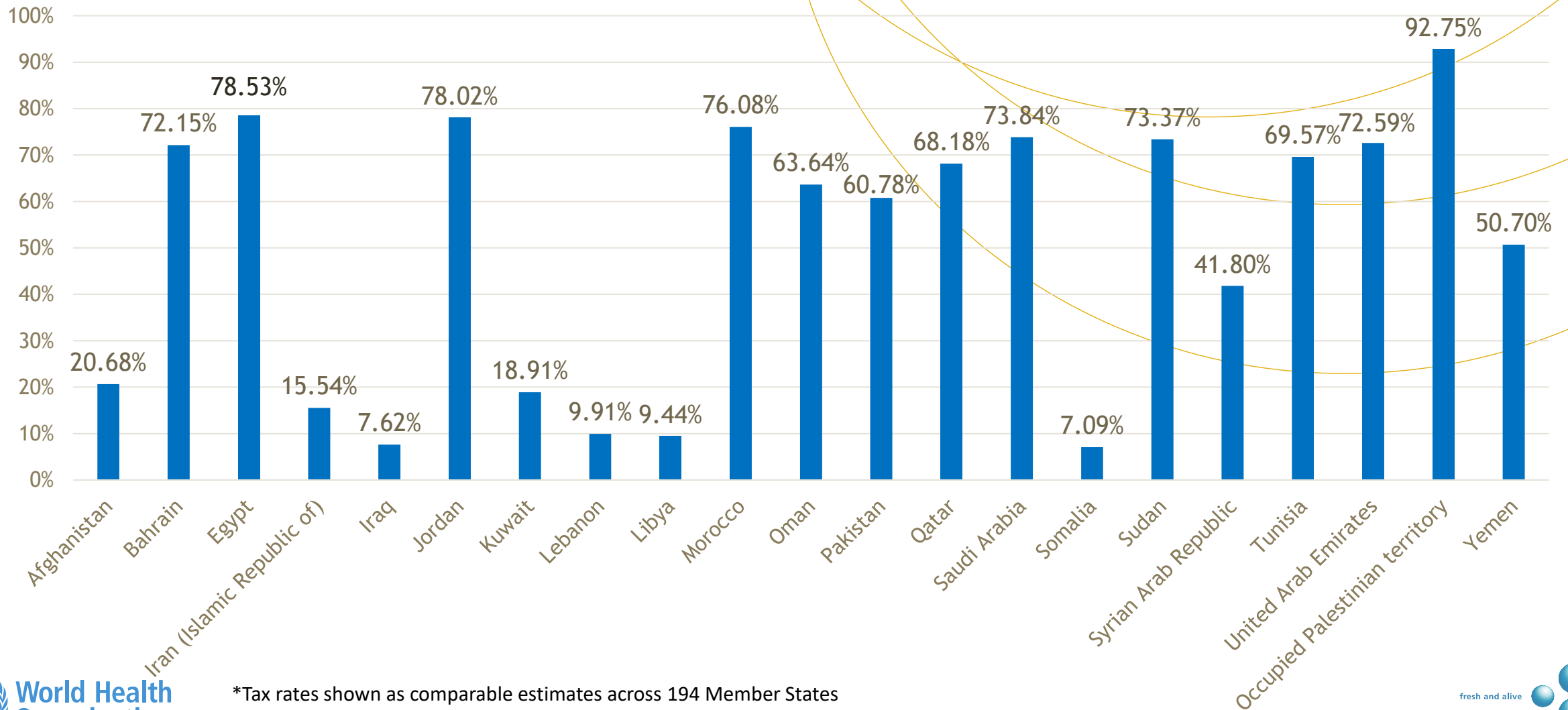


Countries with the highest level of achievement: Afghanistan, Albania, Algeria, Antigua and Barbuda, Azerbaijan, Bahrain, Benin, Brazil, Chad, Colombia, Congo, *Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Eritrea, *Ethiopia, Finland, Gambia, Ghana, Guinea, Guyana, Iceland, Iran (Islamic Republic of), *Iraq, *Jordan, Kenya, Kiribati, Kuwait, Libya, Madagascar, Maldives, Mauritania, Mauritius, Mongolia, Nepal, Niger, Nigeria, Niue, Panama, Qatar, Republic of Moldova, Russian Federation, Saudi Arabia, Senegal, Seychelles, Slovenia, Spain, Suriname, Togo, Turkey, Tuvalu, Uganda, United Arab Emirates, Uruguay, Vanuatu, *Venezuela (Bolivarian Republic of), Yemen.

* Country newly at the highest level since 31 December 2018.

Total Tax on a Pack of 20 Most Sold Brand Cigarettes, 2020*

Recommended WHO benchmark: tax share **at least 75%**



Challenges: Nicotine products...e cig and other products...



Is tobacco control possible in the region....If WHO FCTC policies are fully implemented at the highest level, what will be the results??

Projection study: SIMSMOKE gives the answer...

The data are clear: tobacco control is working, but there is more work to do. Though overall prevalence is declining, there remain approximately 1.3 billion tobacco users globally. There is clear global evidence that many governments have implemented effective policies to drive down tobacco consumption but most can still do much more. Strong regulation of the tobacco industry will help policy makers across sectors to make tobacco control a central focus of both public health and economic development.

**Reduction of
prevalence
in 5 years**

20 % - 40%

Way forward



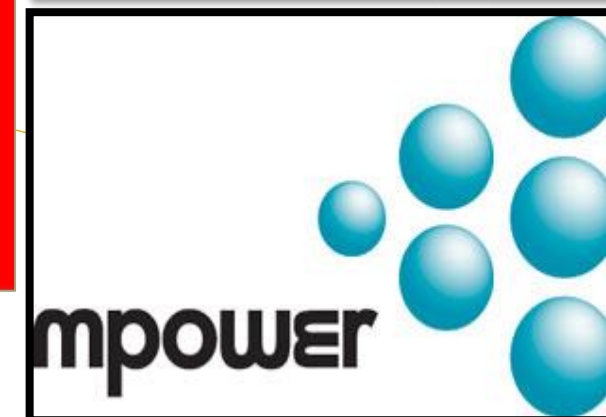
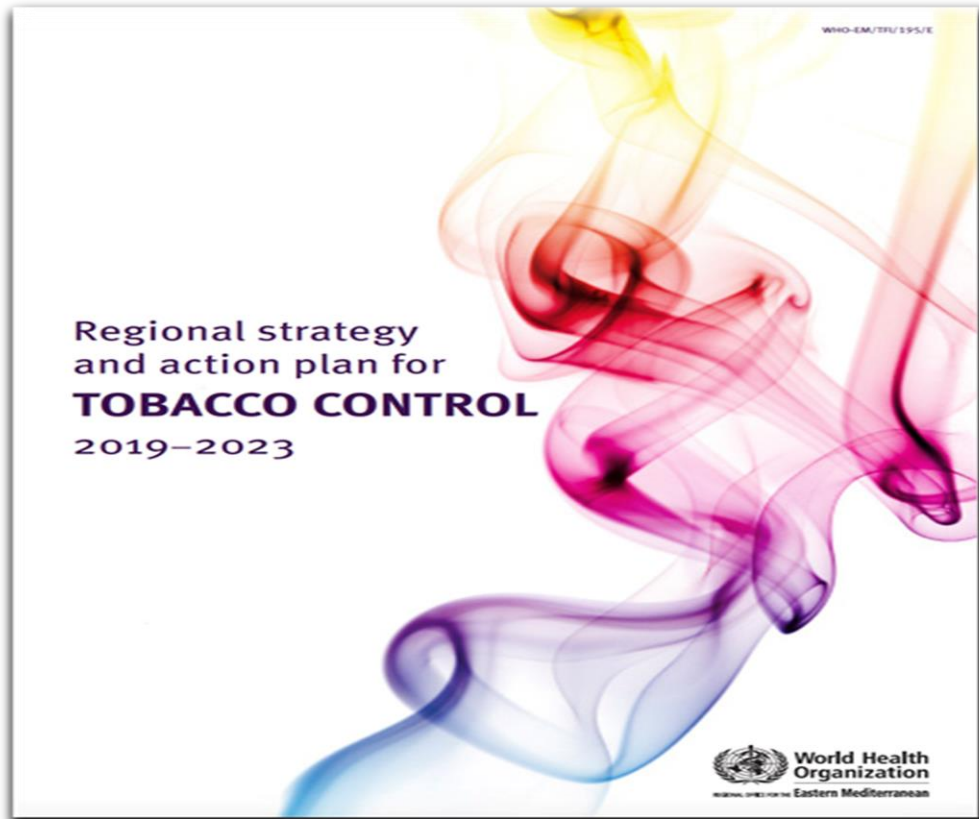
Plain Packaging



Taxation



Enforcement and
implementation



Strategic intervention	Progress indicator	Relevant WHO Framework Convention on Tobacco Control (FCTC) article
Governance and political commitment		
<ul style="list-style-type: none"> → Become a Party to the WHO FCTC → Develop national tobacco control strategies, plans and programmes aligned with the WHO FCTC → Assign a full-time focal point for tobacco control → Adopt measures to protect public health policies from the influence of the tobacco industry → Ensure the sustainability of tobacco control programmes 	<ul style="list-style-type: none"> → A comprehensive national tobacco control law is in place, in line with WHO FCTC commitments → Comprehensive, multisectoral national tobacco control strategies, plans and programmes, consistent with the WHO FCTC, are enacted → A designated national multisectoral coordinating mechanism for tobacco control is in place → A tobacco control focal point is in place → Measures to address Article 5.3 of the WHO FCTC are included in national tobacco control plans → Funding is available in the ministry of health budget for tobacco control programmes 	Article 5
Demand reduction		
<ul style="list-style-type: none"> → Increase tobacco taxes to at least 75% of the retail price, and include all tobacco products in tax increases → Expand current smoke-free policies to cover all public places and workplaces → Establish a complete ban on tobacco advertising, promotion and sponsorship, including a ban on tobacco promotion in drama → Enforce graphic health warnings at least 50% of the pack size on all tobacco products and packaging in line with WHO FCTC guidelines → Incorporate delivery of brief cessation advice into essential services packages for primary health care, including: 	<ul style="list-style-type: none"> → Tobacco tax is at least 75% of retail price for all tobacco products, through using excise tax → All public places and workplaces are totally smoke-free with no designated smoking areas → All forms of tobacco advertising, promotion or sponsorship are banned → All tobacco products have graphic health warnings at least 50% of pack size → Brief tobacco cessation advice is integrated into primary health care, health promotion, risk reduction and disease control programmes. Primary health care workers are trained in brief tobacco cessation advice. Quit line is established 	Articles 6-14

Thank you