# Tobacco control in the Eastern Mediterranean region: implementation progress and persisting challenges

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Tobacco use is the leading cause of preventable mortality worldwide, projected to claim 1 billion lives in the twenty-first century.[1] Tobacco prevalence rates are expected to decrease across all the WHO regions by 2025 as a result of tobacco control efforts. However, the smallest decline is projected in the Eastern Mediterranean region (EMR)—from 33.3% in 2020 to 31.0% in 2025—making it almost certain that the region will not achieve WHO's 30% relative reduction target by 2025.[1]

The EMR includes 22 member states, with a total population of nearly 680 million that is diverse in terms of demographic, geographic, political and socioeconomic characteristics. The EMR has a history of conflict and protracted political and humanitarian crises. These unstable conditions, in addition to underdeveloped public health systems,[2] have undermined tobacco control efforts and contributed to the persistence of weak tobacco regulatory environments across countries in the region.[3] Moreover, about one-third of the region's population is between the ages of 15 and 29 years,[4] representing a critical subgroup particularly susceptible to tobacco marketing.

According to WHO estimates in 2021,[1] the age-standardised current tobacco smoking prevalence among individuals aged 15 years or older in the region ranged from 8.1% in Oman to 35.0% in Jordan and Lebanon. Among men, the rates were highest in Jordan (57.1%), Egypt (47.6%), Tunisia (45.4%) and Lebanon (41.63%), and lowest in Oman (16.0%). Prevalence of tobacco smoking is markedly lower among women, ranging from 0.3% in Oman to 28.2% in Lebanon and 12.9% in Jordan (online supplemental table).[1] Waterpipe tobacco smoking has spread rapidly in the region over the past three decades, especially among young people in the region.[5] Although waterpipe smoking prevalence is higher among men in most EMR countries, the gender gap is smaller than that for cigarette smoking.[5] Various factors have contributed to the rise in waterpipe smoking rates, including the introduction of flavoured tobacco, the perception of reduced harm and addiction relative to cigarette smoking, and inadequate policies and regulations addressing waterpipe smoking.[6]

Among youth (13–15 years old), current tobacco smoking rates range from 3.7% in Oman to 28.1% in the occupied Palestinian territory. Cigarette smoking is the most common form of tobacco use, and it is highest in Palestine (17.5%), followed by Bahrain (13.4%), Kuwait (11.6%) and Lebanon (11.2%). The gender gap observed in adults is also seen in youth, but appears smaller for smokeless tobacco and e-cigarettes, although trends were difficult to discern with only 11 countries reporting recent data (within the past 5 years). Only four countries reported e-cigarette use from the Global Youth Tobacco Survey: Yemen (14.5%), Qatar (11.3%), Iraq (7.5%), and Morocco (5.3%).

Across the region, 19 countries have ratified the WHO Framework Convention on Tobacco Control (FCTC), and many have passed supporting legislation.[7] Overall, EMR countries have experienced partial success in FCTC implementation, but many challenges persist, especially in the enforcement of tobacco control measures and the adaptation of legislation and regulation to address novel tobacco products. We discuss here examples of implementation success and remaining challenges, organised by articles of the FCTC.

## ARTICLE 6. PRICE AND TAX MEASURES TO REDUCE THE DEMAND FOR TOBACCO

Thirteen EMR countries have total taxes accounting for more than 50% of the retail price, second only to the European region where more than 88% of countries fall in this category. The six Gulf Cooperation Council (GCC) countries (ie, Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates) have implemented a unified tax increase plan which creates the framework for the implementation of value-added taxes across all member states.[8] Egypt has also implemented steady annual tax increases since 2010 that have exceeded the WHO-recommended 75% of the retail price.[1] A recent report examining performance of cigarette tax policies globally found that Bahrain, Saudi Arabia and the United Arab Emirates had the greatest improvements in their cigarette tax score, while the region as a whole had the second lowest score globally.[9] While the report focused on cigarette tax policy, another challenge for countries in the region is that waterpipe tobacco products are not taxed at the same levels as cigarettes.[10] Given the complexity of the tobacco product landscape in this region, further research is needed to assess which population subgroups are most affected by tax increases, especially considering vulnerable populations.

## ARTICLE 8. PROTECTION FROM EXPOSURE TO TOBACCO SMOKE

The EMR ranks last among all WHO regions in implementing smoking bans in public places with