



EGYPT

TOBACCO FREE INITIATIVE

THE FACTS

Population: **79, 602, 650** (CAPMAS, 2010)
 Income group: **Lower-middle**
 Population % of tobacco users: **20%** (over 15 years of age) (GATS, 2009)
 Population % of male tobacco users: **49%** (ages 45-64) and **46%** (ages 25 and 44)

Globally, Egypt is ranked as one of the top 15 countries with the highest number of smokers. Presently 20% of the Egyptian population above 15 years of age are current users of tobacco. (GATS, 2009). Exposure to second-hand smoke is extremely prevalent across the Egyptian population, 81%, 70%, 60%, 50% are the different rates of exposure to second-hand smoke in public transportation, homes, work places and health care facilities respectively.

Based on Egypt's commitment with the World Health Organization Framework Convention on Tobacco Control (WHO FCTC) and WHO **MPOWER** package of strategies, current actions to curb and prevent the use and exposure to tobacco are being implemented. Implementation of the strategies can reverse the tobacco epidemic and prevent tobacco-related deaths.

WHO FCTC articles and **MPOWER** package of six proven policies are intended to assist in the country-level implementation of effective interventions to reduce the demand for tobacco. The policies aim to minimize mortality and morbidity related to tobacco:

- ✓ **Monitor tobacco use and prevention policies.** Monitoring magnitudes, patterns, determinants, exposure to tobacco smoke, tobacco control measures and the tobacco industry. Among the package of Global Tobacco Surveillance System (GTSS), Egypt has implemented three rounds of the Global Youth Tobacco Survey and one Global Adult and Tobacco Survey (GATS), 2009. It was the first survey conducted on a national basis. It is expected that Egypt is going to repeat GATS in 2013.
- ✓ **Protect people from tobacco smoke.** Only a full smoking ban in all enclosed work places, including catering and drinking establishments, and all public buildings and transport can protect the health of employees and non-smokers. Second-hand smoke exposure contributes to a range of diseases including heart diseases and many cancers forms. Public opinion surveys shows that smoke-free legislation is extremely popular, wherever it is enacted.
- ✓ **Offer help to quit tobacco use.** People who are addicted to nicotine are victims to the tobacco epidemic. Among smokers who are aware of the dangers of tobacco, 3 out of 4 want to quit. Like

people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.

- ✓ **Warn about the dangers of tobacco.** Despite conclusive evidence on the dangers of tobacco, relatively few tobacco users fully grasp its health risks. Warning labels on tobacco packaging and hard-hitting mass media campaigns provide needed information about the dangers of smoking. Use of pictures with graphic depictions of diseases and other negative images have greater impact than words alone and is critical in reaching those who are illiterate.
- ✓ **Enforce bans on tobacco advertising, promotion and sponsorship.** Banning tobacco advertising, promotion and sponsorship (TAPS) reduces smoking and deformats tobacco use. To be effective, bans must be complete and apply to all marketing and promotional categories.
- ✓ **Raise taxes on tobacco.** Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage quitting. Higher taxes are especially important for deterring tobacco use among the young and the poor, as these socio-economic group are far more sensitive to the price of goods.



New modified health pictorial health warnings, Egypt, 2012.

KEY BENEFICIARIES

- Civil society and Government of Egypt

KEY OBJECTIVES

The main objective is to reduce the level of morbidity and mortality related to tobacco use and exposure through the following key objectives:

- **To monitor and evaluate** systematically, through surveillance, the magnitudes, patterns, determinants of tobacco use, exposure to tobacco smoke and tobacco control measures.
- **To enforce** the implementation of Tobacco Control legislation regarding smoke-free environments and the TAPS.
- **To raise awareness** and acceptance of a smoke-free environment among the community.
- **To support** Ministry of Health and Population (MOHP) 16805 Free Helpline and establishment of a network of cessation clinics within MOHP health facilities.
- **To increase knowledge** and change attitudes and perceptions towards health dangers of tobacco use, exposure and cessation services.
- **To increase** tobacco taxes systematically to the internationally accepted level, which should be proportionately directly related to the inflation rate.

KEY ACHIEVEMENTS

- Implementation of GATS 2009 and release of its fact sheet and final report and 3rd round of Global Youth Tobacco Survey (GYTS) 2010.
- Integration of tobacco questions (TQS) in other National Surveys e.g. STEPwise Survey.
- Development of smoke-free policies and guidelines in collaboration with MOHP and the International Union for Tuberculosis and Lung Disease (IUTALD).
- Implementation of smoke-free healthcare facilities initiative in six Governorates: Cairo, Alexandria, Menia, Port Said, Ismaillaya, Luxor.
- Support of MOHP cessation services and 16805 free helpline.
- Development of a third set of pictorial health warnings, showing the 16805 free helpline number and improved message visibility.
- Monitoring and evaluation of smoking scenes in TV dramas during Ramadan 2010.
- Raising taxes on all tobacco products in Egypt for three successive times between 2010-2012. In 2010 there was a 40% increase on cigarettes and 100% for all other tobacco products, followed by 10% in 2011.
- WHO Egypt implementing in collaboration with MOHP two pioneer studies on tobacco health costs and tobacco illicit trade.
- Implementation of three media campaigns during 2011 through websites, channels of radio, social media (facebook), mobile SMS and press articles on tobacco hazards & control.

ACTIVITIES TO BE IMPLEMENTED & FUTURE PLANS

- GATS will be repeated in 2013. Meanwhile, TQS is integrated into ongoing tobacco studies.
- Implementation of a National Study on Shisha smoking and smokeless tobacco use in Egypt.
- Support of effective implementation and monitoring of 100 smoke-free policies in education and health facilities in the six selected Governorates previously mentioned.
- Development and release of a report assessing the impact of tax changes during 2010-2011 on Government revenue.
- Development of recommendations on banning indirect TAPS in Egypt.
- Development and release of a report on banning indirect TAPS in Egypt including analysis of National Laws on TAPS and recommendations needed for improvement.
- Holding a forum for MOHP and Ministry of Information, renowned electronic media producers and channel anchors to discuss the banning of indirect promotion of tobacco in dramas.

CHALLENGES

- Gaps in smoke-free laws.
- Affordability of tobacco products.
- Changing the norms or tobacco use in our community.
- Easily accessed by youth.
- Tobacco products indirect advertising that increases initiation possibility.
- Functioning of cessation support services.
- Powerful tobacco industry.
- Lack of enforcement due to lack of human and financial resources.
- Emergence of new forms of water pipe and other tobacco products.
- Emergence of highly affordable illicit tobacco products in the Egyptian market.

LESSONS LEARNT

- The success of tobacco control is dependent on the political commitment and collaboration of all stakeholders and partners.
- The largest challenge in tobacco control is changing cultural norms and human behaviour.

Partners:
Ministry of Health and Population (MOHP)
International Consortium Partners:
World Health Organization International Union for Tuberculosis and Lung Disease (IUTALD)
Bloomberg Initiative and Bloomberg Foundation
Johns Hopkins University
Responsible for ongoing monitoring and impact/outcome evaluation of the programme.

Contacts:
WHO Country Office:
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