

Executive Summary

While the COVID-19 virus spared no country with its infliction, the tobacco industry exploited the pandemic to increase its business. The Eastern Mediterranean Region (EMR), like other regions, was not spared and experienced tobacco industry interference which undermined and compromised public health policy.

The WHO Eastern Mediterranean Regional Office (EMRO) has been monitoring and documenting instances of tobacco industry interference for more than two decades. The reports of the countries represent the continuation of these efforts that are much needed by decision makers to make informed decisions on the implementation of Article 5.3 of the WHO Framework Convention on Tobacco Control (FCTC).

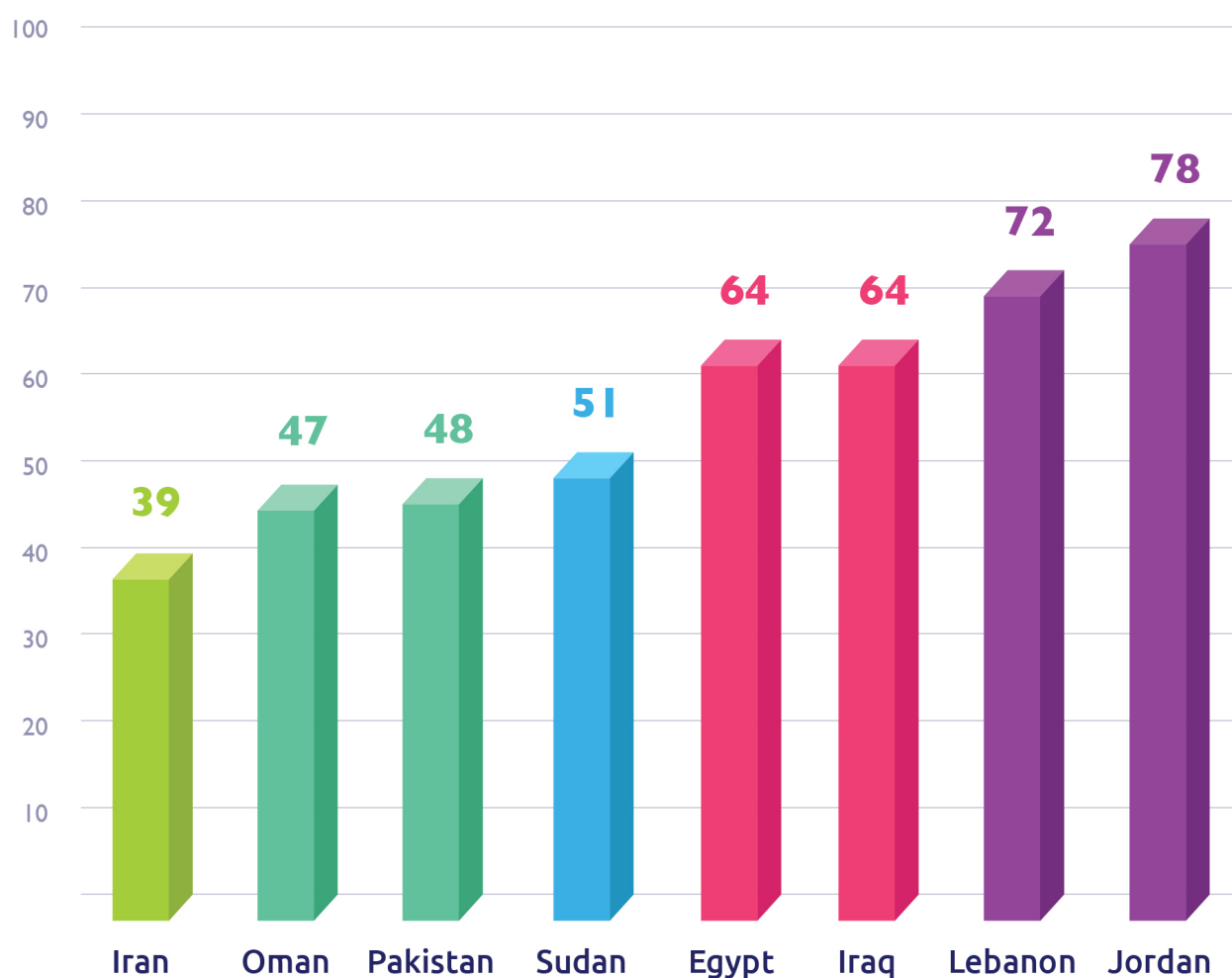
Eight countries from the EMR (Egypt, Iran, Iraq, Jordan, Lebanon, Oman, Pakistan and Sudan) who participated in the Global Tobacco Industry Interference Index (Index), recorded various forms of interference and governments' responses to these instances of meddling. Governments received and endorsed charity from the tobacco industry during the pandemic, allowed tobacco (non-essential product) to continue production during lockdown. Some governments were persuaded to treat new tobacco products more favourably and even awarded the tobacco industry as an exemplary industry.

These actions are contrary to Article 5.3 of the WHO FCTC. All eight countries participating in the survey are parties to the WHO FCTC and hence obliged to implement tobacco control measures, reduce tobacco use and to protect their health policies from interference from commercial and other vested interest.

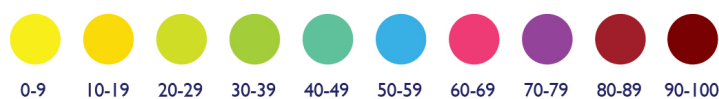
The EMR is targeted by the global tobacco industry looking to expand its market for cigarettes as well as new tobacco products. Transnational tobacco companies are expanding in the EMR through joint ventures and acquisitions. Japan Tobacco International (JTI), for example, acquired the Sudanese cigarette manufacturer, Haggag, Egyptian waterpipe company Al Nakhla, and more recently extended its joint manufacturing agreement with Eastern Company for another three years. Tobacco industry websites are vocal about the region as a market for their products and an opportunity for expansion.

This Index reviews eight countries from the EMR and documents governments' compliance in implementing Article 5.3 Guidelines. The questionnaire used by countries in the preparation of their reports was developed by the Southeast Asia Tobacco Control Alliance based on the specific recommendations from Article 5.3 Guidelines. All information used in the report are obtained from the public domain. Countries are ranked from lowest scores to highest scores where lower scores indicate better compliance with WHO FCTC Article 5.3 guidelines (Figure 1).

Figure 1: Tobacco Industry Interference Index 2021 Eastern Mediterranean Region Ranking



The lower the score,
the better the ranking



Key Findings

Iran, Oman, Pakistan and Sudan do not allow the tobacco industry to have a seat in their multisectoral committee that decides on tobacco control policy or accept assistance from the industry to develop tobacco control measures.

Iran has banned tobacco related corporate social responsibility (CSR) activities. Most other countries accepted these CSR which was stepped-up during the COVID-19 pandemic. Egypt, Jordan, Lebanon and Pakistan accepted CSR from the tobacco industry, used to whitewash its image, gain public endorsement and facilitate access to senior government officials.

Most countries allowed production and sales of tobacco products to continue during pandemic lockdowns and Jordan classified their sales as “essential.” Tobacco companies introduced new tobacco brands during the pandemic.

Iran, Oman and Sudan did not accept assistance from the tobacco industry or entered into a partnership with it.

Egypt accepted the tobacco industry’s technical training course for officials of the Egyptian Customs Authority of Alexandria, and Lebanon allowed the government-owned tobacco enterprise to conduct enforcement to curb smuggling of tobacco products.

Egypt, Iraq, Jordan, Lebanon, Pakistan and Sudan do not have a procedure for disclosing records of interactions with the tobacco industry and its representatives. They also do not have a policy of rejecting contributions from the tobacco industry.

Recommendations

Governments can adopt the following measures to better protect themselves and their tobacco control policies:

- 1 Conduct awareness programs** specifically on Article 5.3 for government departments more regularly.
- 2 Adopt a clear policy** for the government in dealing with the tobacco industry that ensures transparency and prevents conflicts of interests. This can be a form of a code of conduct for all public officials to guide their interactions with the tobacco industry which should be limited to only when strictly necessary. Expand current code of conduct for members of the Tobacco Control Committee to cover whole of government to plug any loopholes.
- 3 Inform and educate** all branches of government about the need to protect public health policies for tobacco control from commercial and other vested interested of the tobacco industry.
- 4 Denormalize and ban tobacco related CSR contributions** as recommended in the WHO FCTC Article 5.3 and Article 13 guidelines. The tobacco industry uses CSR activities to normalize its business and gain public approval and favors from policymakers.
- 5 Exclude the tobacco industry as a stakeholder** at any level or stage of health policy development. Terminate existing collaboration with the tobacco industry to conduct training programs or law enforcement activities.
- 6 Address conflict of interest situations,** apply policy coherence and fully commit to implementing the WHO FCTC to protect public health. Issue a policy on avoiding any preferential treatment to state owned tobacco industry.
- 7 Adopt a procedure** for disclosing records of all interactions with the tobacco industry and its representatives.