



HELPING ARAB NATIONS TO IMPLEMENT THE WHO FCTC

About the League of Arab States

The League of Arab States (LAS) is an Intergovernmental Organization comprising 22 independent Arab states in northern and northeastern Africa, and southwest Asia. The League was founded in 1945 by Egypt, Iraq, Jordan, Lebanon, Syria and Saudi Arabia; 16 more states later joined. Syria is currently suspended. LAS's main goal is: "Strengthening of the relations between the member states, the coordination of their policies in order to achieve cooperation between them and to safeguard their independence and sovereignty; and a general concern with the affairs and interests of the Arab countries." LAS has been active in helping the Arab world to grow economically, culturally and socially, and to become healthier, while seeking solutions to resolve conflicts inside and outside of it.

How does LAS help to implement the WHO FCTC at country and regional levels?

The Arab region suffers from the tobacco epidemic, with three trends emerging: a high prevalence of cigarette smoking among Arab men compared to women; the renewed popularity of the water pipe (also known as the hookah or shisha), particularly among youth and increasingly among women; and an inadequate policy response to the epidemic. Although many Arab-world countries are participants in the Global Tobacco Surveillance System, few use this data to plan and prioritize tobacco-control initiatives. Reducing disease and deaths related to tobacco use requires an understanding of how the diverse Arab nations share common challenges and root causes of the epidemic.

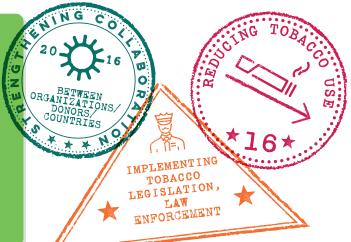
LAS, working in collaboration with the World Health Organization (WHO), was involved in early regional efforts to introduce measures for tobacco control. When the WHO FCTC was being developed, LAS and WHO Regional Office for the Eastern Mediterranean Region (EMRO) worked together to strengthen tobacco control. LAS continues this work through the Arab Health Ministers' Council (via the LAS Technical Committee on Tobacco Control) and other relevant specialist ministerial councils. Through the Arab Health Ministers' Council, LAS is able to pass resolutions to support implementation of the WHO FCTC. For example, in 2005, the Council adopted a resolution on tobacco control aimed at encouraging Member States that had not acceded to the WHO FCTC to do so. It also urged Member States that had joined the Convention to work on activating its agreements.

Since 2000, all Arab Health Ministers' Council meetings have had tobacco control on their agendas (see box overleaf). The Council called on its member countries to adopt unified legislation developed by the LAS Technical Committee. Although the legislation developed was not as extensive as recommended by WHO policies, especially with regard to 100% tobacco-free public places and to the size of health warnings, it contributed to cultivating an appetite for more work regarding legislating for tobacco control at national level. The LAS is currently working with health ministries to develop model legislation through its Technical Committee, to guide its member states on how to bridge existing legislative gaps.



AWARD FOR PROMOTING TOBACCO CONTROL

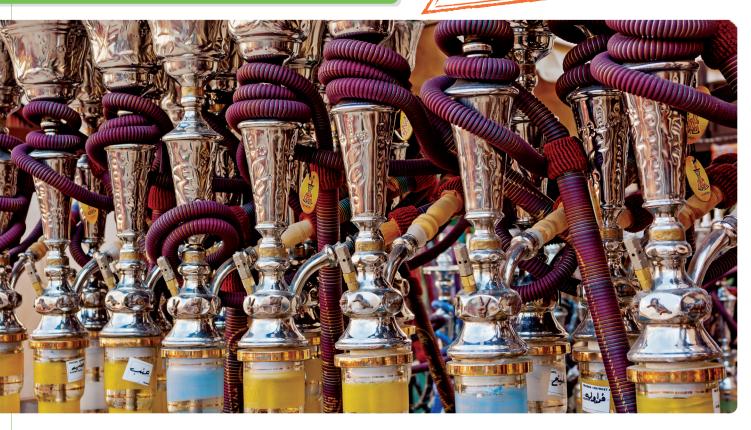
In 2004, Dr Hussain Hamouda, Director, Ministers' Council, LAS, Egypt, was awarded Dr Hamouda had placed tobacco control on the Ministers' Council for the previous four years.



PREVENTING INTERFERENCE

FROM

TOBACCO



PREVENTING INTERFERENCE FROM THE TOBACCO INDUSTRY

LAS's view on challenges and responses to implementing the WHO FCTC

"All ministries concerned must cooperate with international and regional organizations and civil society institutions in order to address interference by the tobacco industry. More funding is needed for taking tobacco-control measures. Where Member States need to bridge existing legislative gaps, LAS can provide support with this."

How can Parties approach LAS for support?

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