

SESRIC

STATISTICAL, ECONOMIC AND SOCIAL RESEARCH AND TRAINING CENTRE FOR ISLAMIC COUNTRIES



Prof. Savaş Alpay

1st Indonesian Conference on Tobacco or Health 2014 Jakarta, Indonesia

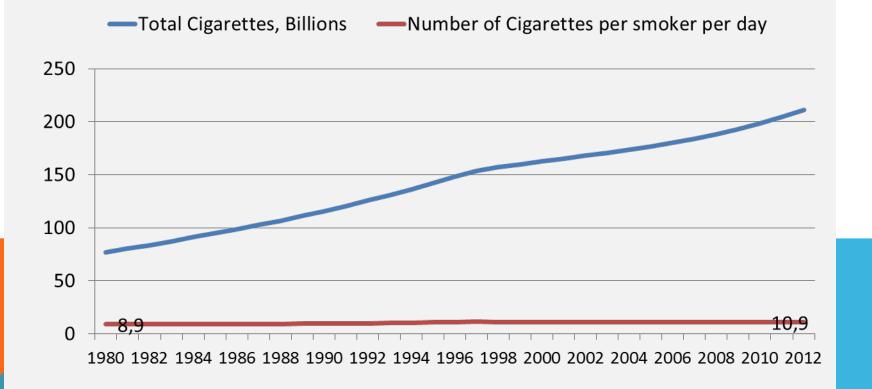
OUTLINE

- √ Tobacco Statistics
- √ Tobacco Control Policies
- √ SESRIC Initiatives
- √ Success Stories from OIC Member Countries

CIGARETTE CONSUMPTION(ALL AGES)

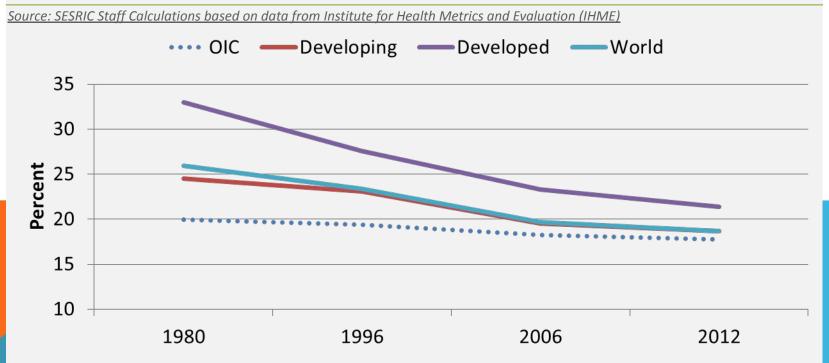
	1980	1990	2000	2005	2012
Total (Billions)	77	116	163	177	211
Number of Cigarettes per smoker per day	8.9	9.6	11	10.8	11

Source: Institute for Health Metrics and Evaluation (IHME)



SMOKING PREVALENCE MALE & FEMALE

Adult % (age-Standardized , 15+)				
	1980	1996	2006	2012
OIC (57)	20.0	19.4	18.3	17.7
Non-OIC Developing (96)	25.7	24.1	19.9	19.0
Developing (153)	24.5	23.0	19.5	18.7
Developed (34)	32.9	27.6	23.3	21.4
World (187)	25.9	23.4	19.7	18.7



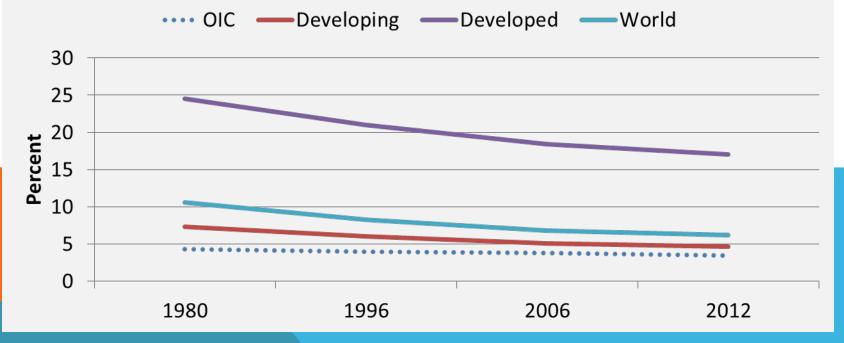
SMOKING PREVALENCE MALE & FEMALE

Top 20: OIC					
1	Indonesia	30.1			
2	Lebanon	27.5			
3	Jordan	26.3			
4	Turkey	26			
5	Tunisia	24.2			
6	Kazakhstan	23.7			
7	Bangladesh	23.4			
8	Djibouti	23.2			
9	Palestine	22.2			
10	Azerbaijan	22.1			
11	Maldives	21			
12	Albania	20.9			
13	Kuwait	20.9			
14	Turkmenistan	19.3			
15	Malaysia	19			
16	Kyrgyzstan	18.8			
17	Egypt	18.5			
18	Sierra Leone	18.3			
19	Iraq	17.8			
20	Bahrain	17.5			

		Top20: World	
	1	Kiribati	42.6
	2	Greece	37.8
	3	Macedonia	36.7
	4	Papua New Guinea	36.7
	5	Bulgaria	36.1
	6	Tonga	35.1
٠	7	Timor-Leste	33
	8	Russia	32.7
	9	Cyprus	32.5
	10	Austria	32.3
	11	Bosnia and Herzegovina	31.9
	12	Latvia	31.4
	13	Croatia	31
	14	France	31
	15	Laos	30.5
	16	Indonesia	30.1
	17	Andorra	29.2
	18	Chile	28.8
	19	Hungary	28.5
	20	Belgium	28.4

SMOKING PREVALENCE FEMALE

Adult % (age-standardized, 15+)							
	1980	1996	2006	2012			
OIC (57)	4.3	3.9	3.7	3.4			
Non-OIC Developing (96)	8.1	6.6	5.5	5.1			
Developing (153)	7.3	6.0	5.1	4.7			
Developed (34)	24.6	21.0	18.4	17.0			
World (187)	10.6	8.3	6.8	6.2			
Source: SESRIC Staff Calculations based on data from Institute for Health Metrics and Evaluation (IHME)							



SMOKING PREVALENCE FEMALE

Top20: OIC					
1	Lebanon	21.2			
2	Turkey	13.6			
3	Jordan	8.5			
4	Brunei	8.4			
5	Maldives	7.6			
6	Djibouti	7.4			
7	Yemen	6.7			
8	Kazakhstan	6.3			
9	Sierra Leone	6.3			
10	Syria	6.3			
11	Bahrain	5.9			
12	Pakistan	5.4			
13	Tunisia	4.5			
14	Mozambique	4.2			
15	Albania	3.9			
16	Mali	3.9			
17	Mauritania	3.8			
18	Burkina Faso	3.7			
19	Indonesia	3.6			
20	Guyana	3.5			

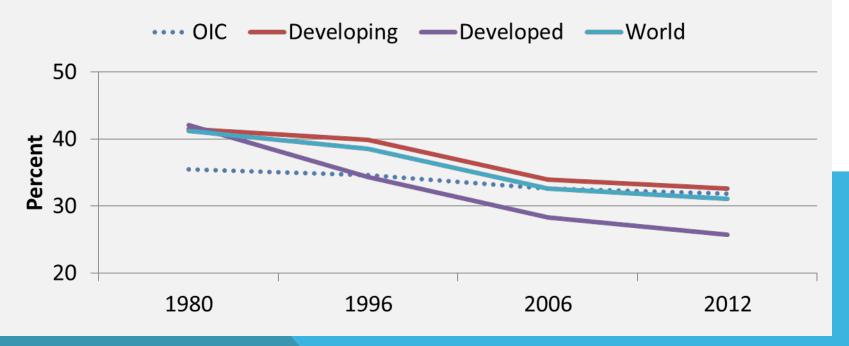
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1	Greece	34.7
2	Bulgaria	31.5
3	Kiribati	31.3
4	Austria	28.3
5	France	27.7
6	Macedonia	26.7
7	Belgium	26.1
8	Chile	26
9	Hungary	25.8
10	Andorra	25.2
11	Croatia	24.5
12	Tonga	24.5
13	Bosnia and Herzegovina	24.3
14	Ireland	24.2
15	Poland	24.1
16	Spain	23.2
17	Serbia	22.8
18	Luxembourg	22.7
19	Germany	22.1
20	Italy	21.7

Top20: World

SMOKING PREVALENCE MALE

Adult % (age-Standardized ,15+)				
	1980	1996	2006	2012
OIC (57)	35.5	34.6	32.6	31.9
Non-OIC Developing (96)	43.1	41.4	34.3	32.8
Developing (153)	41.5	39.9	33.9	32.6
Developed (34)	42.0	34.4	28.3	25.7
World (187)	41.2	38.5	32.6	31.1

Source: SESRIC Staff Calculations based on data from Institute for Health Metrics and Evaluation(IHME)



SMOKING PREVALENCE MALE

Top20: OIC					
1	Indonesia	57			
2	Azerbaijan	44.9			
3	Tunisia	44.8			
4	Bangladesh	44.4			
5	Jordan	43.4			
6	Kazakhstan	43.1			
7	Palestine	41.3			
8	Djibouti	39			
9	Turkey	39			
10	Albania	38.1			
11	Malaysia	37.9			
12	Turkmenistan	36.8			
13	Egypt	36.1			
14	Kyrgyzstan	35.8			
15	Maldives	34.6			
16	Lebanon	33.6			
17	Iraq	33			
18	Kuwait	31.3			
19	Sierra Leone	30.7			
20	Tajikistan	30			

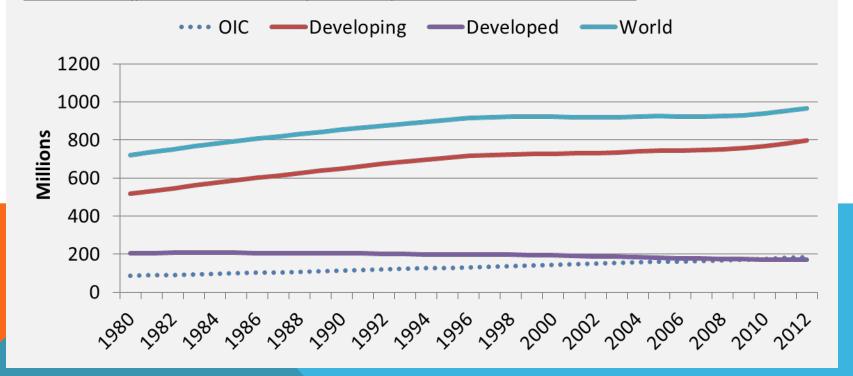


Top20: World					
1	Timor-Leste	61.1			
2	Indonesia	57			
3	Kiribati	54.4			
4	Armenia	51.7			
5	Papua New Guinea	51.4			
6	Laos	51.3			
7	Russia	51			
8	Cyprus	48			
9	Macedonia	46.5			
10	Tonga	46.4			
11	Ukraine	46.3			
12	North Korea	45.8			
13	Belarus	45.5			
14	Georgia	45.4			
15	China	45.1			
16	Mongolia	45			
17	Azerbaijan	44.9			
18	Tunisia	44.8			
19	Latvia	44.6			
20	Bangladesh	44.4			

TOTAL SMOKERS (ALL AGES, FEMALE &MALE)

<u>Millions</u>	1980	1990	2000	2005	2012
OIC	86	114	143	159	184
Developing	517	650	728	743	798
Non-OIC Developing	432	536	585	584	614
Developed	204	203	193	181	169
World	721	854	921	924	967

Source: SESRIC Staff Calculations based on data from Institute for Health Metrics and Evaluation (IHME)



TOTAL SMOKERS (ALL AGES, FEMALE &MALE)

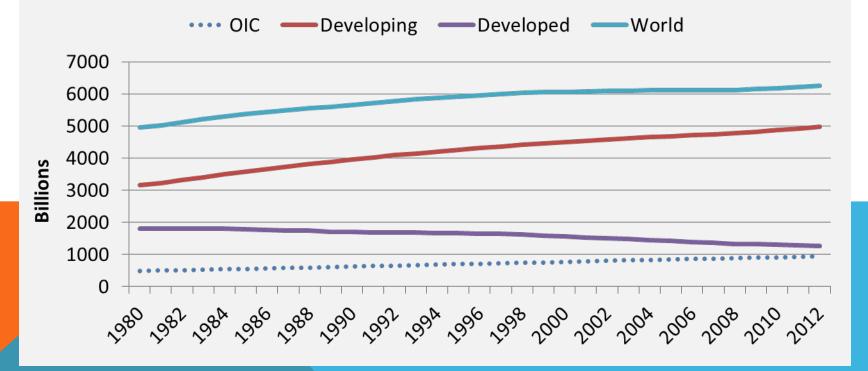
			_	
	Top20:	OIC		
1	Indonesia	52.7		1
2	Bangladesh	24.0		2
3	Pakistan	18.1		3
4	Turkey	14.5		4
5	Egypt	10.2		5
6	Iran	7.1		6
7	Malaysia	4.1	S	7
8	Nigeria	3.8	0,0	8
9	Iraq	3.2	Millions	9
10	Morocco	3.2	5	10
11	Algeria	3.1		11
12	Saudi Arabia	3.0		12
13	Kazakhstan	3.0		13
14	Syria	2.4		14
15	Uzbekistan	2.3		15
16	Tunisia	2.0		16
17	Yemen	2.0		17
18	Afghanistan	1.9		18
19	Azerbaijan	1.6		19
20	Sudan	1.6		20

Top20: World				
1	China	282		
2	India	110		
3	Indonesia	53		
4	Russia	39		
5	United States	38		
6	Bangladesh	24		
7	Japan	23		
8	Brazil	21		
9	Pakistan	18		
10	Germany	16		
11	Turkey	14		
12	Philippines	14		
13	Vietnam	14		
14	France	14		
15	Italy	12		
16	Thailand	11		
17	Ukraine	10		
18	United Kingdom	10		
19	Egypt	10		
20	South Korea	10		

CIGARETTE CONSUMPTION(ALL AGES)

<u>Billions</u>	1980	1990	2000	2005	2012
OIC	488	626	772	846	941
Developing	3156	3957	4500	4682	4986
Non-OIC Developing	2668	3331	3728	3836	4045
Developed	1802	1696	1560	1425	1260
World	4958	5653	6059	6108	6246

Source: SESRIC Staff Calculations based on data from Institute for Health Metrics and Evaluation (IHME)



CIGARETTE CONSUMPTION(ALL AGES)

Top20: OIC				
1	Indonesia	211		
2	Pakistan	104		
3	Turkey	103		
4	Egypt	71		
5	Iran	54		
6	Saudi Arabia	38		
7	Algeria	28		
8	Bangladesh	26		
9	Iraq	25		
10	Syria	23		
11	Malaysia	23		
12	Yemen	22		
13	Kazakhstan	22		
14	Uzbekistan	20		
15	Nigeria	20		
16	Morocco	16		
17	Tunisia	14		
18	Azerbaijan	10		
19	Sudan	10		
20	Lebanon	10		

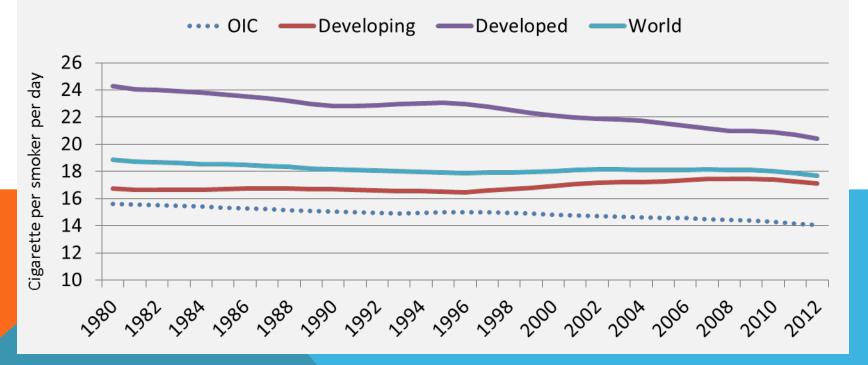


Top20: World			
1	China	2297	
2	Russia	343	
3	India	329	
4	United States	314	
5	Indonesia	211	
6	Japan	203	
7	Brazil	173	
8	Philippines	113	
9	Pakistan	104	
10	Turkey	103	
11	South Korea	91	
12	Germany	87	
13	Italy	85	
14	Ukraine	77	
15	France	74	
16	Vietnam	74	
17	Spain	71	
18	Egypt	71	
19	Poland	56	
20	Iran	54	

DAILY CIGARETTE CONSUMPTION PER SMOKER

Number of Cigarettes	1980	1990	2000	2005	2012
OIC	15.6	15.0	14.8	14.6	14.0
Developing	16.7	16.7	16.9	17.3	17.1
Non-OIC Developing	16.9	17.0	17.5	18.0	18.0
Developed	24.3	22.8	22.1	21.6	20.4
World	18.8	18.1	18.0	18.1	17.7

Source: SESRIC Staff Calculations based on data from Institute for Health Metrics and Evaluation (IHME)



DAILY CIGARETTE CONSUMPTION PER SMOKER

Top20: OIC			
1	Suriname	108.9	
2	Brunei	48.6	
3	Mauritania	41.8	
4	Saudi Arabia	35	
5	Oman	33.5	
6	Guyana	31.8	
7	Yemen	30.4	
8	Lebanon	27.6	
9	Somalia	26.6	
10	Syria	25.9	
11	Gabon	24.7	
12	Togo	24.7	
13	Uzbekistan	24.7	
14	Algeria	24.4	
15	Maldives	22.8	
16	Kuwait	21.8	
17	Iraq	21.6	
18	Iran	20.9	
19	Libya	20.9	
20	Kazakhstan	20.5	

	of Cies	odrette
Number		

Top20: World				
1	Suriname	108.9		
2	Saint Vincent and	81.6		
	Grenadines			
3	Brunei	48.6		
4	Mauritania	41.8		
5	Malta	40.3		
6	Antigua and Barbuda	38.9		
7	Eritrea	38.3		
8	Rwanda	36.7		
9	Moldova	36.3		
10	Swaziland	35.9		
11	Saudi Arabia	35		
12	Oman	33.5		
13	Taiwan	32.4		
14	Belize	32.1		
15	Guyana	31.8		
16	Panama	30.5		
17	Yemen	30.4		
18	Slovakia	29.7		
19	Belarus	29.3		
20	Cyprus	29.3		

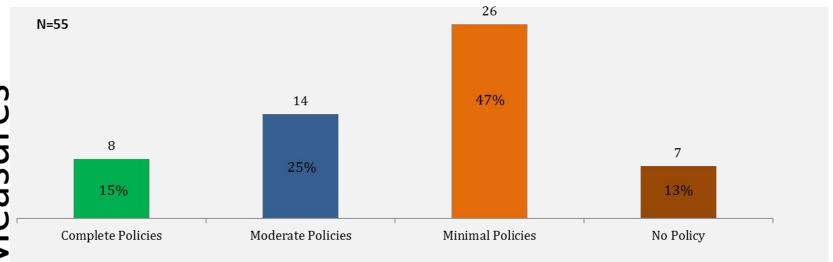
FCTC Status of OIC Member Countries

- Many of the OIC countries have already signed or ratified the FCTC.
- Of the 176 parties, 54 of them are Members of OIC (including accession status). 45 OIC Member Countries has signed the Convention and 52 Member Country ratified and enabling the convention comes into effect.
- Indonesia and Somalia have not signed or ratified the agreement yet
- 6 OIC Countries, Bangladesh, Brunei, Jordan, Maldives, Pakistan and Qatar- were among the first 40 countries to ratify, enabling the treaty to come into effect.

National Tobacco Control Policies

- Currently there are 47 OIC Member countries with an agency on tobacco control issues and in 42 OIC Member Countries tobacco control objectives exist.
- These numbers are expected to increase as a result of noble efforts and initiatives that are being implemented.
- Comprehensive Legislation ~ 35 out of 41 members with available data have comprehensive legislation to control tobacco use;
- National Tobacco Control Agency ~ 47 out of 56 members have an agency and 41 reported existence of national objectives on tobacco control.

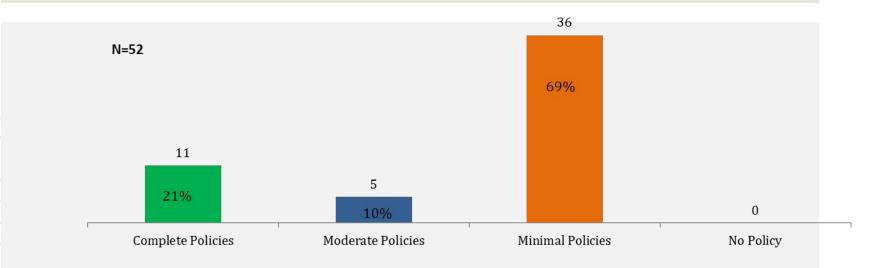
MONITOR TOBACCO USE AND PREVENTION POLICIES



- •Only 8 countries conducted recent adult and youth surveys and maintained periodic data
- •14 countries conducted recent adult and youth surveys but have not done so periodically
- 26 countries either conducted adult or youth survey
- •7 countries do not conduct any of the surveys: Afghanistan, Burkina Faso, Cameroon, Gabon, Guinea-Bissau, Nigeria, and Turkmenistan

Egypt, Iran, Jordan, Kazakhstan, Malaysia, Oman, Togo, and Turkey are ranked among 54 highest achieving countries in the world

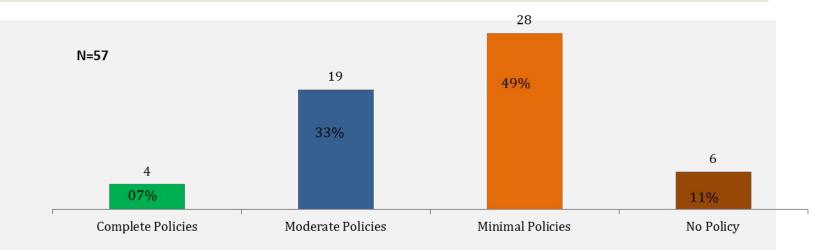
PROTECT PEOPLE FROM TOBACCO SMOKE



- 11 countries have all public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)
- 5 countries have six to seven public spaces completely smoke-free
- 36 countries have two to five public spaces completely

Albania, Brunei, Burkina Faso, Chad, Iran, Lebanon, Libya, Pakistan, Palestine, Turkey, and Turkmenistan are ranked among 43 highest achieving countries in the world

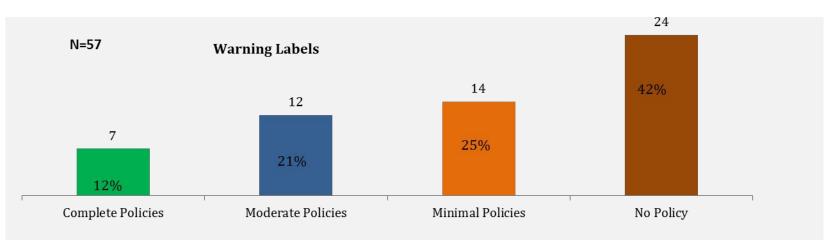
OFFER HELP TO QUIT TOBACCO USE



- Only 4 countries have national quit line, both nicotine replacement therapy (NRT) and some cessation services are cost-covered
- 19 countries have NRT and/or some cessation services (at least one of which is cost-covered)
- 28 countries have NRT and/or some cessation services (neither cost-covered)
- 6 countries do not have any treatment and cessation services: Comoros, Gambia, Mauritania, Sierra Leone, Somalia, and Sudan

Iran, Kuwait, Turkey, and United Arab Emirates are ranked among 21 highest achieving countries in the world

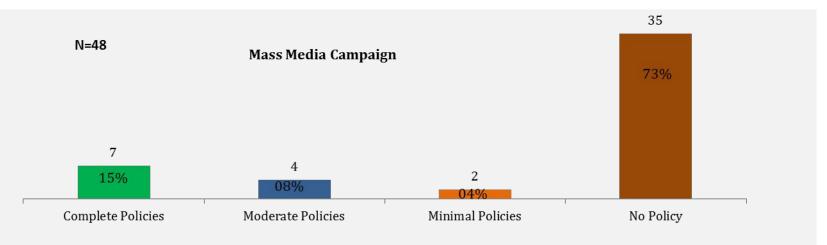
WARN PEOPLE ABOUT THE DANGERS OF TOBACCO



- Only 7 countries have large warnings with all appropriate characteristics and conducted anti-tobacco mass media campaign
- 12 countries have medium warnings with all appropriate characteristics
- 14 countries have medium warnings with missing some characteristics
- 24 countries have very small or no warnings

Brunei, Djibouti, Egypt, Iran, Malaysia, Niger and Turkey are ranked among 30 highest achieving countries in the world **for warning labels**

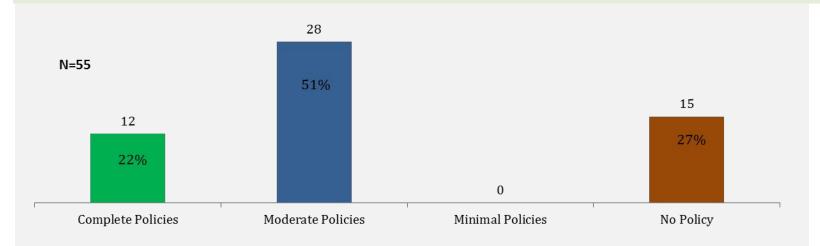
WARN PEOPLE ABOUT THE DANGERS OF TOBACCO



 35 countries conducted no mass media national campaign between January 2011 and June 2012 with duration of at least three weeks

Bahrain, Bangladesh, Egypt, Kuwait, Malaysia, Tunisia, and Turkey are ranked among 36 highest achieving countries in the world for anti-tobacco mass media campaign

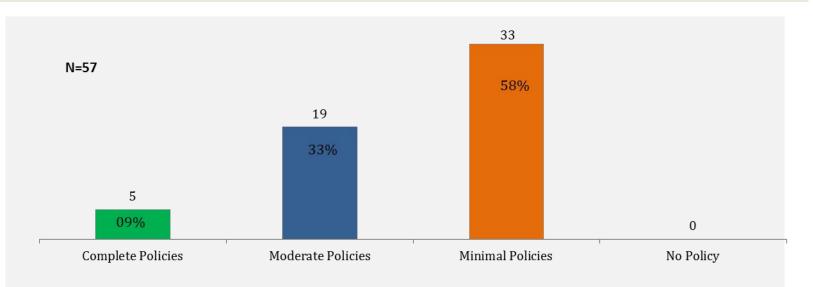
ENFORCE BAN ON ADVERTISING, PROMOTION & SPONSORSHIP



- 12 countries enforced ban on all forms of direct and indirect advertising
- 28 countries enforced ban on national TV, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
- 15 countries either have complete absence of ban or ban dose not covers national TV, radio and print media

Albania, Bahrain, Chad, Djibouti, Guinea, Iran, Kuwait, Libya, Maldives, Niger, Togo, and Turkey are ranked among 24 highest achieving countries in the world

RAISE TAXES ON TOBACCO PRODUCTS



- In 5 countries more than 75% of retail price of tobacco products is tax
- In 19 countries 36-75 % of retail price is tax
- In 33 countries less than or equal to 35% of retail price is tax
- The lowest incidence of tax was recorded in Afghanistan (2%), Iraq (4%), Somalia (7%), Togo (12%) and Benin (13%)

Brunei Darussalam, Jordan, Palestine, Tunisia, and Turkey are ranked among 32 highest achieving countries in the world



ACCO FREE OIC INITIATIVE

Tobacco Free OIC is an initiative developed by the Statistical Economic and Social Research and Training Centre for Islamic Countries (SESRIC) in response to the spread of tobacco epidemic in the OIC Member Countries:

- to increase public awareness about controlling tobacco use by providing evidence-based knowledge and information, and by this way, to prevent children from starting tobacco use,
- to establish OIC networks and partnerships to exchange experiences and best practices of tobacco control strategies, initiatives, projects and programs,
- to build the capacity of relevant organizations or institutions for better policy coordination in order to achieve the goal of Tobacco Free OIC.

TOBACCO FREE OIC INITIATIVE-ACTIVITIES

•SESRIC organized a study visit in order to share the practices and exchange expertise on tobacco control issues for the officials from Palestine.

•SESRIC participated in «The First Regional Training Workshop on Tobacco Control and Trade», Cairo, Egypt.

•Delegation from Bloomberg Foundation and WHO National Tobacco Control Programme Office visited SESRIC; Ankara, Turkey.

•SESRIC participated in «The 6th Conference on Tobacco or Health», Erzurum, Turkey.

•SESRIC organized a study visit in order to share the practices and exchange expertise on tobacco control issues for the officials from Iraq, Egypt, Indonesia, Azerbaijan, Qatar and Kyrgyzstan, Erzurum, Turkey.



ACTIVITIES

•A long-term health and tobacco awareness project, "Tobacco Control Movement for Youth & Adults", is currently being organized in Indonesia in cooperation with Nahdhatul Ulema (NU).

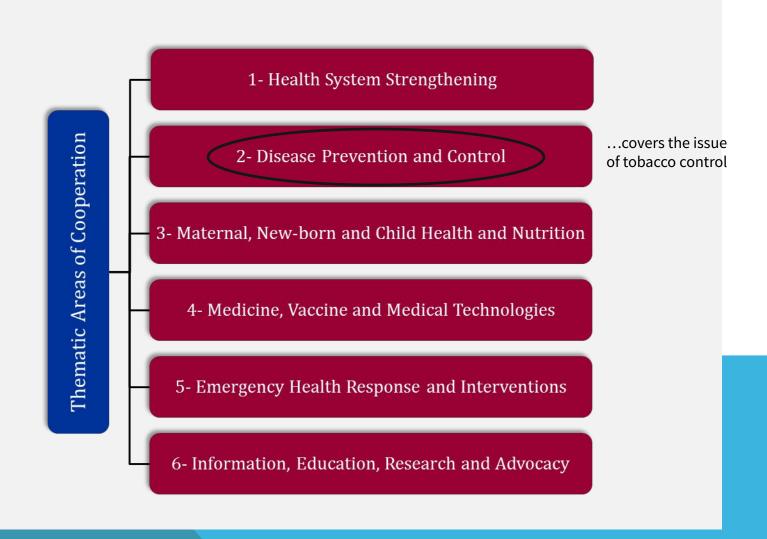


OIC-SHPA 2013-2022

- SESRIC is the Lead Coordinator for preparation of OIC Strategic Health Programme of Action(OIC-SHPA)
 2013-2022 and its Implementation Plan;
- OIC-SHPA is a framework of cooperation among OIC member countries, relevant OIC institutions and international organizations in the domain of health;
- OIC-SHPA aims to strengthen health care delivery system and improve health situation in OIC member countries especially by facilitating and promoting intra-OIC transfer of knowledge and expertise.

THEMATIC AREAS OF COOPERATION

 Based on the analysis of current health status of OIC countries and magnitude of their health problems, OIC-SHPA identified following six areas for joint action:



OIC-SHPA AND TOBACCO CONTROL

Implementation plan for the OIC-SHPA proposes following OIC level actions to control tobacco use:

- •Enhance political commitment for tobacco control activities in member countries;
- Promote the adoption of FCTC and facilitate the implementation of MPOWER measures in all member countries;
- Promote adoption and implementation of legislation on smoking ban in public areas to protect people from passive smoking at education facilities, health institutions, public transport and public buildings;
- Support OIC-wide awareness programmes to protect children from passive smoking;
- •Establish sound OIC-wide monitoring, evaluation and reporting mechanism.

FOURTH MEETING OF OIC HEALTH MINISTERS

Under the Resolution No. 2/4-ICHM on Healthy Life Style and Prevention and Control of Communicable and Non-Communicable Diseases, the 4th ICHM, which was held in Jakarta, Republic of Indonesia on 22-24 October 2013, adopted the following three resolutions on tobacco control in OIC Member States:

- •Urges the OIC Member States to take steps on speedy ratification of WHO Framework Convention on Tobacco Control (FCTC), if not done so, and improve the implementation of all MPOWER measures;
- •Invites the Member States to sign and ratify the WHO Protocol to Eliminate Illicit Trade in Tobacco Products and better coordinate their efforts in fighting illicit trade in tobacco products and also encourage Member States not to host tobacco trade fairs;
- •Calls upon the OIC Member States and relevant national and OIC institutions and civil society organizations to actively cooperate with and participate in the capacity building activities and programmes of SESRIC Tobacco Free OIC initiative.

TOBACCO CONTROL İN TURKEY

- •More than 100.000 people die every year due to diseases related to tobacco use (a quarter of all deaths);
- About one third of the population smokes (about 20 million people);
- •About 20 million smokers spend nearly US\$ 18 billion on tobacco products (4.96 billion packages) four times the annual budget of the Ministry of Health (WHO sources).

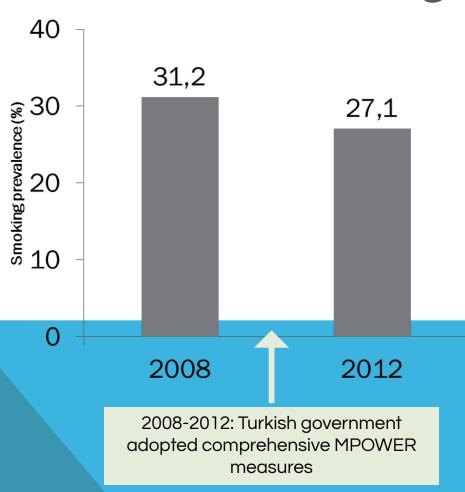






DATA TO ACTION: TURKEY

2 million fewer smokers following MPOWER



KEY MİLESTONES

- •1996 First tobacco control Law 4207 on Prevention of Harms of Tobacco Products (limited effects)
- •November 2004 Turkey ratified WHO Framework Convention on Tobacco Control (FCTC)
- July 2007 Bloomberg Initiative to Reduce Tobacco Use
- •Comprehensive Tobacco Control Law on the Prevention and Control of Hazards of Tobacco Products enacted January 2008.

KEY MİLESTONES

- July 2009 100% smoke-free law implemented including hospitality sectors
- May 2010 Health warnings on cigarette packages (combined text and graphic warnings)



Smoking causes fatal lung cancer

IMPLEMENTATION OF THE TOBACCO CONTROL LAW

•October 2010 – Smoking cessation service launched including 171 Quitline and free distribution of medications



• October 2011 - Increase of tobacco excise taxes for tobacco products (80,5% of tax) (A package of Marlboro = 5.33 \$)



IMPLEMENTATION OF THE TOBACCO CONTROL LAW

- Total ban on all forms of advertisement
- All national, regional and local private television and stations radio shall broadcast educational programmes of minimum 90 minutes every month explaining the hazards of tobacco products and habits.(other harmful minimum 30 minutes of these programmes have to be on prime time)



Is this a new style? No, it is gangrene.



SMOKING CAUSES AGEING OF THE SKIN



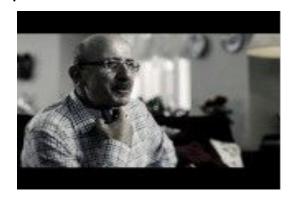
Would you share your ice-cream with 10 different people? But you share your waterpipe...

KEY ACHIEVEMENTS

•Smoke-free 100% law/ Tobacco National Programme



•Anti-tobacco media campaigns. Health warnings on tobacco products enforced (65% both side)



•Increased tobacco taxes&prices (81.65% of tax-2013)



•Offer help to people to quit tobacco use (quit-line and free of charge cessation drugs)

•Enforce total bans on tobacco advertising



SMOKE – FREE ENFORCEMENT AND SMOKING CESSATION SERVICES

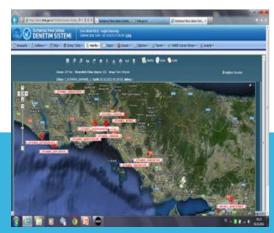




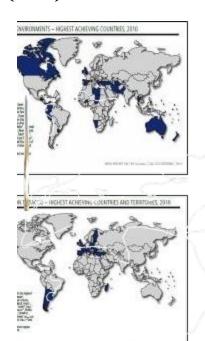








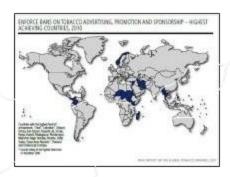
ONE COUNTRY IN THE WORLD REACHED THE HIGHEST CATEGORY ON ALL MPOWER POLICES (6/6) BY JULY 2012





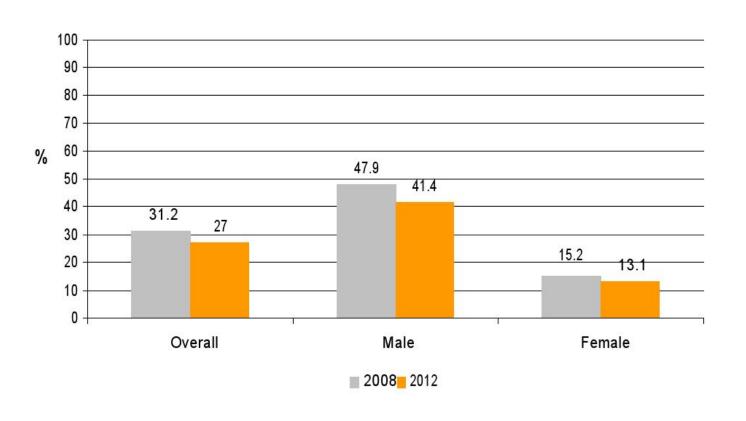




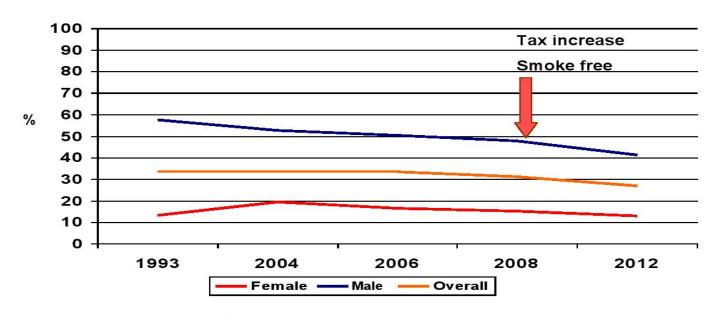




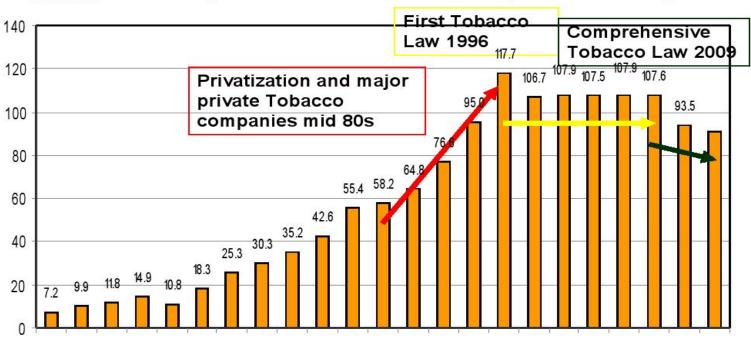
Prevalence of current tobacco use by gender, Turkey, 2008 and 2012



Drastic decline of tobacco use about 13.7% among adult population in Turkey in the last three and half years (31.2% - 2007 to 27.0% - 2012).





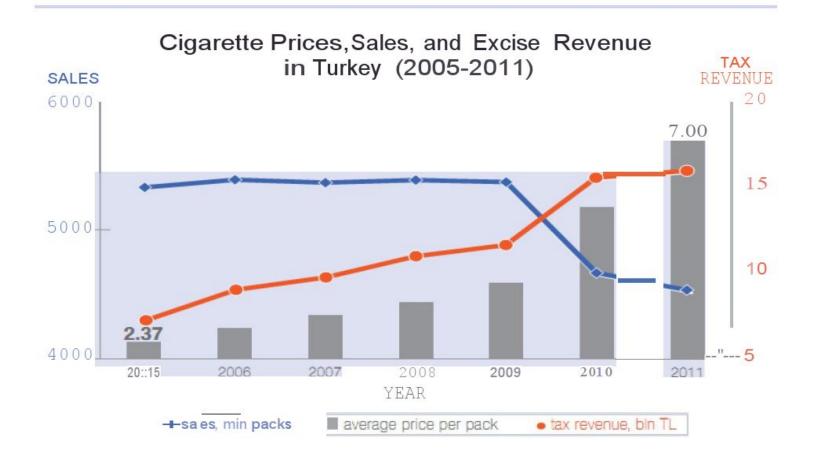


19251930193519401945195019551960196519701975198019851990199520002005200620072008200920102011

Source: Tobacco and Alcohol Market Regulatory Authority (TAPDK) official data

Smoking status health professionals 2007-2011 (CDC, WHO, MoH, Turkish Public Health Association)

Professional	Regular Smokers (%)		
	2007	2011	Reduction (%)
Specialist physicians	22,1	12,7	42,5
General practitioners	30,5	23,9	22,6
Dentist, Chemist and Psycholog	26,1	20,7 - 15,9	20,7-39,1
Nurses, Midwifes	29,5	19,2-21,9	32,2
Health Technicians	33,8	23,5	30,5
Managers	39,5	17,5	55,7



KEY FACTORS OF SUCCESS

Political Commitment / Multisectoral Government approach

- Health in the Government political agenda (PM, MoH and Parliament)
- Strong health systems in place
- National Tobacco Control programme (2008-2012) and multisectoral steering committee with WHO as key member
- Population consensus achieved through strong awareness campaign supported by media

Solid partnerships

- Key stakeholders (Bloomberg Initiative to Reduce Tobacco Use Partners, CDC, UN, EU, WB, WHO)
- Collaboration with NGOs & academia
- Experiences shared with other countries.

CHALLENGES IN TURKEY

 Youth prevalance especially among girls is still too high.

 Enforcement of smoke free legislation (Restaurants serving alcohol, bars and night clubs)

Plain packaging issues



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