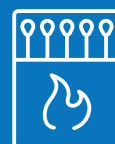




UNITED ARAB EMIRATES
MINISTRY OF HEALTH & PREVENTION

**TOWARDS A HEALTHIER NATION
UAE'S PIONEERING EFFORTS IN
TOBACCO CONTROL**



**A COMPREHENSIVE REPORT ON
PROGRESS AND PREVENTION INITIATIVES, 2023**



**World Health
Organization**



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Abbreviations

AED	United Arab Emirates Dirham
BAT	British American Tobacco's
COP	Conference of the Parties
CSR	corporate social responsibility
DALYs	disability-adjusted life years
DSAs	designated smoking areas
EMR	Eastern Mediterranean Region
ENDS	Electronic Nicotine Delivery Systems
ENNDS	Electronic Non-Nicotine Delivery Systems
FCTC	Framework Convention on Tobacco Control
FTA	The Federal Tax Authority
GAP	Global Action Plan
GCC	Gulf Cooperation Council
GDP	Gross domestic product
HTPs	Heated Tobacco Products
MOHAP	Ministry of Health and Prevention
MSB	Most sold brand
NCDs	Non-communicable diseases
NCD GAP	WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases
ROI	substantial returns on investment
SDGs	the United Nations Sustainable Development Goals
TAPS	tobacco advertising, promotion, and sponsorship
TTS	Track and Trace System
UAE	United Arab Emirates
WCTOH	World Conference on Tobacco or Health
WHO	World Health Organization

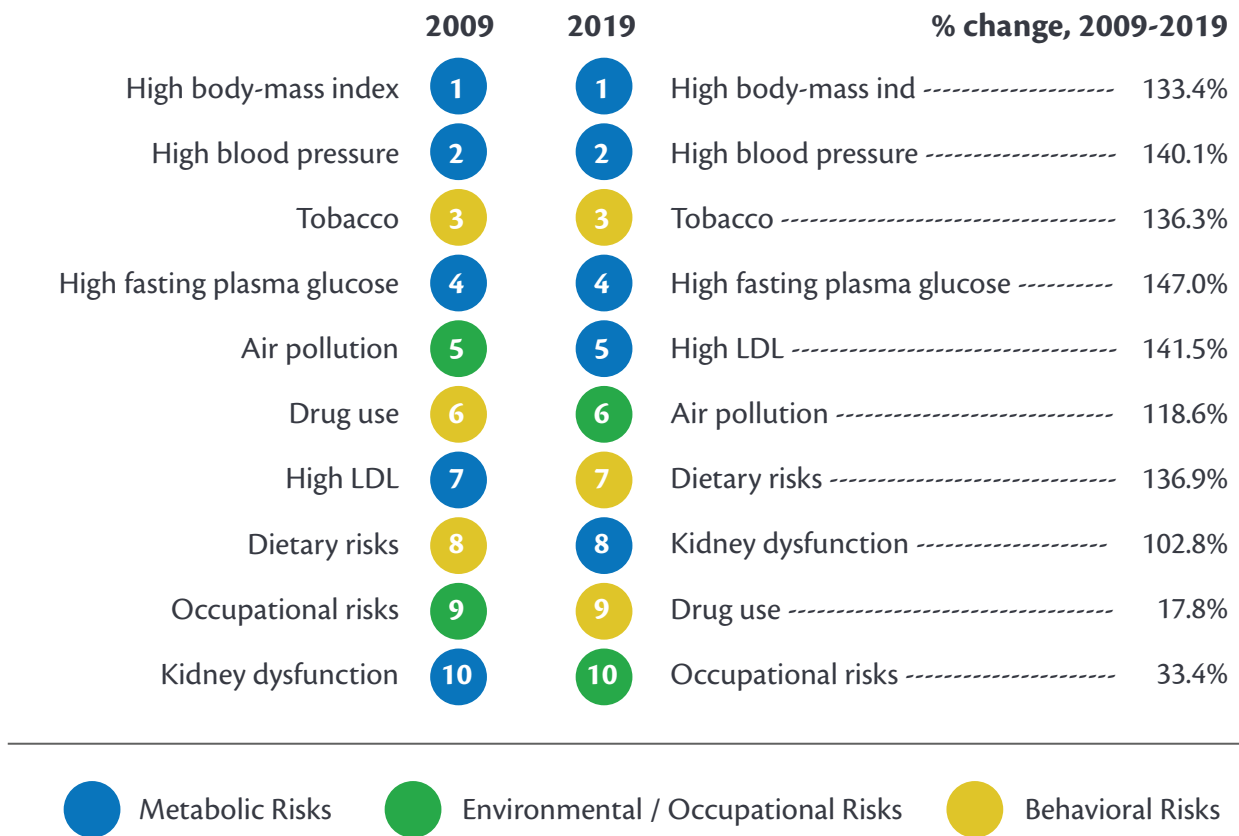


1. Introduction

1.1 Overview

The **United Arab Emirates (UAE) commitment to tobacco control is a vital component of its Non communicable diseases (NCDs) prevention agenda.** The UAE has prioritized tobacco control within its health agenda of NCDs to protect its population from the devastating consequences of tobacco use.

Tobacco use poses a substantial threat to public health in the UAE being a **major risk factor for non-communicable diseases.** In 2022, the four main NCDs – cancer, cardiovascular diseases, diabetes, and chronic respiratory diseases – caused **77 percent of all deaths in the country** with **tobacco** being one of the **major risk factors for these NCDs** ^(1,2). The official registered number of **deaths due to tobacco use in the UAE in 2019** were as high as **16.8% of all male deaths and 7.5% of female deaths** of all ages ⁽³⁾. Tobacco use ranks third in terms of risk factors that drive the most disability and death combined in the UAE as seen in the graph below.



Top 10 risks contributing to total number of DALYs in 2019 and percent change 2009-2019, all ages combined

Figure 1: Measuring the Burden of Disease in the United Arab Emirates, 1990 – 2019 ⁽⁴⁾

1. Introduction

For these imminent reasons the **UAE has taken significant strides in strongly implementing evidence-based measures** and raising awareness to combat the tobacco epidemic and mitigate the devastating consequences of tobacco use and reduce the burden of NCDs ⁽⁵⁾.

This report highlights the extensive achievements of the United Arab Emirates in tobacco control, focusing on preventive measures, policy interventions, public awareness campaigns, and smoking cessation support. The report sheds light on the economic and health burden associated with tobacco use, identifies key challenges and opportunities in tobacco control, and provides recommendations for policymakers and stakeholders to further strengthen efforts in tobacco control and reduce the impact of tobacco-related diseases.

The UAE has demonstrated a strong commitment to evidence-based tobacco control measures, aligning with global frameworks such as WHO's MPOWER policy package and the Framework Convention on Tobacco Control (FCTC). Through continued efforts in addressing tobacco use and promoting healthy behaviours, the UAE can even further enhance public health outcomes and alleviate the burden of non-communicable diseases ⁽²⁾.





1. Introduction

1.2 Prevalence of tobacco use in the UAE

Tobacco use prevalence from the latest survey completed by 31 December 2022

	Tobacco use		Tobacco smoking		Cigarette smoking		Smokeless tobacco use		E-cigarette use	
	Current	Daily	Current	Daily	Current	Daily	Current	Daily	Current	Daily
Adults survey: National Health Survey (STEPS), 2017-18; National, ages 18-69										
Male	15.9	14.1	15.7	13.9	11.1	10.2	0.7	0.5	0.8	0.5
Female	2.5	2.0	2.4	2.0	1.6	1.4	0.1	0.1	0.4	0.1
Both sexes	9.3	8.1	9.1	8.0	6.3	5.8	0.4	0.3	0.6	0.3
Adolescents survey: Global School-Based Student Health Survey, 2016; National, ages 13-15										
Male	17.8	...	...	...	11.3	...	4.1 ¹	...	...	...
Female	7.7	...	...	...	5.0	...	2.6 ¹	...	...	...
Both sexes	12.7	...	...	...	8.1	...	3.4 ¹	...	...	...

¹ Global Youth Tobacco Survey, 2013; National, ages 13-15

Table 1 WHO report on the global tobacco epidemic, 2023, Country Profile UAE

The UAE has come a long way in its fight against the tobacco epidemic which is clearly reflected in the low tobacco use prevalence compared to other countries in the region. Tobacco use remains a significant public health issue globally that demands sustained attention to further decrease prevalence rates. According to the latest National Health Survey (STEPS 2017-18, ages 18+), **15.7% of males and 2.4% of females in the UAE currently smoke tobacco with a national prevalence rate of 9.1%**. The gender disparity in tobacco use is evident, with higher rates among males ^(6,7). 6.2% of adults are subjected to second-hand smoking at home and 5.6% at work ^(6,7). The current **smokeless tobacco use prevalence** amounts to **0.7% for male and 0.1% for female users**, while current **e-cigarette use prevalence** is reported to be as low as 0.8% for male and 0.4% for females ⁽⁶⁾.

According to the Global School-Based Student Health Survey conducted in the UAE in 2016 among **youth** (ages 13-15), **17.8% of boys and 7.7% of girls currently use tobacco** in any form. Additionally, **54.4% of male students and 43.5% of female students** reported **exposure to second-hand smoke**, highlighting the importance of preventing tobacco use during this critical age period ^(8,9). The UAE Global Youth Tobacco Survey conducted in 2013 among nationals aged 13-15 revealed a **smokeless tobacco use prevalence of 4.1% among male youth and 2.6% among female youth** ⁽¹⁰⁾.

The most commonly smoked tobacco product in the United Arab Emirates is cigarettes, particularly among males. Other tobacco products, such as waterpipes (also known as shisha or hookah) and Midwakh (small smoking pipe) are also popular, especially among youth ^(11, 12). Addressing the use of all tobacco products, in addition to cigarette smoking, is a fundamental part of UAE's tobacco control program ^(13, 14,5).



1. Introduction

1.3 Economic burden of tobacco use in the UAE.

The **NCD investment case 2021** for the UAE, is a testament to the country's unwavering commitment to addressing non-communicable diseases. Building on its engagement with the United Nations Interagency Task Force on NCDs, the UAE's Ministry of Health and Prevention (MOHAP) took the proactive step of conducting the NCD investment case to strengthen the national response to NCDs. The report provides compelling evidence that NCDs have a detrimental impact on economic output and highlights the potential benefits of investing in four policy intervention packages. These packages are designed to reduce exposure to behavioural risk factors such as tobacco use, excessive salt consumption, unhealthy diets, and physical inactivity. By prioritizing these evidence-based interventions, the UAE has long recognized the urgency of addressing NCDs to ensure significant social and economic returns.

The findings underscore the importance of taking decisive action to tackle NCDs, safeguard public health, and promote sustainable development. The UAE's commitment to addressing NCDs is evident in its proactive approach, demonstrating its dedication to improving the well-being of its population and fostering a healthier and more prosperous future ⁽²⁾.

Smoking has a profound impact on life expectancy, with a lifetime of smoking estimated to reduce a person's lifespan by at least 10 years on average. Looking at productivity this means that **one quarter of productive years of life lost to disability are due to tobacco related diseases** ⁽¹⁵⁾. In 2019, tobacco use in the UAE accounted for approximately **6.1% of disability-adjusted life years (DALYs)**, highlighting its significant contribution to the burden of disease in the country ⁽¹⁵⁾.

The **cost of NCDs in the UAE** are as high as AED 39.9 billion (US\$ 10.9 billion) every year. This is equivalent to **2.7% of the GDP in 2019** ⁽²⁾. The risk of developing NCDs can be reduced by avoiding four types of risk behaviours, among them tobacco use as one of the major risk factors ⁽²⁾. A recent study utilizing data from the Global Burden of Disease revealed a significant economic burden attributed to second-hand smoke exposure. In the context **of the Gulf Cooperation Council (GCC)**, encompassing Bahrain, Kuwait, Oman, Qatar, Saudi Arabia, and the United Arab Emirates, this economic burden was estimated to reach as high as US\$ 7 billion. This represents approximately 20.4% of the collective economic burden resulting from both smoking and exposure to second-hand smoke within these nations ⁽⁵⁾.

Evidence-based tobacco control measures are widely recognized as a **cost-effective** approach with **substantial returns on investment (ROI)**. In the case of the UAE, implementing a comprehensive tobacco control policy package over a 15-year period is estimated to require an investment of 396 million AED. However, the potential benefits of such an investment are substantial, with an estimated total benefit of 762 million AED ⁽²⁾. The positive impact of these tobacco control measures is not limited to economic gains. By implementing these strategies, it is estimated that 1.125 deaths and 898 strokes can be averted within the specified timeframe. These figures highlight the potential for significant improvements in population health and the prevention of tobacco-related diseases and their associated burdens ⁽²⁾.

1. Introduction

Investing in the implementation of WHO MPOWER measures, demand reduction measures formulated by the Framework Convention on Tobacco Control (FCTC), along with other major non-communicable disease prevention strategies, is projected to yield the greatest health and economic returns for the UAE.

By prioritizing these evidence-based tobacco control measures, the UAE can achieve significant improvements in public health, reduce healthcare and economic costs associated with tobacco-related illnesses, and further enhance the overall well-being of its population ⁽²⁾.

In a nutshell: **“Tobacco control can save billions of dollars and millions of lives”** ⁽¹⁶⁾.





2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

2.1 MPOWER: UAE's achievements, gaps and challenges

The United Arab Emirates stands as a beacon of determination and dedication in the realm of tobacco control, firmly anchored by its active participation in the World Health Organization Framework Convention on Tobacco Control. By becoming a party to the WHO FCTC, UAE shows its resolute commitment to safeguarding the health and well-being of its population through unwavering tobacco control policies.

"The WHO Framework Convention on Tobacco Control (WHO FCTC) is the most powerful tool available to counter the tobacco epidemic" ⁽²²⁾.

The WHO FCTC is an international treaty negotiated under the auspices of WHO which entered into force on 27 February 2005. With its 182 Parties, it has since become one of the most rapidly and widely embraced treaties in the United Nations system ⁽²³⁾.

The WHO FCTC was developed in response to the globalization of the tobacco epidemic and is a legally binding treaty that obligates its Parties to implement evidence-based measures to reduce tobacco use and second-hand exposure to tobacco smoke. The articles and guidelines of the FCTC help Parties to effectively **reduce demand for tobacco products**, along with **controlling their supply**.

The **UAE** became a **party to the WHO FCTC** on **7 November 2005**, making it obligatory for the government to implement and enforce the tobacco control measures and guidelines covered by the convention ⁽²⁴⁾. The UAE's progressive decision to become a party to the WHO FCTC underscores a profound commitment to fostering a healthier nation. This pivotal step amplifies the UAE's resolve to combat the adverse effects of tobacco, positioning health at the core of its societal aspirations.

In line with the WHO FCTC, in 2008, WHO introduced a set of **six cost effective and high impact measures** referred to as **MPOWER**. They represent key policy strategies proven to effectively reduce the demand for tobacco ⁽²⁵⁾.

Each MPOWER measure can be matched to the correspondent WHO FCTC article ^(25,26).

- **M**onitoring tobacco use and prevention policies (Article 20)
- **P**rotecting people from tobacco smoke (Article 8)
- **O**ffering help to quit tobacco use (Article 14)
- **W**arning about the dangers of tobacco (Article 11&12)
- **E**nforcing bans on tobacco advertising, promotion and sponsorship (Article 13)
- **R**aising taxes on tobacco (Article 6)



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

The steadfast commitment to the MPOWER measures offers a panoramic view of its anti-tobacco endeavours, with each policy package illuminating a distinct facet of the nation's resounding success. The journey through these measures, examined individually and holistically over time, unveils a remarkable tapestry of progress. Only by full implementation and high policy compliance the prevalence of tobacco use can be reduced ^(14,5). For better visuality the implementation level is shown as a traffic light table below.

M	P	O	W		E	R
			Health Warnings	Mass Media		
Recent and representative data for either adults or youth	Compliance score 10/10 Three to five public places completely smoke-free	National quit line, and both NRT and some cessation services cost-covered	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics	No national campaign conducted between July 2020 and June 2022 with a duration of at least 3 weeks	Compliance Level 10/10 Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion & sponsorship)	71.7% Cigarettes less affordable - per capita GDP needed to buy 2000 cigarettes of the most sold brand increased on average between 2012 and 2022.

Low Level Implementation Medium Level Implementation High Level Implementation

Table 2 Classification of MPOWER policies in the UAE, WHO report on the global tobacco epidemic 2023 ⁽⁵⁾



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

Monitoring:

“The strength of a national tobacco surveillance system is assessed by the frequency and periodicity of nationally representative surveys among the adult and adolescent population in countries ⁽⁵⁾.”

UAE's efforts and achievements	Gaps/challenges	WHO Recommendations
<p>Global youth tobacco survey conducted 2013, ages 13-15.</p> <p>Global school-based student health survey conducted 2016, ages 13-15.</p> <p>STEPS survey conducted in 2017-2018, ages 18-69.</p>	<p>Surveys are not:</p> <p>recent (within the past 5 years).</p> <p>representative of the country's population.</p> <p>periodic for both population groups youth and adults (periodic= similar survey was repeated within 5 years of a previous survey).</p>	<p>Conduct a recent, representative, and periodic survey for youth aged 13-15 years of age (Global school-based student health service).</p> <p>Conduct a periodic, nationally representative survey of adults (STEPS survey).</p> <p>UAE national health survey is planned in 2024, ages 18 and above.</p>

The **resolute dedication to monitoring** echoes UAE's mission to steer the nation towards a tobacco-free future. The UAE has conducted national and representative surveys on tobacco use for both adults and youth. The nation-wide STEPS survey, conducted in 2017-2018, and the Global Youth Tobacco Survey, conducted in 2013, give updated and representative national data on tobacco use in the UAE.

Looking ahead, the **roadmap** is clear – **2024** marks the horizon for the next round of comprehensive surveys, set to enrich the reservoir of knowledge under the UAE National Health Survey for individuals aged 18 and above. This commitment to data and awareness-building ensures that actions are guided by real-time understanding. To ensure high level of achievement in the area of monitoring the **surveys need to be recent, representative, and periodic** for both population groups as done and further planned in the UAE ^(14,5).

To ensure the highest level of achievement in the area of **monitoring** the UAE would move forward with a **new round of the Global school-based student health survey** as well as a new round of the **STEPS survey** and thus fulfil the criteria of a recent, representative, and periodic survey for youth and adults. National surveys like the UAE national health survey provide useful information but are considered to provide insufficient information for tobacco control action for the whole population as *“surveys were considered representative only if a scientific random sampling method was used to ensure nationally representative results ⁽⁵⁾”*.



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

Protecting people from secondhand smoke – smoke free legislation

“...the only smoke free laws that provide protection are those that result in the complete absence of smoking in all public places ⁽⁵⁾.”

UAE's efforts and achievements	Gaps/challenges	WHO Recommendations
<p>Complete smoke free laws exist in:</p> <ul style="list-style-type: none">• Health care facilities• Educational facilities• Universities• Public transport <p>Designated smoking rooms with strict technical requirements are permitted under the law in:</p> <ul style="list-style-type: none">• Restaurants• Cafes <p>Law requires fines for smoking – fines levied on the smoker not the establishment.</p>	<p>“Complete” smoke free means that smoking is not permitted, with no exemptions allowed ⁽⁵⁾.</p> <p>Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke ⁽⁵⁾.</p> <p>The only laws that provide protection are those that result in the complete absence of smoking in all public places ⁽⁵⁾.</p>	<ul style="list-style-type: none">• Ban all forms of smoking in public places (all public places completely smoke free) with no exemptions allowed.• No DSA• Elevate compliance of smoke free laws e.g. in universities -- compliance score is reported to be 5/10 ⁽⁵⁾• The UAE's National Tobacco Control Committee is planning to bring a complete ban on smoking in public places ⁽²⁷⁾.

In the realm of safeguarding the population from the perils of second-hand smoke, UAE stands firm with comprehensive measures that clearly reflect its commitment to public health. The nation has embraced smoke-free regulations that span diverse sectors, signaling a resolute dedication to curbing exposure to harmful tobacco emissions.

Notably, the UAE has created smoke-free havens across key domains, marking spaces like healthcare facilities, educational institutions, and universities as sanctuaries against tobacco smoke. Furthermore, the ambit of protection extends expansively, encompassing all modes of public transportation, be it by land, air, or water. The visual reinforcement of these protective measures is evident through the mandatory display of non-smoking signs, an emblem of the nation's vigilance in upholding smoke-free environments ^(5,14).



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

While these strides are indeed commendable, it is imperative to acknowledge the subtleties within the regulatory landscape. Despite the existence of smoke-free laws within governmental facilities, indoor offices, workplaces, restaurants, and cafes, the presence of designated smoking areas (DSAs) introduces complexity. A “complete” smoke-free law means that smoking is not permitted with no exemptions allowed. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke. **The only law providing protection are those that result in the complete absence of smoking in all public places, including the presence of “designated smoking areas”** ^(5,14). Despite these challenges there is a **clear commitment** to protecting people from second hand smoke as there are very strong policies in place that are planned to be even broadly strengthened over time. Dubai Municipality for example banned smoking shisha in parks, beaches, and all public recreational areas. In 2008, the Sharjah government had even banned all kinds of smoking in public areas including smoking of shisha. **The UAE’s National Tobacco Control Committee is planning to bring a complete ban on smoking in public** ⁽²⁷⁾.

Offer help to quite tobacco use – tobacco dependence treatment:

“Professional support and proven cessation medications can more than double a tobacco user's chance of successful quitting” ⁽⁵⁾.

The **indicator of achievement** in treatment for tobacco dependence is based on whether the country has available ⁽⁵⁾: nicotine replacement therapy (NRT), **tobacco cessation support, reimbursement** for any of the above and a **national toll-free quit line**.

UAE's efforts and achievements	Gaps/challenges	WHO Recommendations
<ul style="list-style-type: none">• Toll-free telephone quit line available.• NRTs and Varenicline legally available in pharmacies, no prescription needed, partially cost covered by national health insurance.• Cessation support broadly available in health clinics, hospitals, community etc.	<ul style="list-style-type: none">• Nicotine replacement therapy and cessation support with full reimbursement for any of the above to continue with no challenges.• Continue spreading cessation support in all health care facilities with the costs covered.	<ul style="list-style-type: none">• MOHAP is planning on creating a solid infrastructure for cessation clinics and treatment systems and improving the efficiency and quality of smoking cessation services in compliance with Article 14 of the WHO FCTC even further ⁽⁵⁾.• To sustain Nicotine replacement therapy and cessation support with full reimbursement for any of the above.• Continue spreading cessation support in all health care facilities with the costs covered if feasible.



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

In the pursuit of empowering individuals to liberate themselves from the clutches of tobacco, the UAE's formidable tobacco cessation services emerge as a symbol of unwavering assistance and compassion. This collective initiative spans multiple facets, crafting a path towards tobacco cessation that is not only within reach but also profoundly impactful. **UAE's exceptional tobacco cessation services** rank it **among the highest achieving countries worldwide**, as affirmed by the latest WHO report on the global tobacco epidemic 2023⁽⁵⁾. The UAE's proactive approach to tobacco cessation is evident through its accessibility and support mechanisms. Nicotine Replacement Therapy (NRT) and Varenicline are readily available and partially covered by national health insurance, obtainable without prescription from pharmacies while Bupropion is not available. A toll-free quit line stands ready to aid those seeking to quit, while smoking cessation assistance is accessible across primary care facilities, hospitals, and healthcare centres, with costs partially borne by national insurances^(5,14). The MOHAP is planning on further strengthening this policy by creating a solid infrastructure for cessation clinics and treatment systems and improving the efficiency and quality of smoking cessation services in compliance with Article 14 of the WHO FCTC even further.

The MOHAP developed **three main pillars to provide effective smoking cessation**: Training and capacity building of medical staff and primary health care workers, updating cessation guidelines according to international best practice and making cessation support easier available through upscaling the number of cessation clinics. In 2020, a cessation online training had been launched on the MOHAP training platform for PHC physicians with the aim of building their capacities to be able to provide the cessation services at PHC^(28,29). As the UAE's tobacco cessation services continue to evolve and thrive, they serve as an inspiring testament to the nation's dedication to empower its population on their journey towards a healthier and tobacco-free life.

2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

Warning about the dangers of tobacco

"...Health warnings on tobacco packaging reach all smokers and cost governments nothing Many tobacco users are ill-informed about the dangers to which they expose themselves to ...and have a right to be warned about the health impacts of the products they consume" ⁽⁵⁾

UAE's efforts and achievements	Gaps/challenges	WHO Recommendations
<ul style="list-style-type: none"> • Law mandates GHW to appear on tobacco packages. • Front and rear coverage of 50% is mandated. • The GHW include a graph or photograph and rotate. • GHWs written in principal language of the country. • Health warnings describe the harmful effects of tobacco use. • Misleading terms such as light, low tar, mild are forbidden. 	<p>WHO recommendations:</p> <ul style="list-style-type: none"> • Large warnings (Average of front and back to be at least 50%) • appearing on individual packages as well as on any outside packaging and labelling used in retail sale. • describing specific harmful effects of tobacco use on health. • are large, clear, visible, and legible (e.g. specific colours & font style & sizes) • rotate • include pictures or pictograms • written in (all) the principal language(s) of the country. • Plain packaging defined by WHO FCTC Article 11. • black and white or two other contrasting colours • nothing but brand name/product name/manufacturer's name, quantity of product in the packaging. • no logos or other features apart from health warnings, tax stamps and other government mandated information or markings • prescribed font style and size for the above elements • standardized shape, size and materials. • no advertising or promotion inside or attached to the package or on individual cigarettes or other tobacco products. 	<ul style="list-style-type: none"> • For smokeless Tobacco GHW need to rotate • Health warnings should appear on each package and any outside packaging and labelling used in the retail sale. • Health warnings should be required on all tobacco products including smokeless tobacco products– to date they only address smoked tobacco products. • No use of figurative or other signs, including colours or numbers, as substitutes. for prohibited misleading terms and descriptors. • No use of descriptors depicting flavours. • Include the quite line number on any packaging or labelling. • Proceed to plain packaging. • Conduct an anti-tobacco mass media campaign (none conducted between 1 July 2020 and 30 June 2022) as part of a comprehensive tobacco control programme fulfilling WHO criteria.



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

In terms of warning about the dangers of tobacco, UAE has strong policies related to health warnings on tobacco packages. The law (Federal Law No.15 on Consumer Protection and Standard Specification of the UAE) mandates picture based Graphic Health Warnings (GHWs) to appear on tobacco packages. To date they cover 50% of the principal display area, front and back written in principal language of the country. There is a specific ban for misleading terms including “light”, “mild” or “low Tar” or similar terms. Water pipe tobacco is also provided with GHWs ^(5,14). The UAE's concerted efforts towards tobacco warning efficacy are commendable, with significant adherence to the WHO FCTC Article 11 guidelines pertaining to size, composition, and front-and-back placement. While much resonates with these international standards, a few specificities as outlined in Article 11 of the WHO FCTC remain to be fully embraced ^(5,14). The country has conducted an effective anti-tobacco mass media campaign between 2018 and 2020 that was part of a comprehensive government tobacco control program and a following impact evaluation, showing strong advocacy against tobacco use in the country. “Your Health comes first” was a campaign started by the MOHAP in 2016 which actively championed the embrace of health and well-being, while firmly advocating the avoidance of tobacco ⁽³⁰⁾.

The UAE's MOHAP demonstrated **strong commitment to tobacco control during the COVID-19 pandemic** by initiating a tobacco awareness campaign in March 2020 ⁽³¹⁾. This campaign aimed to raise awareness about the risks of tobacco use, particularly in relation to COVID-19. Recognizing that tobacco use can increase the severity of respiratory infections and weaken the immune system, the UAE implemented measures to protect public health. As part of the campaign, waterpipe smoking was banned from all public places. The initiation of the tobacco awareness campaign and the adaptation of smoking cessation services during the COVID-19 pandemic highlights the commitment to safeguarding public health and addressing the health risks associated with tobacco use. By raising awareness and providing accessible support, the UAE's MOHAP demonstrated proactive measures to protect individuals from the harmful effects of tobacco and promote healthier behaviours during the pandemic ⁽³¹⁾.

2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

Enforcing bans on tobacco advertising, promotion, & sponsorship:

“...A comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products”⁽⁵⁾.

UAE's efforts and achievements	Gaps/challenges	WHO Recommendations
<ul style="list-style-type: none"> • Complete ban on direct tobacco advertising in place with a high compliance score. • Complete ban on tobacco promotion and sponsorship with a good compliance score. 	<p>Ban on all forms of direct and Indirect advertising.</p> <p>Direct advertising bans include:</p> <ul style="list-style-type: none"> • national television and radio • local magazines and newspapers • billboards and outdoor advertising • point of sale (indoor). <p>Indirect advertising bans include:</p> <ul style="list-style-type: none"> • free distribution of tobacco products in the mail or through other means. • promotional discounts. • non-tobacco goods or services identified. • with tobacco brand names (brand stretching). • brand names of non-tobacco products used for tobacco products (brand sharing). • appearance of tobacco brands (product placement) or tobacco products in television and/or films. • sponsorship (contributions and/or publicity of contributions). 	<ul style="list-style-type: none"> • Elevate the compliance score concerning bans on direct tobacco advertising at point of sale (currently 3/10). • Elevate the compliance score of bans on tobacco promotion& sponsorship appearance of tobacco products in TV and/or Film. • Prohibit Tobacco companies funding or making contributions (including in-kind contributions) to smoking prevention media campaigns, including those directed at youth. • Ban tobacco product display at point of sale (currently not explicitly prohibited by law). • Ban the sale of single sticks of cigarettes.

In the arena of enforcing bans on tobacco advertising, promotion, and sponsorship (TAPS), the UAE emerges as a front-runner, ranking among the highest achieving countries worldwide⁽⁵⁾. The current legislation bans all forms of direct and indirect tobacco advertisement, reaching to the highest level of implementation in this measure, with an impressive compliance score of 10/10. Yet, amidst these resounding achievements, a new challenge arises in the form of novel tobacco products. Tobacco companies use a mix of TAPS techniques, including novel tobacco products that circumvent current regulations. Due to their novelty, ENDS and ENNDS are classified and thus regulated differently than normal tobacco products, allowing tobacco companies to market and sell these products without adhering to TAPS laws, by taking advantage of loopholes. As the UAE propels forward in its mission to curb tobacco influence, bridging these gaps becomes not just an imperative but an embodiment of its commitment to a tobacco-free future^(5,14).



2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

Raising tobacco excise taxes and prices:

"...Evidence shows that significantly increasing tobacco excise taxes and prices is the single most effective and cost-effective measure for reducing tobacco use" ⁽⁵⁾.

UAE's efforts and achievements	Gaps/challenges	WHO Recommendations
<ul style="list-style-type: none">• The share of total taxes in the retail price of the most sold brand of cigarettes is currently 71.7%.• Total tax share of heated tobacco products is 73.50%.• 1.25 % of GDP per capita required to purchase 100 packs (or 2000 cigarettes) of the most sold brand of cigarettes, (the higher the %, the less affordable).• But cigarettes have become less affordable between 2012 and 2022.• The introduction of a large excise tax in Saudi Arabia and the United Arab Emirates in 2017 led to large price increases and sharp reductions in sales.	<p>WHO recommendation:</p> <ul style="list-style-type: none">• $\geq 75\%$ of the retail price should be tax.• percentage of per capita GDP required to purchase 2000 cigarettes of the most popular brand should lead to less affordability of tobacco and nicotine products compared to the years before.	<ul style="list-style-type: none">• Total tax share rates should be increased so that tax share of price reaches at least 75%, which is the WHO recommended minimum benchmark.• Ensure less affordability of tobacco and nicotine products compared to previous years measured by GDP.• Earmarking of tobacco taxes

With a significant tax share of 71.7% for the most sold brand in 2022, tobacco taxation in the UAE demonstrates a substantial foundation. While the WHO's recommended minimum benchmark of 75% for the total tax share is almost achieved, there remains an opportunity for further enhancement ⁽³²⁾. As price is a key determinant of cigarette use, the prediction is that with increasing prices the demand decreases ⁽³²⁾. To date there is no earmarking of tobacco tax for particular spending purposes in the country ⁽³³⁾. In 2015, a decision was adopted at the 36th GCC summit to implement selective taxes on all imported tobacco products and cultivated raw tobacco grown domestically.

2. Status of Tobacco Control in the UAE, FCTC Implementation and MPOWER Recommendations

The excise tax introduced by the GCC countries has a structure somewhat similar to the import duty on tobacco products: the rate is 100% of the retail price exclusive of taxes ⁽³⁴⁾. **The introduction of a large excise tax in Saudi Arabia and the United Arab Emirates in 2017** led to large price increases and **sharp reductions in sales** as seen in the graph below. Oxford Economics estimated that the tax reform not only led to a decrease in the retail volume of sales of cigarettes but also increased tax revenues across Kuwait, Oman, Saudi Arabia and United Arab Emirates by 66.7% in 2017. This increase is attributed to the introduction of excise taxation since legal sales decreased ⁽³⁵⁾.

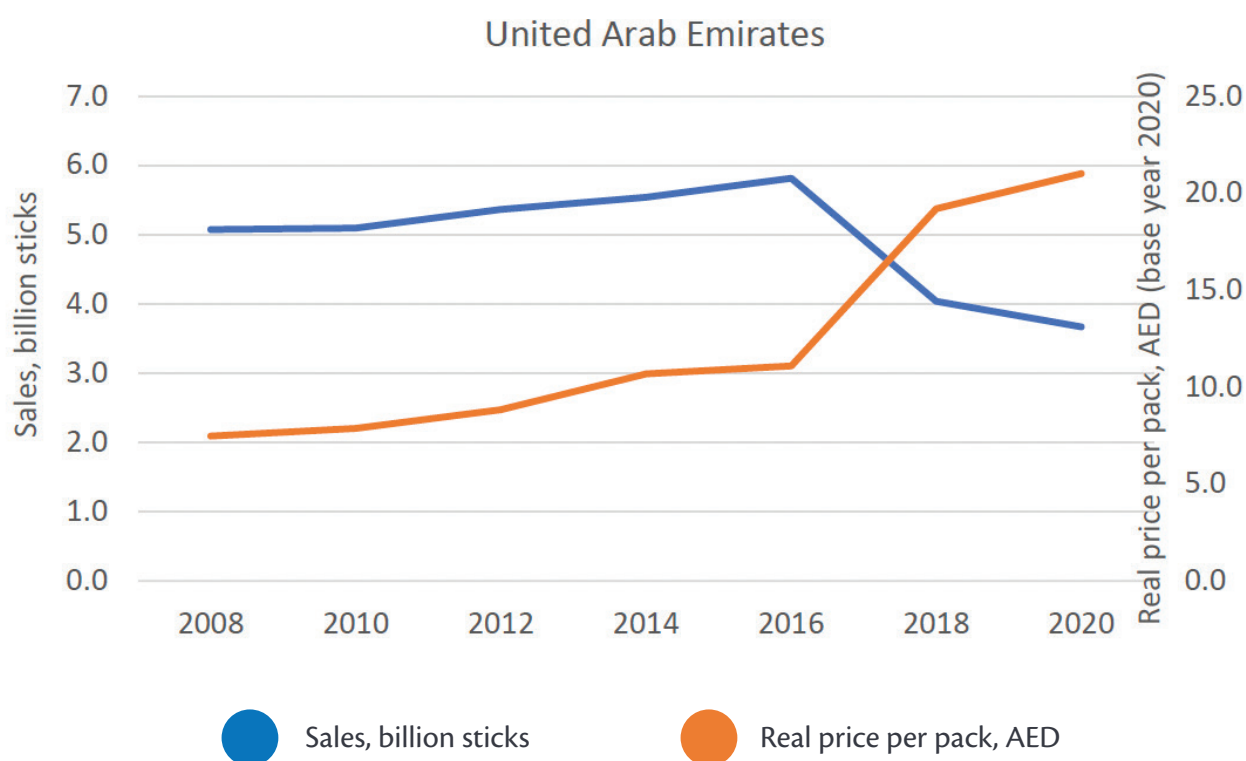


Figure 2: The effect of tax increase in the UAE, WHO Report on the Global Tobacco Epidemic 2021, Euromonitor 2022

3.Expected Changes: Promising Prediction for the UAE in Who's Global Report on Trends, 2024

The recently released WHO global report on trends in tobacco use, fifth edition, carries encouraging news for the United Arab Emirates. The report underscores several positive trends in the UAE's efforts to combat tobacco use, aligning with international health objectives in specific the United Nations Sustainable Development Goals.

According to the recently released WHO global report on trends in prevalence of tobacco use, 2024 **the United Arab Emirates are on track of achieving the NCD Global Action Plan (GAP) target** through a substantial reduction in tobacco use prevalence over recent years. This very promising prediction comes from years of hard work in the field of tobacco control and relentless vigilance when it comes to tobacco industry interference ⁽⁶⁵⁾.

The UAE's consistent progress aligns with the broader global effort to combat tobacco use and its devastating health consequences. As the nation continues to implement evidence-based policies, it stands as a testament to the positive impact of strategic, data-driven tobacco control measures. Considering these achievements, the UAE's dedication to enhancing public health through robust tobacco control measures is evident. This commitment serves as an example for other nations striving to reduce the prevalence of tobacco use and improve the well-being of their population.





4. Addressing Challenges in Tobacco Control: UAE's Commitment to Evidence-Based Solutions

The challenges to tobacco control are not only regional but global. Tobacco and nicotine consumption is threatening public health worldwide. Tobacco industry interference, illicit trade in tobacco products and the regulation of new and emerging tobacco and nicotine products play an enormous role in undermining the progress of tobacco control ⁽⁴⁸⁾.

The UAE is fully aware of the multifaceted issues encompassing tobacco control. To effectively address these complex challenges, it is committed to identifying and understanding specific gaps and obstacles within its own tobacco control efforts. By conducting a comprehensive assessment, the country aims to pinpoint areas that require targeted solutions rooted in evidence-based actions, such as the WHO MPOWER framework and the measures outlined in the Framework Convention on Tobacco Control. Through this commitment, the UAE endeavours to contribute to global and regional efforts aimed at curbing the detrimental impact of tobacco and nicotine consumption on public health.

4.1 The Tobacco Industry Interference

Tobacco industry interference was identified by governments as the most serious obstacle to tobacco control ⁽⁴⁹⁾. These interferences can take many forms, such as taking over the political and legislative processes, exaggerating the economic importance of the industry, influencing public opinion, eliciting support through front groups, slandering scientific data, and suing or threatening to sue governments. Governments have acknowledged that the tobacco industry's influence is a significant obstacle to implementing the WHO Framework Convention on Tobacco Control's effective tobacco control measures ^(48,49).

To address these challenges, **Article 5.3 of the FCTC** empowers governments to protect their public health policies from commercial interests. It provides clear recommendations for governments to prevent tobacco industry interference and protect officials when engaging with the industry ⁽⁵⁰⁾.

The UAE recognizes the imperative need for **ongoing surveillance** to monitor the implementation and effectiveness of tobacco control measures and to evaluate their impact. In its unwavering commitment to the health and well-being of the population, the UAE believes that robust **intersectoral collaboration, free from conflicts of interest**, is essential. This collaborative approach empowers the country to confront the multifaceted challenges of tobacco control while keeping the tobacco industry at bay. The country remains vigilant, fully aware of the potential for tobacco industry interference and is dedicated to staying ahead of these challenges and continuously working towards a healthier, smoke-free future for its nation ⁽⁵¹⁾.

The 16th World Conference on Tobacco or Health (WCTOH) held in Abu Dhabi in March 2015 marked a significant milestone as it was the first time it was ever hosted in the Middle East. Dr. Margaret Chan, former Director General of the World Health Organization (WHO), set a resolute tone, urging delegates to maintain a relentless commitment to combat the tobacco industry: “...**keep the battle lines fresh and vigorous**”. Hosting the conference was a momentous opportunity to convene diverse stakeholders and assess global strategies in the fight against tobacco and the tobacco industry collaboratively. Best practices within the global tobacco control movement can serve as inspirations for replication. A highlight of the WCTOH was the launch of the Anti-Tobacco Trade Litigation Fund, a new joint effort to combat the tobacco industry's use of international trade agreements to threaten and prevent countries from passing strong tobacco-control laws.



4. Addressing Challenges in Tobacco Control: UAE's Commitment to Evidence-Based Solutions

Backed by Bloomberg Philanthropies and the Bill & Melinda Gates Foundation, the new support for low and middle-income countries was an important element in a comprehensive strategy to reduce tobacco use globally ^(52, 53).

Despite the tireless efforts of the UAE to stay vigilant to the tobacco industry's influence and keep the tobacco industry at a distance the Global Centre for Good Governance in Tobacco Control has detected examples for tobacco industry interference ⁽⁵⁴⁾. The World Vape Show, launched in September 2021, was the first international vape expo and conference in the UAE and documented a high number of visitors. In February 2023 and June 2023 Dubai was hosting the world shisha and the second world vape show.

In 2021 British American Tobacco's (BAT) brand Vuse, took advantage of the 2019 Abu Dhabi Grand Prix to launch its product in the Middle East ⁽⁵⁵⁾. Due to already existing strict tobacco advertising restrictions in the UAE, BAT chose not to advertise its own brands on the car at some races during 2020 but its nicotine pouch brand Velo appeared at most races instead; e-cigarette brand Vuse appeared in Bahrain, Sakhr and Abu Dhabi with an estimated advertising value of \$4,518,458 ⁽⁵⁵⁾.

The current legislation in the UAE bans all forms of direct and indirect tobacco advertisement, promotion, and sponsorship with a strong level of enforcement ⁽⁵⁾. This shows the clear commitment and efforts made by the government to protect its population from the aggressive marketing activities of the tobacco industry; still the tobacco industry has found a way to circumvent these regulations with new and emerging tobacco products as shown in the examples above ^(5,14).

The guidelines for implementation of Article 5.3 of the WHO FCTC provide clear ways to counter tobacco industry interference and stay ahead of the evolving landscape of new and emerging tobacco and nicotine products and can serve as a solid framework for regional tobacco control.

4.2 Illicit trade in tobacco and nicotine products

Illicit trade in tobacco products poses another major challenge to tobacco control globally and in the UAE, undermining the strong tobacco control policies already in place. It increases access to tobacco products, often at lower prices, which can contribute to the proliferation of tobacco use and undermine tobacco control efforts. The availability of cheaper illicit tobacco products makes it easier for individuals, including youth and vulnerable populations, to afford and initiate tobacco use, exacerbating the tobacco epidemic ^(56,57).



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4.2.1 The Protocol to Eliminate Illicit Trade in Tobacco Products

The Protocol to Eliminate Illicit Trade in Tobacco Products is the first protocol of the WHO Framework Convention on Tobacco Control. It was adopted in 2012 and entered into force on the 25th of September 2018.

The objective of it is eliminating all forms of illicit trade in tobacco products through a package of measures to be taken by countries acting in cooperation with each other (Article 15 of the WHO FCTC). **The Protocol is a key policy tool that reduces tobacco use by controlling the supply of it.**

To date Egypt, The Islamic Republic of Iran, Iraq, Kuwait, Pakistan, Qatar, and Saudi Arabia are Parties to the Protocol in the WHO EMR. Libya, Sudan, Syria, Tunis, and Yemen have signed the Protocol but have not ratified yet. While the **UAE** has not yet formally signed the Protocol to Eliminate Illicit Trade in Tobacco Products, it is crucial to recognize that the nation **has taken substantial steps in alignment with the Protocol's objectives**. The UAE's proactive efforts have resulted in considerable compliance with many aspects of the Protocol, one of them being the efficient tracking and tracing as outlined in Article 8 of the Protocol ⁽³⁸⁾.

The **UAE has made significant strides in combating illicit** trade by implementing a Track and Trace System (TTS). This achievement aligns with the efforts of 27 EU members, along with Albania, Bahamas, Brazil, Canada, Chile, Ecuador, Kenya, Kosovo, Morocco, Saudi Arabia, Turkey, Uganda, the United Kingdom, and the US state of California. It showcases the country's commitment in its fight to combat illicit trade ⁽⁶⁰⁾.

Why become a party to the Protocol?

- Illicit trade in tobacco products poses significant challenges and negative consequences at multiple levels. It not only **impacts consumers, economies, governments** but it also **hinders progress towards achieving** the United Nations Sustainable Development Goals (SDGs) ^(38,43).
- At the consumer level, illicit trade **exposes individuals to poorly made and unregulated products**, including counterfeit or substandard tobacco products. **These products can pose serious health risks** and jeopardize consumer safety ^(38,43).
- Economically, illicit trade **drains the Gross Domestic Product of the UAE** by undermining legitimate trade and market systems. It diverts revenue streams away from legitimate businesses and **robs governments of tax collections**, which could otherwise be used for public services and development projects (tobacco tax earmarking).
- This **loss of revenue** can have a detrimental effect on economic growth and stability ^(38,43).
- Given the scale and complexity of illicit trade, addressing this issue requires a sustained and coordinated response. Collaboration between governments, international organizations, law enforcement agencies, and the private sector is essential to combat illicit trade effectively. Strengthening legal frameworks, enhancing border controls, improving intelligence-sharing mechanisms, promoting international cooperation, and raising public awareness are key elements in the fight against illicit trade ^(38,43).



4. Addressing Challenges in Tobacco Control: UAE's Commitment to Evidence-Based Solutions

By recognizing the far-reaching impacts of illicit trade and working together to implement coordinated strategies, countries can mitigate its negative consequences and advance towards a more sustainable and secure future ^(38,43).

The ratification and commitment to the full implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products is the **most powerful and efficient way** to tackle this immense problem ^(38,43).

As illicit trade remains a problem globally it is imminent to further promote and engage in international cooperation. As the theme for the third Meeting of the Parties, which the UAE is a part of, states: “**More Parties, greater traceability, less illicit trade**”. This emphasizes the significance of rising numbers of Parties to the Protocol and the establishment of a global tracking and tracing regime.

4.3 Novel and emerging tobacco and nicotine products

New and emerging nicotine and tobacco products pose a big challenge to tobacco control. The leading novel and emerging nicotine and tobacco products can be classified in Electronic Nicotine Delivery Systems (ENDS), Electronic Non-Nicotine Delivery Systems (ENNDS) and Heated Tobacco Products (HTPs), also a variety of smokeless products like nicotine pouches are on the rise and gaining popularity ^(61, 14).

The challenges to tobacco control in the UAE and globally concerning the regulatory landscape of novel and emerging tobacco and nicotine products are multi-layered and best understood when put into categories:

Legislation and regulatory mechanism, product diversity	ENDS, ENNDS, HTPs often do not have the same characteristics as conventional cigarettes and evolve rapidly. Thus, existing laws might not cover these products. Regulations can often not keep pace with changing product characteristics.
Child and adolescent use	Aggressive marketing strategies and the use of flavours and nicotine solutions may lead to a nicotine dependence and increase the chance of moving on to conventional tobacco cigarettes.
Undermining tobacco control achievements	Protecting people from second hand smoke as well as taxing the new and emerging products and devices is a major problem to already existing tobacco control laws in place.
Renormalization of smoking	Acceptance of smoking in society may increase as the behaviour of smoking is mimicked by most of the new products.
Discouraging smokers from fully quitting	Switching from tobacco to novel tobacco and nicotine products may prolong the initial intention of smokers to quit or may even lead to dual use and keeping smokers from evidence-based interventions such as NRTs e.g.

Table 3 How Novel Tobacco Products challenge tobacco control policies, WHO report on the global tobacco epidemic 2021 ⁽¹⁴⁾



4. Addressing Challenges in Tobacco Control: UAE's Commitment to Evidence-Based Solutions

In the United Arab Emirates, manufactured cigarettes are the most popular type of tobacco product followed by shisha, medwakh, and e-cigarettes. The younger demographic ^(18- 27) has the highest rate of e-cigarette usage, which raises concerns that the tobacco industry may be deceiving children and teenagers about the negative effects of e-cigarettes on health ⁽²⁾. The national health survey conducted in the UAE in 2017-2018 covering ages 18-69 showed that 0.8% of male, 0.4% of female and 0.6% of both sexes currently use e-cigarettes.

The prevalence of e-cigarette use was found to be 3.7% in a recent cross-sectional study conducted at three public universities in the United Arab Emirates (n = 918; average age = 20.7). The main motivations reported for the use of e-cigarette use were liking the Flavors (36.1%), helping oneself stop smoking (34.4%), believing that they were less harmful than traditional tobacco for oneself (24.6%), and others (21.3%). Male students were more likely to smoke e-cigarettes than female students ^(62,63).

Recognizing the urgency of this issue, the UAE has swiftly followed the recommendations of the Conference of the Parties (FCTC) by introducing regulations for these novel tobacco and nicotine products. This proactive approach aims to safeguard public health and bolster the country's successful track record in tobacco control. However, despite these regulatory efforts and the commitment to protecting public health policies, the legalization of e-cigarettes in the UAE in 2019 has led to a surge in their popularity, particularly among young adults. This demonstrates the broader regional and global challenges in effectively regulating these products ⁽¹⁹⁾.

The UAE's achievements concerning the regulatory objectives aligning with FCTC recommendations encompass several key areas ^(5,14, 64).

Preventing Initiation: Efforts to prevent non-smokers and children from initiating ENDS use include restrictions on advertising, promotion, and sponsorship, as well as limiting appealing flavours.

Minimizing Health Risks: Regulations focus on minimizing potential health risks associated with ENDS products by controlling their characteristics.

Protecting Non-Users: Measures prohibit ENDS use in indoor spaces where smoking is not allowed, safeguarding non-users from exposure to emissions.

Preventing Misleading Claims: Regulatory frameworks aim to prevent unproven health claims made by the tobacco industry.

Protecting Public Health Policies: Initiatives are in place to shield public health policies from commercial and other vested interests like cross-border sale restrictions/regulations, point of sale regulations or access restrictions.



4. Addressing Challenges in Tobacco Control: UAE's Commitment to Evidence-Based Solutions

It's crucial for the UAE and the world to maintain vigilance in monitoring all tobacco products, including the rapidly evolving ENDS and ENNDS categories, to ensure that regulations remain effective in protecting public health. Clear definitions and ongoing monitoring are essential components of this effort ^(64,14). UAE covered the use of electronic cigarettes in their latest surveys for the last round of the WHO Global Tobacco Control Report showing how to use their existing tobacco surveillance and monitoring systems to assess developments in ENDS/ENNDS and nicotine use and laying the foundation for further regulating novel and emerging tobacco and nicotine products ⁽⁵⁾.

Regulation method	ENDS	ENNDS
General bans	None	None
National laws or regulations regulate e-cigarettes	Yes	Yes
Ban on use of ENDS/ENNDS in indoor public places, workplaces and public transport	None	Same as ENDS
Health warning on device packaging	Warning required	None
Health warning on e-liquid packaging	Warning required	None
Ban on advertising, promotion and sponsorship of devices	Complete ban	Same as ENDS
Ban on advertising, promotion and sponsorship of e-liquids	Complete ban	Same as ENDS
Minimum age of sale	18	18
How flavours are regulated	Not regulated	Not regulated

Table 4 Current Regulation of ENDS and ENNDS in the UAE ⁽⁵⁾

5. Catalysing Progress: Key Recommendations for the Way Forward

The UAE is building on a very strong tobacco control foundation when it embarks on the journey of “The way forward”. With an already robust tobacco control program in place, the nation has demonstrated its dedication to reducing the prevalence of smoking and its associated health and economic burdens. Yet, the landscape of tobacco control is ever evolving, presenting new challenges but also opportunities to advance further in tobacco control.

Regulation method	Specific WHO FCTC and MPOWER based recommendations for the UAE
Monitor	Continue conducting youth and adult tobacco use surveys to ensure periodic, recent and representative monitoring . <ul style="list-style-type: none"> Conduct the next round of Global school-based student health survey. Conduct the next round of STEPS survey.
Protect - Smoke-free Policies	<ul style="list-style-type: none"> Ban all forms of smoking in all public places with no exemption allowed. No DSA! Elevate compliance of smoke free laws, e.g. in universities (current reported compliance score 5/10)
Offer help to quit- Cessation	<ul style="list-style-type: none"> Continue spreading cessation support in all health-care facilities (with costs covered if feasible)
Warn- Health Warnings	<ul style="list-style-type: none"> Establish specific requirements for content & design of GHWs according to Article 11 of the WHO FCTC. Implement health warnings for ENNDS. Consider implementing plain packaging.
Mass Media	<ul style="list-style-type: none"> Conduct a recent mass media campaign aired on TV/radio with appropriate research and evaluation.
Enforce Bans on Advertising, Promotion and Sponsorship	<ul style="list-style-type: none"> Ban all forms of indirect tobacco advertising (sponsorship). Ban product display at point of sale.
Raise taxes	<ul style="list-style-type: none"> Increase total tax share to >75% of retail price. Introduce a uniform specific excise tax. Adjust tax for inflation. Ensure less affordability of tobacco and nicotine products measured by GDP. Enforce equal taxation across all tobacco products. Earmarking of tobacco and nicotine taxes.
FCTC recommendations	
The tobacco industry interference	<ul style="list-style-type: none"> Follow the recommendations of Article 5.3 of the WHO FCTC
Illicit trade in tobacco and nicotine products	<ul style="list-style-type: none"> Become a party to the Protocol to Eliminate Illicit Trade in Tobacco Products
Novel and emerging tobacco and nicotine products	<ul style="list-style-type: none"> Ban on use of ENDS/ENNDS in indoor public places, workplaces and public transport. Implement health warning on device packaging for ENNDS. Implement health warnings on E-liquid packaging for ENNDS. Regulate flavours for ENDS/ENNDS Ultimately move to a general ban for ENDS/ENNDS



6. Conclusion

The United Arab Emirates has demonstrated remarkable dedication to tobacco control, implementing robust measures and leveraging technological advancements such as the Digital Tax Stamps. The proactive stance against illicit trade, adoption of international best practices, and efforts to regulate emerging tobacco products showcase the commitment to public health. As the nation continues to stride towards a tobacco-free future, sustained collaboration, and vigilant enforcement of evolving regulations will be instrumental. The UAE's journey is not only a beacon for regional progress but also a testament to its unwavering dedication to improving the health and well-being of its population. The path forward necessitates a sustained commitment to enhancing and enforcing existing tobacco control laws. Regular reviews and updates of legislation to address emerging challenges, such as the proliferation of novel tobacco and nicotine products, will be paramount.

According to the recently released WHO global report on trends in prevalence of tobacco use 2023 edition **the United Arab Emirates are on track to achieve the NCD Global Action Plan (GAP) target**. This very promising prediction comes from years of hard work in the field of tobacco control and relentless vigilance when it comes to tobacco industry interference ⁽⁶⁵⁾.

Implementing all **MPOWER measures at the highest level** possible will lead to an optimal way to further enhance and safeguard the wins of tobacco control achieved so far by the country in terms of tobacco control.

In becoming a party to the **Protocol to Eliminate Illicit Trade in Tobacco Products** the UAE will have the needed international legal instruments and the international cooperation to ideally target the global problem of illicit trade in tobacco products.

The **challenges to tobacco control concerning the regulatory landscape of novel and emerging tobacco and nicotine products** globally and in the UAE will need intense monitoring efforts in the future as well as regular reviews and updates of legislations in place to address emerging challenges, such as novel tobacco and nicotine products. The UAE's proactive approach in regulating emerging tobacco and nicotine products, as evidenced by its response to Electronic Nicotine Delivery Systems (ENDS) and Electronic Non-Nicotine Delivery Systems (ENNDS), underscores its adaptability to evolving challenges. The commitment to ongoing surveillance, education, and the dissemination of information about the risks associated with these products reflects a forward-looking strategy to safeguard the well-being of its population.

In essence, the UAE's accomplishments in tobacco control not only positions it as a regional team player but also emphasize its role as a global advocate for public health. The nation's journey serves as an exemplary model for others, showcasing that with unwavering determination, innovative strategies, and continuous adaptation to emerging trends, the vision of a tobacco-free future is indeed achievable.



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