
Reports of the Parties received by the Convention Secretariat and progress made internationally in implementation of the Convention (Decision FCTC/COP1/(14))

Second summary report

1. This summary report was prepared in accordance with the decision establishing reporting arrangements under the Convention, of the first session of the Conference of the Parties (February 2006).¹ In the decision, the Conference requested the Convention Secretariat to elaborate, on an annual basis, summary reports on progress made with implementation of the Convention.
2. The first summary report² was submitted to the Conference at its second session (June–July 2007). It was based on 28 reports and reflected the progress made over the first two years of implementation.
3. From March 2007 to 15 July 2008, an additional 53 Parties submitted their reports (three of them ahead of deadline – Congo, Kuwait and Nepal), bringing the total number of reporting Parties to 81. Overall, 129 Parties were due to have reported by 15 July 2008.
4. The 81 reports that form the basis of the current summary report come from Parties in all WHO regions:³ Africa – nine (out of 28 expected); the Americas – 14 (16); Eastern Mediterranean – seven (14); European – 26 (36); South-East Asia – nine (10) and Western Pacific – 16 (25).

¹ Decision FCTC/COP1(14).

² Document A/FCTC/COP/2/6.

³ Armenia, Australia, Austria, Azerbaijan, Bangladesh, Barbados, Belgium, Belize, Bhutan, Botswana, Brazil, Brunei Darussalam, Canada, Chile, China, Congo, Cook Islands, Denmark, Estonia, European Community, Fiji, Finland, France, Georgia, Ghana, Germany, Guatemala, Guyana, Honduras, Hungary, India, Iran (Islamic Republic of), Ireland, Israel, Jamaica, Japan, Jordan, Kenya, Kuwait, Latvia, Luxembourg, Madagascar, Malaysia, Maldives, Malta, Marshall Islands, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Myanmar, Nauru, Nepal, New Zealand, Norway, Oman, Palau, Panama, Peru, Portugal, Qatar, Republic of Korea, Romania, Senegal, Serbia, Seychelles, Singapore, Slovakia, South Africa, Spain, Sri Lanka, Sudan, Sweden, Syrian Arab Republic, Thailand, Timor-Leste, Trinidad and Tobago, Turkey, United Kingdom of Great Britain and Northern Ireland, Uruguay, Viet Nam.

5. The summary report follows, where possible, the structure of the Convention and that of the reporting instrument. It also describes limitations identified during data collection, preparation and analysis of the reports, and discusses strategies to improve the reporting system in order to ensure tracking of progress at both national and international levels. The report also contains conclusions concerning overall progress, challenges and opportunities.

GENERAL OBLIGATIONS

6. Of the 76 Parties that answered the questions on general obligations, 23 reported development and implementation of comprehensive multisectoral national tobacco-control strategies, plans and programmes. Detailed information on specific programmes and strategies is, however, scarce. Some Parties provided the name and the time frame for implementation of a national tobacco-control programme either alone or embedded into more general health-education or health-promotion programmes. The other 53 Parties reported having partial strategies, plans and programmes.

7. Most Parties reported having a national coordinating mechanism or focal point for tobacco control. Establishing such a mechanism is a positive development, indicating that Parties consider tobacco control and implementation of the treaty to be of great importance. The nature of such national coordinating mechanisms and their positioning within governments vary. Some Parties refer to national tobacco-control committees, boards or other coordinating bodies, which, in most cases, are hosted by health ministries. Usually they are intersectoral, and include representatives from other government departments and other stakeholders interested in tobacco control, such as nongovernmental organizations or private enterprises. In other instances, these coordinating mechanisms and/or tobacco-control focal points are hosted by a public institution affiliated with the health ministry. Three Parties reported establishment of specific bodies to oversee implementation of the WHO Framework Convention on Tobacco Control.

8. With respect to the protection of public-health policies from commercial and other vested interests of the tobacco industry, 37 Parties reported having taken measures. Some put in place codes of conduct for public officials to regulate their dealings with representatives of the tobacco industry. Some referred to policies banning sponsorship or provision of any kind of funding by a tobacco company to tobacco-control efforts. Others have included prevention of tobacco-industry interference in tobacco-control policies in their national legislation. In some other cases, one of the functions of the national tobacco-control committees was to oversee and prevent tobacco-industry interference with decision making for tobacco control. Conversely, other Parties referred to routine interactions with the tobacco industry, which they did not consider as interference, such as tobacco companies being allowed to express publicly their views on tobacco-control measures in the form of public audiences and hearings or written submissions.

REDUCTION OF DEMAND FOR TOBACCO

9. Tobacco-control policy data were reported in the form of yes/no answers to core mandatory and optional questions. Most Parties answered both types of questions. Some analysis is also based on qualitative information provided in reports.

10. The questionnaire format provides a basis for reporting legislative, executive, administrative and other tobacco-control measures. Nevertheless, thorough analysis of data using the initial reporting instrument was limited by two shortcomings: the relatively large number of optional questions that did not allow for a clear overall picture of the status of tobacco control among Parties; and the lack of definitions that prevented better cross-country analysis and comparisons. These issues are addressed in

the revised reporting instrument and also in the draft Group 2 questions.¹ Data analysis was carried out as described under the headings below.

Price and tax measures and licit supply of tobacco products

11. This section takes into account quantitative data reported by Parties on taxation and price of tobacco products, as well as policy aspects regarding Article 6 of the Convention.

12. Although it is relatively easy to calculate the tax for an individual packet of cigarettes, it is often more difficult to calculate an average cigarette tax for a country. The best approach is to divide the sum of all taxes on cigarettes raised in a country by the total annual cigarette sales. Such a calculation, however, may be difficult to do with the current reporting instrument. The fact that eight countries provided no data on taxes and prices suggests that the relevant data may not be easily accessible and/or the capacity to interpret the data may be limited. It is also important to note that this section of the reporting instrument requests only limited information on taxation and prices.

13. The excise tax (i.e. a percentage of the retail price, but excluding VAT and similar sales taxes) was estimated for 65 Parties. Among the 24 Parties classified as high-income countries by the World Bank, the median excise tax is 59%, while among the 41 Parties classified as middle- and low-income countries, it is 49%. Since VAT rates (or similar sales taxes) are usually higher in developed than in developing countries, the difference in total tax burden between these groups of countries is even larger. WHO and the World Bank recommend that the tax on cigarettes should be between two thirds to three quarters of the retail price.

14. Excise taxes can be levied as specific taxes, ad valorem taxes or as a combination of the two. Nearly one third of reporting Parties levy either specific taxes or a combination of specific and ad valorem taxes. Less than one fifth of reporting Parties only apply ad valorem taxes. Table 1 shows the various ways in which excise taxes are levied in WHO's regions. To comply with the relevant European Community regulation, Member States' cigarette excise tax must include both a proportional (i.e. ad valorem) and a specific component. This explains why so many Parties in the European Region apply a combination tax. In other regions, apart from the Eastern Mediterranean, there seems to be a preference for specific excise taxes, rather than ad valorem or combination taxes.

| WHO Region | Number and percentage of Parties per region levying the following types of taxes | | | | Total |
|-----------------------|--|----------------|-------------|----------|-------|
| | Specific tax | Ad valorem tax | Combination | Unknown | |
| Africa | 4 (44%) | 2 (22%) | 2 (22%) | 1 (11%) | 9 |
| Americas | 6 (43%) | 4 (29%) | 1 (7%) | 3 (21%) | 14 |
| Eastern Mediterranean | 1 (14%) | 4 (57%) | 1 (14%) | 1 (14%) | 7 |
| Europe | 4 (15%) | 1 (4%) | 18 (69%) | 3 (12%) | 26 |
| South-East Asia | 3 (33%) | 2 (22%) | 2 (22%) | 2 (22%) | 9 |
| Western Pacific | 8 (50%) | 1 (6%) | 3 (19%) | 4 (25%) | 16 |
| Total | 26 (32%) | 14 (17%) | 27 (33%) | 14 (17%) | 81 |

¹ Document A/FCTC/COP/3/15.

15. In some developing-country Parties and Parties with economies in transition, the excise tax varies according to the length of the cigarette (e.g. Sri Lanka) or whether the cigarettes are filtered (e.g. India and Nepal). In the case of the two latter countries, unfiltered cigarettes carry a lower excise tax. The result is a spread in cigarette prices and cigarettes made more affordable to the poor.

16. In many countries, tobacco products other than cigarettes are taxed at a lower rate. For instance, in some countries, cigars attract a much lower excise tax. Frequently, roll-your-own tobacco attracts a lower excise tax than cigarettes. The impact could result in some tobacco users switching to the cheaper alternative, thereby limiting the public-health outcome of tobacco tax increases.

17. Since data reported by Parties refer to a given year, it is not possible to determine trends in taxation and prices of tobacco products. However, some countries did indicate how they intended to increase the excise tax rates in the following five years.

18. Some countries earmark a proportion of the excise tax to benefit, for instance, youth, health promotion, sport and social security. Many tobacco-control advocates and economists strongly support the principle of earmarked taxes, but some governments seem not to encourage or allow the practice.

19. A total of 71 Parties reported on representative retail prices of cigarettes. There is a very high variation in the levels of reported prices. The highest price per packet of cigarettes was reported for Norway (66 kroner, about US\$ 12), followed by Canada, Singapore and the United Kingdom of Great Britain and Northern Ireland (around US\$ 10–11). In the euro zone cigarette prices typically varied between 3 and 5 euros (US\$ 4.40–7.30) per packet. A few countries reported the prices of their domestic brands being around US\$ 0.30, and the lowest reported price was US\$ 0.15.

20. Fifty-eight Parties (72%) provided data on domestic production, imports and/or exports. Data provided are useful in comparing the volume of production and trade within and outside a country and also as an indicator of tobacco-consumption trends in each country when time comparisons are made. These data could be used by Parties in strengthening appropriate policies in areas of taxation and foreign trade (imports, exports, foreign direct investment, etc). However, only 19 Parties (24%) provided information about duty-free sales volumes.

21. Forty-five Parties reported prohibition or restriction of sales to, and/or importations by, international travellers of tax- and duty-free tobacco products. In the European Region, however, most reported having such a policy in place. Two Parties have also reported a complete ban on duty-free sales, while one Party reported allowing duty-free sales only on departure, another allowed them but did not provide duty-free shops.

Protection from exposure to tobacco smoke

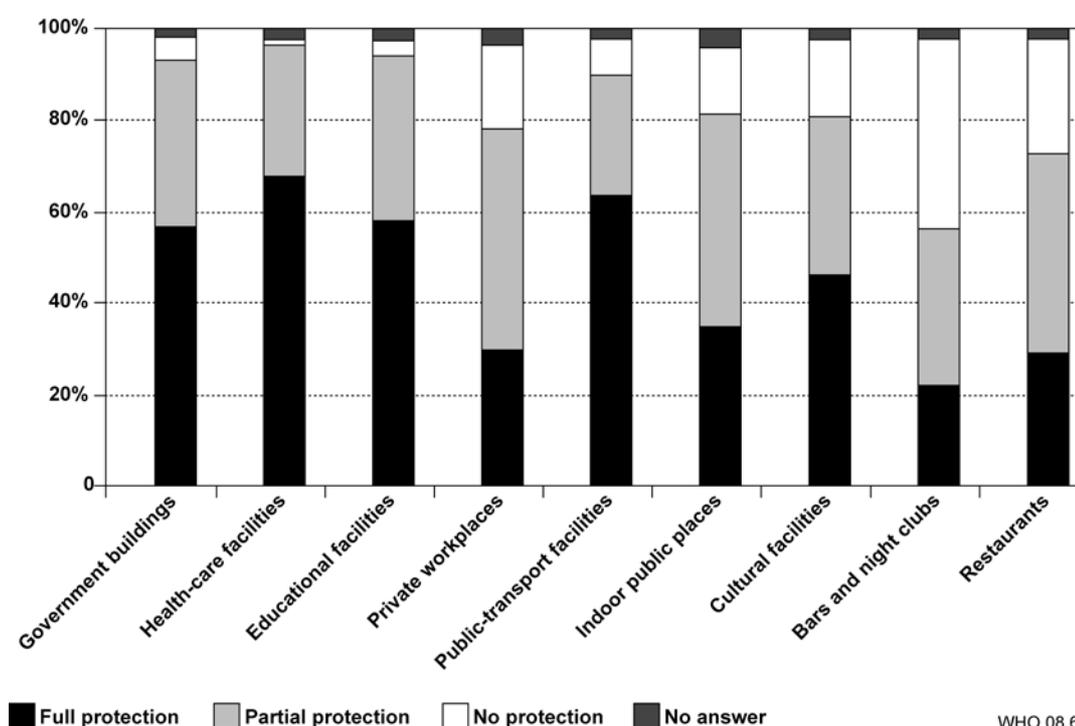
22. This is an area (Article 8 of the Convention) covered by implementation guidelines already adopted by the Conference of the Parties.¹ The level of protection from exposure to tobacco smoke varies widely according to settings, (see Figure). Nearly all Parties have adopted and implemented full or partial measures in indoor workplaces such as government buildings, health-care and educational facilities. At global level, the highest protection is offered in health-care facilities, with 56 Parties (69%) reporting full and 24 (30%) partial protection.

¹ Decision FCTC/COP/2(7).

23. Most Parties in the European and African regions (75% to 80%) reported providing full protection from tobacco smoke in health-care facilities. More than half the reporting Parties in the Region of the Americas and the South-East Asia Region, and 50% in the Eastern Mediterranean Region, indicated rigorous smoke-free policies in health-care establishments.

24. The level of protection tends to be lower in private workplaces, where less than one third of Parties reported measures implemented to provide full protection, 50% reported partial, and 19% reported no measures in place. An increased number of Parties have adopted and implemented measures to prevent exposure to tobacco smoke in public transport. Of the 75 Parties who responded to this question, nearly two thirds reported full and one in four partial protection, while only six reported no protection at all.

Figure. Level of protection from exposure to tobacco smoke by setting



25. However, the available data indicate that more efforts should be made in developing and implementing new policies to improve the level of protection against tobacco smoke in indoor public places and especially in entertainment and hospitality establishments, such as cultural facilities, bars, night clubs and restaurants. For indoor public places, nearly half of responding Parties reported having implemented partial protection, and slightly more than one third had implemented full protection. Ten Parties reported not providing any protection from exposure to tobacco smoke. Among entertainment and hospitality venues, nearly half the Parties reported full, more than one third reported partial, and 14 (17%), no protection. Those working in or attending hospitality establishments are less protected from exposure to tobacco smoke.

26. Thirty-two (42%) Parties reported not having any smoke-free measures in place for bars and night clubs and 20 (26%) reported the same for restaurants. Only 20% of Parties reported providing full protection in bars and night clubs and just less than 33% reported full protection in restaurants.

27. Full protection from tobacco smoke in restaurants is required by legislation in 40% of reporting Parties in the European Region, 37% in the South-East Asia Region, one in four Parties in the African Region, and one in five in the Western Pacific Region. Only 14% of reporting Parties from the Region of the Americas indicated that they provided full protection to staff and visitors in restaurants. For the same setting, more than 50% of Parties in the Region of the Americas, the Eastern Mediterranean Region and the Western Pacific Region reported introduction of partial smoking bans.

Regulation of tobacco product disclosures and of the contents of tobacco products

28. Fifty-five (70%) Parties required manufacturers and/or importers of tobacco products to disclose information about tobacco-product contents to governmental authorities. The number of Parties reporting such policies has tended to increase: in the first summary report¹ this figure was 64%.

29. Almost 50% of Parties reported having measures requiring the testing and measuring of the contents of tobacco products, with 55% requiring the testing and measuring of emissions. About 50% regulated the contents and emissions of tobacco products, which may provide room for further development of policies regarding this issue. However, there is no indication on the number of Parties that tested tobacco products in an independent laboratory in order to check the tobacco industry's compliance with such regulations.

Packaging and labelling of tobacco products

30. Article 11 of the Convention allows a three-year grace period for the adoption and implementation of effective measures to ensure that tobacco-product packaging and labelling provisions are implemented in accordance with national law, though most Parties already complied with these requirements ahead of the above deadline.

31. Of the 74 responding Parties, (86%) 64 reported having adopted policies that require tobacco-product packaging to carry health warnings describing the harmful effects of tobacco smoke, while 49 (66%) also required these warnings to be rotated. This indicates significant progress compared with figures of the first summary report (71% and 54%, respectively).¹

32. The number of Parties requiring that health warnings rotate varies by region. Although 90% of Parties in the Region of the Americas and 88% of Parties in the European Region reported having this requirement, the figure dropped to 28% for the Eastern Mediterranean Region and 22% for the African Region. Three out of five Parties in the Western Pacific Region and 50% in the South-East Asian Region also reported having rotating warnings.

33. Almost two thirds of Parties who responded affirmatively to this question indicated that they banned misleading descriptors on tobacco packaging. Here again, there are notable regional differences. All Parties which reported in the European Region indicated having such a ban in place. Most reporting Parties from the Eastern Mediterranean Region (six out of seven), the Region of the Americas (seven out of 10) and the South-East Asian Region (four out of six) have also adopted and implemented similar policies. In the Western Pacific Region, seven out of 15, and in the African Region three out of nine introduced such a ban.

¹ Document A/FCTC/COP/2/6.

34. More than two thirds of responding Parties reported that their policies required health warnings to occupy no less than 30% of the principal display area, a requirement outlined in the Convention. Almost one quarter required health warnings with a larger size (>50%). Four out of every 10 Parties required health warnings in the form of, or including, pictograms.

35. Almost two thirds of responding Parties required that packaging and labelling contain information on relevant constituents and emissions of tobacco products.

Tobacco advertising, promotion and sponsorship

36. Fifty per cent of responding Parties reported having instituted a comprehensive ban on all tobacco advertising, promotion and sponsorship, though the regulation covered cross-border advertising originating from the Party's territory in less than one third of Parties. Thirty-nine Parties reported adopting and implementing restrictions to tobacco marketing, but only 13 of them reported that these restrictions also covered cross-border advertising. International collaboration to combat cross-border advertising would certainly promote elimination of this form of marketing.

37. There are regional differences with respect to the number of Parties that adopted and implemented a comprehensive advertising ban. Almost all Parties in the Eastern Mediterranean Region and most in the European Region reported such a ban. More than half the Parties in the South-East Asian Region and almost half the Parties in the African and Western Pacific Regions reported the same. No Party from the Region of the Americas answered affirmatively to this question.

38. Of the 70 Parties answering this question, more than two thirds reported restricting the use of direct and indirect incentives that encourage the purchase of tobacco products by the public.

39. Only seven of 60 responding Parties reported that they required disclosure to relevant government authorities of tobacco-industry expenditures on not-yet-prohibited advertising, promotion and sponsorship. Although this figure was higher than that in the first summary report,¹ this is still an area where implementation of the Convention is relatively weak.

40. Almost two thirds of Parties responding to this question had prohibited or restricted tobacco sponsorship of international events, activities and/or participation therein. From a regional perspective, all reporting Parties in the Eastern Mediterranean Region and most reporting Parties in the European Region prohibited or restricted tobacco industry sponsorship. Fifty per cent of the Parties in the South-East Asian Region and slightly less than half in the African Region and the Region of the Americas also indicated that their legislation covered tobacco sponsorship.

41. There was no reference in the reports received on constitutional constraints to a total ban on advertising, promotion and sponsorship.

Education, communication, training and public awareness

42. More than three quarters of Parties reported having implemented a wide range of education and public-awareness programmes, including on the health risks of tobacco products targeted at both adults and/or the general public and children and youth; on the health risks of tobacco consumption

¹ Document A/FCTC/COP/2/6.

and exposure to tobacco smoke; about the benefits of the cessation of tobacco use and tobacco-free lifestyle; and on awareness and participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in developing and implementing tobacco-control programmes. More than two thirds of Parties also implemented training or awareness programmes on tobacco control addressed to relevant target groups, and raised awareness or ensured access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption.

43. Less than 50% of reporting Parties provided public access to a wide range of information on the tobacco industry. The expected guidelines on the implementation of Article 5.3 of the Convention might be an instrument for progress in this area.

Demand-reduction measures concerning tobacco dependence and cessation

44. More than half the Parties reported having developed comprehensive and integrated guidelines based on scientific evidence and best practices to promote cessation of tobacco use and adequate treatment of tobacco dependence, and also took measures to facilitate accessibility and affordability of treatment for tobacco dependence, including pharmaceutical products. Fifty-three Parties reported designing and implementing programmes aimed at promoting the cessation of tobacco use. More than half took measures to include diagnosis and treatment of tobacco dependence and counselling services on cessation of tobacco use in national health and education programmes, plans and strategies, and to establish programmes for diagnosing, counselling, preventing and treating tobacco dependence in health-care facilities and rehabilitation centres. While many countries recognize the promotion of cessation of tobacco use as a means to decreasing tobacco-related morbidity and mortality, far too many still have not adopted or implemented effective programmes to help tobacco users quit their habit.

REDUCTION OF SUPPLY OF TOBACCO PRODUCTS

Illicit trade in tobacco products

45. More than three quarters of the Parties supplied some statistical data regarding the seizure of cigarettes and other tobacco products. Nevertheless, quality information regarding illicit trade was often missing. The reason could be because illicit trade might be underestimated and because data were not always originated from official sources. Only seven Parties out of 62 provided additional information regarding trends in illicit or smuggled tobacco.

46. About two thirds of Parties reported that they required marking of tobacco packaging to assist in determining the origin of the product and also in determining that the product was legally for sale in the domestic market. This figure is comparable with that in the first summary report.¹ Fifty Parties also reported having in place policies that required licensing or other actions to control or regulate production and distribution.

¹ Document A/FCTC/COP/2/6.

47. Some of the additional information provided by several Parties would be useful to other Parties in preparing their country strategy to combat illicit trade in tobacco products. These countries have determined that:

- Most seized/smuggled tobacco products are genuine and not counterfeit;
- The widening of tax and price differences between countries continues to be seen as an incentive to smuggle tobacco products. The raising of taxes is seen as a policy that needs to be coupled with stricter enforcement of border-control laws and improved cooperation between countries;
- The opening-up of borders in free trade arrangements is a challenge to controlling smuggling of tobacco products;
- Tobacco-control efforts in many countries are undermined by lack of enforcement and of action against illicit manufacturing of tobacco products across bordering countries;
- Illicit trade activities range from small manufacturing units to large-scale units and organized criminal syndicates;
- Traditional routes of smuggling continue to be popular. At the same time, new routes, such as those using couriers, are also being actively used.

48. The reporting instrument therefore provides an excellent opportunity to share useful information about smuggling trends, *modi operandi* and best practices, including means of transport, concealment, routing and detection, counterfeit vs. legal brands, etc. At present only the United Kingdom has shared its action plan and strategy on combating illicit trade of tobacco products.

49. Information provided by the Parties demonstrates that industry tactics are similar across countries and therefore there is a strong case for international cooperation through the Convention reporting mechanism.

50. As and when the Protocol on illicit trade is negotiated, the Parties would also be able to build on the existing framework of information sharing and on collecting and reporting operational data, such as licensing records, etc.

Sales to and by minors

51. Of the 76 Parties reporting on policies prohibiting the sales of tobacco products to minors, 67 reported that they were implementing such policies, in which the legal age of majority was specified within a range of 15–21 years of age, with 18 years the legal age in 52 countries. Although 61 Parties reported measures to prohibit distribution of free tobacco products to the public and especially minors, only 47 had adopted policies to prevent the sale of individual cigarettes or tobacco products in small (“kiddy”) packs.

52. Eighty per cent of Parties reported imposing penalties on sellers and distributors for non-compliance.

53. Nearly 50% of the Parties reported having policies prohibiting the sales of tobacco products by minors.

Provision of support for economically viable alternative activities

54. Not all reporting Parties cultivate and/or manufacture tobacco. Twenty-three reported having implemented strategies, plans and programmes aimed at the promotion of economically viable alternatives for tobacco workers, growers and individual sellers. There was no additional information available for more detailed analysis.

55. These alternative activities are also linked to protection of the environment in tobacco production areas. Twenty-five Parties reported strategies, plans and programmes that covered due regard for the protection of the environment, where tobacco cultivation and manufacture within their territory was concerned. Future reports may provide more detailed information for analysis.

SCIENTIFIC AND TECHNICAL COOPERATION

Research, surveillance and exchange of information

56. More than half the Parties reported having conducted, promoted or encouraged research on the determinants and consequences of tobacco consumption and exposure to tobacco smoke, and on research for identification of alternative crops. Forty-seven Parties reported providing training and support for those engaged in tobacco-control activities, including research, implementation and evaluation.

57. More than half the Parties reported having programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke, and having established a national system for epidemiological surveillance of tobacco consumption and related social, economic and health indicators. Thirty-seven Parties reported having implemented measures on the exchange of publicly available scientific, technical, socioeconomic, commercial and legal information, and information regarding practices of the tobacco industry and the cultivation of tobacco. A similar number also reported having an up-to-date database of laws and regulations on tobacco control and information on their enforcement, as well as pertinent jurisprudence.

Technical and financial assistance

58. Many Parties provided information on this issue. Some reported that they had not yet identified the assistance that might be needed because they had not yet completed a full assessment of the tobacco epidemic. In general, however, most reporting Parties identified lack of funds and other technical assistance as a major challenge in implementing the Convention. There are a number of examples of mutual assistance and direct cooperation.

59. The reports reflect the traditional technical support expected from WHO and other international agencies. However, they do not yet seem to reflect sufficiently the spirit of the Convention concerning mutual assistance and a common global effort.

60. Some Parties also reported initiatives on financial and/or technical support received from regional groups and organizations, academic institutions, governments through bilateral agreements, international nongovernmental organizations and philanthropic bodies.

61. The needs expressed by many developing countries far outweigh the available resources, resulting in a substantial gap between the requirements, infrastructure and requests for assistance and the reality Parties face in implementing the Convention.

62. Liability is another area where the Convention requests cooperation and mutual assistance between the Parties. Thirty-two Parties reported having adopted and implemented measures dealing with criminal and civil liability relating to tobacco control, including compensation where appropriate, but only five provided details on the nature of these actions. Three Parties referred to court actions filed against those who violated regulations on the production, distribution and trade of tobacco products. One Party referred to court cases related to the illicit trade in tobacco products and to an international agreement having a positive effect on its own policies.

63. Many Parties reported that their governments were faced with many competing health priorities and that policy and decision makers had not yet prioritized the importance of tobacco control at country level. It is also notable that developed-country and development-agency support is still limited. Many donor governments have not used opportunities to fund and support, through appropriate national and international bodies and mechanisms, tobacco-control initiatives in developing countries and countries with economies in transition, as proposed by the Convention.

INTERRELATIONSHIPS AND PRIORITIZATION OF POLICIES

Interrelationships between implementation of different Convention measures

64. The Convention requires implementation of a number of tobacco-control measures. Using the reports database, an attempt was made to analyse interrelationships and synergistic effects of various tobacco-control measures. The following measures were used for practical reasons as they provided yes/no answers: comprehensive advertising ban; protection from exposure to tobacco smoke in various settings; prohibition of sales of tobacco products to minors; measures to combat illicit trade in tobacco products; and prominent health warnings.

65. Of those Parties that reported adoption and implementation of a comprehensive ban on all tobacco advertising, promotion and sponsorship, 81% also reported having provided measures to ensure full protection from tobacco smoke in health-care facilities (compared to 69% for all Parties). In the same group of countries, 50% reported full protection from tobacco smoke in restaurants, while less than one third of all Parties had similar policies. The likelihood of having stronger smoke-free policies in bars and night clubs was also higher (38%) for Parties with comprehensive advertising bans compared with all reporting Parties (22%).

66. All Parties which reported having implemented comprehensive advertising bans also adopted and implemented measures to prevent sales of tobacco products to minors (88% of all reporting Parties).

67. Parties with advertising bans also tend to have more visible health warnings: 86% required health warnings which occupy no less than 30% of the principal display area on packaging, as compared to 69% among all reporting Parties.

68. Bans on tobacco advertising and sponsorship also contribute to Parties' efforts to prevent the uptake of tobacco use by minors. Seventy-seven per cent of Parties that have already adopted and

implemented a comprehensive ban on all forms of tobacco marketing also prohibit the sale of cigarettes individually or in small packets, which is well above the 59% in all reporting Parties.

69. Parties who reported enacting or strengthening their legislation against illicit trade in tobacco products are more likely to also prohibit or restrict sales to and/or importations by international travellers of tax- and duty-free tobacco products. More than two thirds of Parties with stronger measures to control illicit trade also regulate tax- and duty-free sales, compared to 55% of all reporting Parties.

70. In summary, data analysis provides further evidence that a strong tobacco-control policy in one area may stimulate strong measures in another, and eventually lead to a set of measures capable of making a difference in the overall national policy to control tobacco.

Priorities and challenges for implementation of the Convention

71. Despite the mandatory aspect of this question, six Parties did not report the priorities they had identified for implementation.

72. Of the 75 respondents, nearly two thirds are in the process of establishing a mechanism to implement the treaty provisions, either through a comprehensive national law or by agreeing on a national plan of action and in giving precedence to it. Thirty per cent of countries considered the enforcement of the existing legislation to be a priority. Policies considered as priorities by all Parties include cessation (32%), smoke-free environments (28%), communication and education (28%), packaging and labelling (24%), and taxation (16%). Less reported areas include, but are not limited to, surveillance, a ban on advertising, promotion and sponsorship, illicit trade, product regulation and tobacco-products testing, litigation, alternative livelihoods to tobacco crops and various interventions on points of sale, including sales to minors.

73. Many countries reported the need to establish formal mechanisms of coordination and infrastructure at national level, e.g. establishing a national tobacco-control secretariat or empowering a national commission for implementation of the Convention. Increasing intersectoral coordination inside the country and among different countries, as well as better regional and global collaboration, were also considered priorities.

74. Among the several barriers to the adequate implementation of the Convention, the most frequently reported was the lack of an enabling environment that would be conducive to tobacco control (32% of all reporting Parties). Many Parties reported low awareness of or resistance to adequate tobacco-control measures by specific segments in society, such as policy and decision makers and even health-care professionals. The weak presence of nongovernmental organizations and low awareness and support from the population as a whole to tobacco-control measures were also identified as problematic.

75. The lack of expertise in certain tobacco-control domains and adequate workforce were reported as immediate barriers to the implementation of the Convention provisions by 25% of the reporting Parties, followed by limited financial resources (24%) and the strong presence of the tobacco-industry lobby (16%).

TOBACCO USE

76. One aim of the summary reports is to outline the impact of implementation of the Convention on the level of tobacco use in countries. For the current report, however, this objective was difficult to achieve. First, the initial reporting instrument did not contain information on the trends in tobacco use within a country. Secondly, for reporting Parties the Convention has only been in force for two to three years, an insufficient period for establishing interrelationships between implementation and changes in tobacco use. Future reports will bring sharper focus on such interrelationships. The data described below, along with other international sources, create a basis for future comparisons.

Tobacco use by adults

77. Reported data showed a wide range of smoking prevalence. Sixty-six Parties provided data on adult tobacco smoking although there were great differences in the quality and completeness of the data presented. In 90% of these reports, data were available for men and women and the type of tobacco product was specified in all of them. However, only 40 Parties provided data broken down by 5- or 10-year age groups. The remaining Parties presented data either for the whole adult population or for other age-group categories. Sources of data were relatively recent in most cases. In 80% of reports, data presented had been collected after 2003, although the source of data was not always specified.

78. Data on the average number of cigarettes smoked per day were present in nearly half the reports, and 10 reports also contained data on smokeless tobacco. Some Parties reported that sales of smokeless tobacco were forbidden by law in their countries while a few included the use of water pipes in this category. In most cases, however, the reason for not answering the question (i.e. lack of data or non-use of this type of tobacco) was not provided.

79. Although data were not always comparable between Parties some general observations can be made. For 60 Parties, adult daily tobacco-smoking data were either available or could be estimated based on demographics and age-group prevalence. Daily tobacco smoking among males ranged from 12% to 65% with an average of 34% across countries. Among females it ranged from 0.6% to 51.2% with an average of 13.3%. In all individual cases, male prevalence was higher than female, with two exceptions.

80. Average daily adult smoking prevalence across countries varied between regions. For males it ranged from 29% in the Region of the Americas to 38% in the Western Pacific Region. Greater relative differences were observed in females, with regional averages ranging from 6% in the African Region to 18% in the European Region.

81. The greatest differences between male and female smoking were observed in the African Region where male daily smoking was 5.7 times higher than female, followed by the South-East Asian Region and the Eastern Mediterranean Region with 4.7 and 4.6, respectively. The least difference was observed in the European Region where male daily smoking was only 1.8 times higher than female.

82. A few countries reported the use of different types of smokeless tobacco such as snuff, oral moist, chewing tobacco, zarda, khaini, sada pata, gul and toomback. No comparisons across countries, however, were possible.

Tobacco use by youth

83. In 65 reports there were data on tobacco use by youth. However, age groups vary widely among the different Parties. In some cases the “School Year” was provided instead of the age. Comparable data for 13–15 year olds, based on the Global Youth Tobacco Surveillance, 2000–2007 report, were included in 33 reports.

84. Analysis of the reports for the 33 Parties was performed using comparable data. Smoking prevalence among boys ranged from 5% to 56% with a mean of 23%, while for girls it ranged from 1.6% to 55% with a mean of 12%. This difference was statistically significant.

85. The highest smoking prevalence across countries was observed in the Western Pacific Region both for boys and girls (34% and 24% respectively), and the lowest in the African Region (17% and 8% respectively). Differences between boys and girls varied in the different regions but were greater in the South-East Asian, Eastern Mediterranean and African regions, where mean prevalence for girls was less than half that of boys.

86. For most regions (except the Americas), the relative differences in tobacco use by gender are comparable with findings of the Global Youth Tobacco Surveillance, 2000–2007 report.

87. The current reporting instrument does not request information on tobacco-use trends making it difficult to detect trends within a country. The phase 2 questionnaire will address this issue.

CONCLUSIONS

88. The reporting system under the Convention provides a substantial basis for tracking the progress, challenges and opportunities in implementation. In the meantime the process is still at an initial phase and may require additional arrangements both to fulfil the expectations of the Convention and in the decisions of the Conference of the Parties. In particular, standardization of data within and between countries and the provision of information concerning trends in policy implementation and the use of tobacco are emerging as notable requirements.

89. The level of implementation varies substantially between different policy measures. Overall, Parties reported high implementation status for policies such as packaging and labelling, sales to minors, communication, information and education. The rate is still low in some other areas, such as disclosure of marketing expenditures by the tobacco industry or provision of support for economically viable alternative activities.

90. Differences in implementation rates also vary within particular policy areas, when it comes to different elements and settings. For example, high rates of advertising bans or restrictions at national level compared to the current relatively low rates concerning cross-border advertising; high levels of implementation of smoking bans in government buildings and health-care facilities contrasted with much lower rates for the entertainment and hospitality sectors.

91. The reports also reveal that measures with particular potential to affect overall tobacco-control policy and the use of tobacco, such as protection of public-health policies from interference by the tobacco industry, and cessation activities, need more attention from most of the Parties.

92. The analysis also shows that implementation varies between different regions and demonstrates the potential of sharing achievements, best practices and challenges between Parties or on a regional and subregional basis, in order to stimulate global progress.

93. There was marked progress in some policy areas compared to the findings of the first summary report.¹ Examples include the publication of health warnings on packages, the requirement that these warnings be rotated, and disclosures of the content of tobacco products and of tobacco-industry marketing expenditures. More changes would be tracked in the next summary reports because of the increasing number of reporting Parties.

94. Issues concerning international collaboration, exchange of information and mutual assistance – critical elements of the Convention stressing the global nature of the problem and the need for action – are in general underreported. However, the potential of this component of the Convention is crucial to its overall success and requires more attention in future reporting and analysis.

95. The analysis also confirms that most policies are interrelated and their coordinated implementation results in a synergistic effect. Therefore, a comprehensive approach to the implementation of the Convention in its entirety would be paramount.

96. International comparability of data contained in Party reports remains a challenge in tracking and assessing progress both nationally and globally, as does the actual level of enforcement of policies. There have been various international efforts in the past to introduce and implement such indicators, with few results to date. The Conference of the Parties may wish to consider, using the potential of the Convention, establishing an intergovernmental subsidiary body in order to propose measures to improve the comparability of data and to propose measures as appropriate.

97. Many reports, especially those submitted by developing country Parties and Parties with economies in transition, refer to gaps between needs and resources available for meeting their obligations under the Convention, including the development of human capacity and provision of adequate financial resources. Efforts to support these Parties to meet their needs can be intensified, including through international collaboration aimed at mobilizing financial resources from potential sources.

98. The fact that less than two thirds of Parties submitted their reports, and many of them beyond their individual deadlines, indicates the level of assistance, as well as international and intersectoral cooperation that many Parties may be in need of, for data collection, analysis and preparation of their national reports.

ACTION BY THE CONFERENCE OF PARTIES

99. The Conference is invited to note the report and provide further guidance, and may also wish to reflect on the conclusions contained in the report.

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¹ Document A/FCTC/COP/2/6.