Global progress in implementation of the WHO FCTC: key findings

Report by the Convention Secretariat

INTRODUCTION

This global progress report on implementation of the Convention is the fifth in the series. It has been prepared in accordance with the decisions taken by the Conference of the Parties (COP) at its first session (FCTC/COP1(14)), establishing reporting arrangements under the WHO Framework Convention on Tobacco Control (WHO FCTC), and at its fourth session (FCTC/COP4(16)), requesting that global progress reports be prepared biennially based on the biennial implementation reports of Parties and submitted to each regular session of the COP.

The period for submission of Parties’ implementation reports was from 1 January 2012 to 30 April 2012. The Secretariat has been able to include the reports received within this period in the present global progress report, as well as further reports received by 15 June 2012. In accordance with decision FCTC/COP4(16), in the transition period to the new biennial cycle Parties that submitted an implementation report in 2011 were not required to report again in 2012. Therefore, the 31 reports of the Parties submitted in 2011 were counted as part of the 2012 reporting cycle.

The scope of this global progress report is threefold:

– first, it provides an overview of the status of implementation of the Convention globally, on the basis of the reports provided by the Parties in the 2012 reporting cycle;

– second, it tracks the progress made in implementation of the Convention between different reporting periods;

– third, it draws conclusions on overall progress, challenges and trends in implementation of the Convention.

---

1 The period for submission of Parties’ implementation reports was from 1 January 2012 to 30 April 2012. The Secretariat has been able to include the reports received within this period in the present global progress report, as well as further reports received by 15 June 2012. In accordance with decision FCTC/COP4(16), in the transition period to the new biennial cycle Parties that submitted an implementation report in 2011 were not required to report again in 2012. Therefore, the 31 reports of the Parties submitted in 2011 were counted as part of the 2012 reporting cycle.
In the 2012 reporting cycle the Secretariat received reports from 126 Parties, (72%) of the 174 that were due to report. Throughout the present report, unless otherwise mentioned, the information is based on the reports submitted by those 126 Parties.¹

This report of key findings is accompanied by a full report on global implementation of the treaty, which will be made available on the WHO FCTC web site.² The report follows as closely as possible the structure of the Convention and that of the reporting instrument.

1. OBJECTIVE, GUIDING PRINCIPLES AND GENERAL OBLIGATIONS
(Part II of the Convention)

General obligations (Article 5)

Comprehensive tobacco-control strategies, plans and programmes (Article 5.1). Over half of the Parties (74) reported having such strategies, plans and policies, and several also indicated the specific challenges they face in relation to this obligation under the Convention, which has overarching importance and impact.

Infrastructure for tobacco control (Article 5.2(a))

Focal point for tobacco control. Most of the Parties (102) reported that they have designated a national focal point for tobacco control. However, in some cases the responsibilities of this focal point cover more areas, which may indicate that national capacity for tobacco control remains insufficient.

Tobacco control unit. Over half of the Parties (76) reported having established a tobacco control unit. In most cases, such units are hosted by the health ministry or a public health agency under the supervision of the health ministry.

National coordinating mechanism for tobacco control. More than two-thirds of Parties (91) reported having such a coordinating mechanism in place.

Protection of public health policies from commercial and other vested interests of the tobacco industry (Article 5.3). Over half of the Parties (68) reported that they have taken steps to prevent the tobacco industry from interfering with their tobacco-control policies. However, only around a quarter of the

¹ Afghanistan, Albania, Algeria, Antigua and Barbuda, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cambodia, Canada, Central African Republic, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Croatia, Cyprus, Democratic People’s Republic of Korea, Denmark, Djibouti, Ecuador, Egypt, Estonia, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Guatemala, Guyana, Honduras, Hungary, Iceland, Iraq, Ireland, Israel, Italy, Japan, Jordan, Kazakhstan, Kuwait, Kyrgyzstan, Lao People’s Democratic Republic, Latvia, Lebanon, Lesotho, Libya, Lithuania, Madagascar, Malaysia, Mali, Malta, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Namibia, Nepal, Netherlands, New Zealand, Niger, Norway, Oman, Palau, Panama, Paraguay, Peru, Philippines, Portugal, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, Rwanda, Saint Kitts and Nevis, Saint Vincent and the Grenadines, San Marino, Sao Tome and Principe, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, Solomon Islands, South Africa, Spain, Sri Lanka, Sudan, Suriname, Swaziland, Sweden, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Tuvalu, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Vanuatu, Viet Nam, and Yemen.

² All global progress reports are available at: http://www.who.int/fctc/reporting/summary_analysis/.
Parties (34) reported taking measures to make information on the activities of the tobacco industry available to the public, as referred to in Article 12(c).

2. REDUCTION OF DEMAND FOR TOBACCO (Part III of the Convention)

Price and tax measures to reduce the demand for tobacco (Article 6)

Of the 126 Parties providing an implementation report in the 2012 reporting period, 98 provided sufficient information to enable an analysis to be made of taxation and/or pricing of tobacco products. Nearly two thirds of the Parties (81) reported implementing tax policies that contribute to the health objectives aimed at reducing tobacco consumption.

Most of the data in Parties’ reports refer to cigarettes. For other tobacco products, data were insufficient for the calculation of price indices or of average tax rates, and therefore only cigarette taxes and prices were taken into account during the analysis.

Taxation. The information contained in Parties’ reports has made possible a detailed analysis of excise duties, value-added and other similar taxes and import duties.

Excise taxes. The absolute majority of Parties that provided data on taxation (83) reported levying some form of excise tax on cigarettes. With respect to the application of various forms of excise taxes (ad valorem, specific or both), there are important differences in the predominant type of cigarette taxation that Parties impose.

Value-added tax (VAT). Seventy-six Parties reported that they apply VAT or any of its alternatives, such as sales tax or goods and services tax. VAT or sales taxes are applied in the majority of the Parties across all the regions, except, in general, in the Parties of the WHO Eastern Mediterranean Region, which maintain a preference for import duties without other forms of taxation, including excises.

Import duties. The imposition and the importance of import duties tend to reflect the structure of external trade and production of each country. For example, import duties are predominant in the taxation structure of many Parties of the African and Eastern Mediterranean Regions and some small economies of the Western Pacific and South-East Asia Regions, which tend to rely more widely on import duties as a revenue collection mechanism.

Total tax burden on cigarettes. Based on available reports, the global average of total tax burden on cigarettes is 59.4%, although there are significant differences between the Parties (minimum tax burden: 7%; maximum tax burden: 86.3%) and regions.

Changes in taxation across reporting cycles. Several trends in taxation of cigarettes can be observed. First, the proportion of countries levying excise taxes has increased from 67% in 2010, when the previous global progress report was issued, to 85% in 2012. Second, the proportion of Parties with specific rates or mixed system increased from 49% in 2010 to 58% in 2012. Finally, it is important to note regional preferences for certain types of excise taxation: ad valorem systems are preferred by Parties in Africa and the Americas, mixed ones by European Parties and specific rates in the Parties of the Western Pacific.

Prices. Average cigarette prices for a pack have been increased from US$ 2.53 in 2010, according to the previous global progress report, to US$ 3.81 in 2012. This increasing trend is observed across Parties in
different WHO regions, except in South-East Asia. Minimum prices have also experienced significant increases, particularly in the African and European Regions and in the Region of the Americas. With regard to South-East Asia, information from more Parties is needed to enable definitive conclusions to be drawn about trends in tax policies and price outcomes.

Other measures concerning prices and taxation of tobacco products and the economics of tobacco

**Tax- and duty-free tobacco products.** Less than one third of the Parties (38) reported that they prohibit or restrict duty-free sales to international travellers.

**Earmarking tobacco taxes for health.** Parties’ reports indicate that some of them add a given percentage to the excise tax in order to collect revenues for special purposes, including health, while others earmark a given share of collected tobacco taxes. Fourteen Parties provided information on earmarking. New tobacco-control legislation adopted in recent years in three Parties foresees the establishment of specific funds to be used, at least in part, to fund tobacco-control programmes.

**Economic burden of tobacco use.** Only approximately one quarter of Parties (35) provided such data. As tobacco-related costs continue to rise and impose heavy burdens on health systems, devoting resources to monitoring these costs and reporting reliable data will be increasingly important. Fifty Parties reported tobacco-related mortality data, with wide variations depending on the size of the country. The number of Parties from which mortality data are available increased across the reporting cycles, from 15 Parties reporting such data in 2010 to the 50 Parties referred to in this report. Of the 15 Parties that reported data on mortality figures in both reporting periods only two had comparable data, showing in both cases a decrease in tobacco-related mortality. A broader base for comparison can be expected in the next global progress report.

**Protection from exposure to tobacco smoke (Article 8)**

**Measures on protection from exposure to tobacco smoke.** A total of 120 Parties reported that they implement measures to protect their citizens from exposure to tobacco smoke by applying a ban (either complete or partial) of tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places through a variety of measures: in the majority of cases (93) by means of national legislation, in other cases (49) by administrative and executive orders, but in some Parties (23) by voluntary agreements.

**Mechanisms/infrastructure for enforcement.** Over two thirds of Parties (88) reported having put in place a mechanism/infrastructure for the enforcement of measures to protect populations from exposure to tobacco smoke, and 87 Parties provided details of these infrastructures. Some Parties reported on challenges relating to monitoring of implementation and enforcement, including the application of administrative penalties.

**Settings covered by various degrees of bans on tobacco smoking.** Of all settings referred to in the reporting instrument, aeroplanes, health-care facilities and ground public transport facilities are the places most frequently covered by a complete ban on smoking. At the other end of the scale, only between 40 and 45 Parties reported enacting a complete ban applicable to private workplaces, restaurants, pubs, bars and nightclubs.
Time frame for implementation

The guidelines for implementation of Article 8\(^1\) include a time frame of five years for Parties to achieve universal protection from environmental tobacco smoke by ensuring that all indoor public places and workplaces, all public transport, and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand smoke.

The reporting instrument covers 16 types of public places where such ban should apply. Only four Parties indicated that they had introduced measures to ban smoking in all of these 16 types of public places, while almost half of the Parties indicated that such bans cover 11–15 types of public places. A quarter of Parties reported that only 1–5 types of public places are covered; seven Parties reported not having introduced such a ban in any of the types of public places listed.

Regulation of the contents of tobacco products (Article 9)

Testing and measuring of the contents and emissions of tobacco products. Less than half of the Parties (51) reported that they require testing of contents and 55 Parties that they require the measurement of emissions of tobacco products. Some Parties reported improvements in the capacity of their testing laboratories in terms of training of staff or acquisition of new equipment, while other Parties reported that they find the establishment of such national capacity challenging.

Regulating contents and emissions of tobacco products. Slightly over half (65) of Parties reported that they regulate the contents and 57 Parties indicated that they regulate the emissions of tobacco products. A number of Parties reported progress in adopting new legislation that reduces the maximum yields of tar, nicotine and carbon monoxide in cigarettes or all tobacco products, or that the cigarettes sold in their jurisdictions comply with reduced ignition propensity standards.

Regulation of tobacco product disclosures (Article 10)

Disclosure to governmental authorities. Approximately two thirds of the Parties (80) require manufacturers or importers of tobacco products to disclose information to governmental authorities on the contents and emissions of tobacco products. Around half of the Parties require disclosures on emissions.

Public disclosure. Nearly half of the Parties (59) reported that they require disclosure to the public of information on the contents of tobacco products; 56 Parties reported requiring disclosure to the public with respect to emissions.

Packaging and labelling of tobacco products (Article 11)

Article 11 stipulates that each Party shall adopt and implement effective measures concerning packaging and labelling, some of them within a period of three years of the entry into force of the Convention for that Party. The measures to which the three-year deadline applies and the status of implementation of these measures are summarized below.

Health warnings on tobacco product packaging. A total of 107 Parties (85%) reported that they have adopted policies requiring tobacco products to carry warnings describing the harmful effects of tobacco use.

Misleading or deceptive packaging and labelling. Three quarters of the Parties (95) reported having banned descriptors on packaging and labelling that are misleading, deceptive or likely to create an erroneous impression of the product.

Approval of the warnings. Over three quarters of the Parties (101) reported that they require the approval of health warnings by a competent national authority.

Rotation. Almost three quarters (91) of the Parties reported that they require the rotation of health warnings, while 32 reported that they do not.

Position and layout. Over three quarters (102) of the Parties have introduced measures to ensure that health warnings are large, clear, visible and legible. Of these, 78 Parties indicated that their national legislation mandates, as a minimum, a style, size and colour of font to render the warning clear, visible and legible.

Size. Again, almost three quarters (90) of the Parties require that health warnings occupy no less than 30% of the principal display area, but only around one third indicated that they require health warnings to cover 50% or more of the principal display area.

Use of pictorials. Less than half of the Parties (53) reported that they require health warnings to take the form of – or include – pictures or pictograms. The majority of the Parties reported that they have not introduced this requirement. Of the 53 Parties that use pictorials, 29 indicated that they own the copyright of such pictures and they would provide non-exclusive and royalty-free licenses for the use of their warnings by other Parties.

Time frame for implementation

Of 119 Parties that reached their individual three-year deadlines, 24 reported that they have introduced all eight packaging and labelling measures bound by such a deadline; 70 Parties indicated that they have introduced 5–7 such measures; 13 Parties reported having introduced 1–4 such measures; and 12 Parties reported not having introduced any of the eight measures.

When adopting the guidelines for implementation of Article 11 at its third session in 2008, the COP agreed to consider at its fifth session whether to initiate a review of these guidelines. The COP may wish to take note of progress made in implementation of Article 11 when considering the above matter.

Other measures under Article 11

Three other measures under Article 11 – publication of information on constituents or emissions on tobacco packaging; presentation of warnings in the principal language or languages of the country; and elimination of any advertising and promotion from packaging or individual cigarettes or other tobacco products – are each required by around two thirds of Parties.
Education, communication, training and public awareness (Article 12)

Implementation of educational and public awareness programmes. According to their reports, 115 Parties have implemented any “educational and public awareness programmes” since submission of their previous report as requested in the reporting instrument.

Target groups and messages of educational and public awareness programmes. More than 90% of the Parties reported having implemented programmes targeted at children, young people or the general public. Gender-specific programmes (targeted at women, pregnant women or men) were each reported by around three quarters of the Parties.

Targeted training or sensitization programmes. The most frequently targeted groups are health workers and educators, reported by 105 and 84 Parties, respectively. Targeting of the media and decision-makers were each reported by 60% of Parties. In addition to the categories set out in the reporting instrument, 13 Parties also reported targeting other, less frequently targeted groups, such as religious, social, community and youth leaders; legal professionals (lawyers and magistrates); police and local authorities; women’s organizations; universities; the hospitality sector; and even spectators at soccer matches.

Tobacco advertising, promotion and sponsorship (Article 13)

Comprehensive ban on advertising, promotion and sponsorship (time-bound provision). Over two thirds of the Parties (86) reported that they had introduced a comprehensive ban, while 39 Parties reported that they had not; 53 of the Parties with a ban in place include cross-border advertising, promotion and sponsorship originating from their territory in the ban. Five Parties that reported not having introduced a comprehensive ban explained that they are precluded by their constitutions or constitutional principles from undertaking such a ban. Parties’ definitions of a comprehensive ban on advertising, promotion and sponsorship also vary and do not always cover all of the specific measures that are called for by the guidelines for implementation of Article 13. For example, only three quarters of the Parties that indicated having a comprehensive ban in place include product placement and only just over half include brand sharing in the ban; in addition, as indicated above, less than two thirds of those Parties ban cross-border advertising, promotion and sponsorship.

Restrictions on all tobacco advertising, promotion and sponsorship. Parties that do not apply a comprehensive ban pursuant to the requirements of Article 13 are expected to report on the restrictions that are applied. The majority of the 39 Parties without a comprehensive ban restrict advertising on radio, television and in print media, and approximately half restrict tobacco sponsorship of international events and the use of direct and indirect incentives for tobacco purchases, or require that all remaining tobacco advertising be accompanied by health warnings.

Time frame for implementation

Article 13.2 requires each Party to undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship, in accordance with their constitutions or constitutional principles, within five years of the entry into force of the Convention for that Party. Of the 109 Parties that had reached this deadline, 75 reported that they had a comprehensive advertising ban in place but only 47 reported that they also include cross-border advertising originating from their territories in the ban; 34 Parties have not introduced either of these two provisions.

1 Canada, Cook Islands, Ghana, Japan and Mexico.
Measures concerning tobacco dependence and cessation (Article 14)

**National guidelines.** Half of the Parties reported having developed integrated national cessation guidelines based on scientific evidence and best practices and 15 Parties actually provided the text of their guidelines as an annex to their report or a web link.

**Programmes and settings to promote tobacco cessation.** Local events, such as on World No Tobacco Day, are considered by 105 Parties to be the most attractive opportunities to convey messages concerning cessation of tobacco use. Media campaigns that emphasize the importance of quitting are reported by around two thirds of the Parties. Only around one third of the Parties target underage girls, women and pregnant women with specific programmes. Around one third of the Parties (45) reported having established telephone quitlines to promote cessation.

**Inclusion of diagnosis and treatment of tobacco dependence in national programmes, plans and strategies and integration of cessation into existing health-care systems.** Over half of the Parties (76) reported including tobacco dependence diagnosis and treatment and counselling services in their national tobacco-control strategies, plans and programmes. Forty-nine Parties reported that they include these items in educational programmes, plans and strategies.

Regarding the integration of programmes on the diagnosis and treatment of tobacco dependence into health-care systems, almost two thirds of Parties (81) reported doing so, and more than half of these Parties reported having established specialized centres for cessation counselling and dependence treatment.

**Public funding or reimbursement schemes.** One quarter of the Parties (32) reported that services integrated into primary health care are fully reimbursed, 29 indicated that reimbursement is partial and 18 Parties that such services are not covered by public funding.

**Health professionals and others involved in counselling and dependence treatment and their training.** Physicians, nurses and family doctors are the most involved health professionals. Other health professionals who are involved include mental health nurses, health visitors, specialized “stop smoking advisers”, health education officers and public health specialists.

**Curricula for health professionals.** Close to one third of the Parties (46) reported that they include tobacco dependence treatment in the curricula of medical professionals. These figures drop to around 20% or lower in the case of other categories of health professionals (e.g. nursing, dental, pharmacy).

**Accessibility and affordability of pharmaceutical products for the treatment of tobacco dependence.** More than half of the Parties (72) stated that they facilitate the accessibility and affordability of treatment for tobacco dependence, including relevant pharmaceutical products. Seventy-four Parties reported the availability of nicotine replacement therapy (NRT); however, only 55 reported the availability of varenicline and 52 of bupropion. Twelve Parties reported that other pharmaceutical products are available for tobacco dependence treatment. Parties reporting on available pharmaceutical products were also required to report on whether the costs of treatment with these products are covered by public funding or reimbursement. For treatment with NRT, 19 Parties reported full and 10 partial reimbursement; for bupropion, 11 Parties reported full and 12 partial reimbursement; and for varenicline, 10 Parties reported full and 10 partial reimbursement. The trend also shows that an increasing number of Parties include NRT in their essential drug lists, after the inclusion for the first time of NRT in WHO’s Model List of Essential Medicines in 2009.
3. REDUCTION OF THE SUPPLY OF TOBACCO (Part IV of the Convention)

Illicit trade in tobacco products (Article 15)

Two thirds of Parties reported that they had enacted or strengthened legislation against illicit trade in tobacco products.

Seizures. More than half of the Parties (69) provided information on seizures of tobacco products. Twenty-five Parties responded that they have information on the percentage of smuggled tobacco products on the national tobacco market and 17 provided such percentages. According to the figures provided, the percentages among different countries range greatly, from 0.20% to 40%.

Marking of packaging. Close to two thirds of Parties (78) reported that they require the marking of tobacco packaging to assist in determination of the origin of the product and marking determining whether the product was legally sold on the domestic market. However, only close to one third of the Parties (48) require unit packets and packages of tobacco products for retail and wholesale use to carry the statement “Sales only allowed in …” or to carry any other effective marking indicating the final destination of the product.

Tracking and tracing. Over a quarter of the Parties (36) responded affirmatively to the question of whether they have developed a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade. Half of the Parties indicated that they require monitoring and collection of data on cross-border trade in tobacco products, including illicit trade.

Confiscation and destruction. Over half of the Parties (69) reported enabling the confiscation of proceeds derived from illicit trade in tobacco products and that they monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes and duties. Seventy-five Parties reported that they require the destruction of confiscated equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade, using environmentally friendly methods where possible, or their disposal in accordance with national law.

Licensing. Regarding the requirement for licensing or other actions to control or regulate production and distribution of tobacco products in order to prevent illicit trade, nearly two thirds of the Parties (79) responded affirmatively.

Promoting cooperation on illicit trade in tobacco products. Seventy-one Parties responded that they do promote cooperation between national agencies and relevant regional and international intergovernmental organizations with a view to eliminating illicit trade in tobacco products.

Sales to and by minors (Article 16)

Sales to and by minors. Approximately 90% of Parties (112) reported that they have prohibited sales of tobacco products to minors. The legal age of majority was specified as ranging from 16 to 21 years. Two thirds of Parties reported that they prohibit the sale of tobacco products by minors. Several Parties referred to challenges concerning enforcement, including application of administrative penalties, and some of them gave specific examples of activities to monitor compliance.
Manufacture of products appealing to minors and distribution of tobacco products

Prohibiting the manufacture of products appealing to minors. Over half of the Parties (75) reported that they prohibit the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products that appeal to minors.

Distribution of free tobacco products. Measures to prohibit the distribution of free tobacco products to minors were reported by more than 80% of Parties (105).

Sales of cigarettes individually or in small packets. Two thirds of Parties reported adopting policies to prevent the sale of cigarettes individually or in small (“kiddie”) packs.

Circumstances of tobacco sales

Placing a prominent indicator inside the point of sale. Over half of the Parties (75) reported requiring sellers to place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors.

Requiring evidence of full legal age. Again, over half of the Parties (73) reported that they require sellers of tobacco products, in case of doubt, to ask the purchaser for appropriate evidence of having reached full legal age.

Penalties against sellers. Three quarters of the Parties (94) reported providing for penalties against sellers and distributors in order to ensure compliance.

Accessibility of tobacco products at the point of sale. Nearly half of the Parties (60) reported banning the sale of tobacco products in any manner by which these are directly accessible, such as open store shelves.

Tobacco vending machines. Over half of the Parties (69) reported that they prohibit the sale of tobacco products from vending machines, and 50 Parties (40%) still allow such sales. However, of those 50 Parties, 30 indicated that they require that such vending machines are not accessible to minors and/or do not promote the sales of tobacco products to minors. Some Parties, where vending machines are still operational, provided examples of practices through which accessibility of vending machines can be reduced to prevent underage children from purchasing tobacco products.

Tobacco growing and support for economically viable alternatives (Article 17)

Tobacco growing. Sixty-two Parties reported that tobacco is grown in their jurisdictions, half of which provided statistical data on the number of workers, current farms or families producing tobacco. The amount of people involved in tobacco cultivation varies widely from 350–400 farmers in Fiji, through 70,000 farmers in Tunisia, to 1.51 million farmers in China.

Economically viable alternative activities. Parties were required to state whether they promote economically viable alternatives for tobacco growers, tobacco workers and sellers of tobacco products. Only 17 Parties reported that they have established programmes to promote viable alternatives for tobacco growers, while 61 Parties responded that this question is not applicable to them.
Only four Parties reported that they promote alternative activities for tobacco workers; furthermore, only two Parties indicated that they have established specific programmes for individual sellers of tobacco products.

4. PROTECTION OF THE ENVIRONMENT (Part V of the Convention)

Protection of the environment and the health of persons (Article 18)

As regards tobacco cultivation, 18 Parties responded that they take into consideration the protection of the environment and the same number of Parties indicated that they take into consideration the health of persons in relation to the environment.

In relation to tobacco manufacturing, 24 Parties indicated that they take due account of the protection of the environment, and 25 Parties indicated that they take into consideration the health of persons in relation to the environment.

5. QUESTIONS RELATED TO LIABILITY (Part VI of the Convention)

Liability (Article 19)

One quarter of the Parties reported having implemented measures that tackle criminal and civil liability, including compensation, where appropriate, for the purposes of tobacco control.

Criminal and/or civil liability actions. In response to the question of whether any person in their jurisdiction had launched any criminal and/or civil liability action, including compensation (where appropriate) against tobacco companies in relation to adverse health effects caused by tobacco use, only 22 Parties (less than one fifth) responded “yes”.

Legislative, executive, administrative and/or other action against the tobacco industry. Only six Parties reported on the actions they had taken against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in their jurisdiction.

6. SCIENTIFIC AND TECHNICAL COOPERATION (Part VII of the Convention)

Research, surveillance and exchange of information (Article 20)

Research activities. The reporting instrument enables Parties to provide information on research being undertaken into various aspects of tobacco use and control. Findings indicate that research programmes most often address the determinants of and social and economic indicators related to tobacco consumption, followed by the consequences of consumption and exposure to tobacco smoke. Research to identify effective programmes for the treatment of tobacco dependence has only been reported as taking place in just over one third of the Parties. At the same time, 18 Parties reported having carried out research into the identification of alternatives to tobacco growing.

1 More information on implementation of Article 19 can be found in the relevant report of the Convention Secretariat to the fifth session of the COP (document FCTC/COP/5/11).
**Training and support for research.** Nearly half of the Parties (65) reported that they have in place programmes to support those engaged in tobacco-control activities, including research, implementation and evaluation.

**National systems for epidemiological surveillance.** Over half of the Parties (74) reported covering patterns of tobacco consumption in their national epidemiological surveillance systems; 61 Parties reported covering exposure to tobacco smoke; 56 Parties reported covering the determinants of tobacco consumption; 50 Parties reported covering the consequences of tobacco consumption; and 50 Parties reported covering the social, economic and health indicators related to tobacco consumption. Parties’ reports provide examples of their practices concerning regular collection of tobacco-related national data, including details of the operation of cancer and mortality registries.

**Exchange of publicly available information.** More than half of the Parties (76) reported having promoted the exchange of scientific, technical, socioeconomic, commercial, or legal information; fewer than half (52) and a quarter (30), respectively, of the Parties exchange information on the activities of the tobacco industry and on the cultivation of tobacco.

**Database on laws and regulations.** Around two thirds of Parties (89) reported that they maintain a database of national laws and regulations on tobacco control.

**Reporting and exchange of information (Article 21)**

Before 2011, the transition to the new standardized biennial cycle, reports were presented by each Party two and five years after the entry into force of the Convention for that Party. By 31 December 2010, 139 out of 160 Parties (87%) had submitted their first (two-year) implementation reports; and 52 out of 87 Parties (60%) had submitted their second (five-year) reports. This resulted in an overall rate of report submission of 73%. It should be noted, however, that only about one quarter of those Parties that reported had done so by their individual deadlines.

At its fourth session in 2010, the COP revised the reporting cycle and linked it to its regular sessions. In the first such reporting cycle, 126 of the 174 Parties (72%) that were due to report submitted their implementation reports.1 Though the reporting rate therefore remained roughly the same, there was a notable improvement in the completeness of the reports and Parties’ compliance with the requirements of the reporting instrument. In particular, more information was provided by the Parties in areas such as tobacco-related social costs, tobacco-related mortality and exposure to tobacco smoke, more details were provided in the open-ended questions, and more documents were attached to support the reports.

Overall, since the start of the first reporting period in February 2007 and up until early September 2012, when this document was finalized, the Secretariat had received at least one implementation report from 159 out of the 174 Parties (91%) to the Convention. Fifteen Parties that were due to report at least once by September 2012 had not submitted any implementation report.

**International cooperation and assistance (Articles 22 and 26)**

Article 21.1(c) requires Parties to report on any technical and financial assistance provided or received for specific tobacco-control activities.

---

1 The status of reporting by the Parties, including the number of reports and submission dates, is available at: http://www.who.int/fctc/reporting/reporting_timeintro/.
Areas of assistance. Parties were requested to provide information on technical and financial assistance, provided or received in specific areas linked to the provisions of Article 22.

On average, around 30 Parties reported either receiving or providing assistance in areas pursuant to Articles 22.1 (a), (b), (c) and (d). The least reported areas fall under 22.1 (e) and (f), which refer to the treatment of nicotine addiction and research to increase affordability of comprehensive treatment of nicotine addiction.

Encouraging implementation assistance through membership in international organizations (Article 26.4). Only 16 Parties reported utilizing this mechanism and all of them also provided details of such efforts.

7. OVERALL PROGRESS IN IMPLEMENTATION OF THE CONVENTION

Current status of implementation

Overall implementation status across all substantive articles of the Convention was assessed based on the average of the implementation rates of all provisions covered by the reporting instrument for each article. This included a total of 138 indicators across 16 substantive articles.

Based on the analysis made, the articles attracting the highest implementation rates, with more than 65% average implementation rates across the 126 Parties analysed, are, in decreasing order, Article 8 (Protection from exposure to tobacco smoke), Article 12 (Education, communication, training and public awareness), Article 16 (Sales to and by minors), and Article 11 (Packaging and labelling of tobacco products). This is followed by a group of articles for which the implementation rates are in the range 40% to 60%, namely, and again in decreasing order, Article 15 (Illicit trade in tobacco products), Article 5 (General obligations), Article 10 (Regulation of tobacco product disclosures), Article 20 (Research, surveillance and exchange of information), Article 14 (Demand reduction measures concerning tobacco dependence and cessation), Article 6 (Price and tax measures to reduce the demand for tobacco), Article 9 (Regulation of the contents of tobacco products), and Article 13 (Tobacco advertising, promotion and sponsorship). The articles with the lowest implementation rates, of less than 25%, are Article 18 (Protection of the environment and the health of persons), Article 22 (Cooperation in the scientific, technical and legal fields and provision of related expertise), Article 19 (Liability), and Article 17 ( Provision of support for economically viable alternative activities).

---

1 As at 15 June 2012.
2 Implementation rates were calculated as the percentage of Parties that provided an affirmative answer in respect of implementation of each provision of the 126 reporting Parties.
3 Implementation rates varying from 41% for Article 5.3, on protection from the interests of the tobacco industry, to between 60% and 65% for Articles 5.1 and 5.2, covering multisectoral coordination, strategies and programmes.
4 Including a comprehensive ban on cross-border advertising, promotion and sponsorship originating from its territory in line with Article 13.2.
5 Only responses for the Parties reporting that the provisions related tobacco cultivation and manufacturing are applicable to them were taken into account.
6 Only responses for the Parties reporting that the provisions related to tobacco growers, workers and individual sellers are applicable to them were taken into account.
Progress in implementation between reporting periods

An attempt was also made to assess the progress made globally in implementation of selected treaty articles between the two reporting periods. There is considerable overlap of Parties in both report groups, allowing for reasonable comparison (107 Parties are represented in both groups). For each group of reports, selected indicators were taken into account: those that consistently appear across the different reporting periods. A total of 52 indicators that allow such comparison were used in assessing the progress made in implementation.

There are three articles that attracted relatively high positive changes over the two reporting periods. The average rate of implementation of provisions in Article 8 increased by 15 percentage points (from 44% to 59%); the next highest positive change was seen in regard to Article 13 (+12 percentage points for the comprehensive advertising ban); followed by Article 12 (+11 percentage points). In four other articles progress is slower: Article 16 (+7 percentage points); Article 20 (+5 percentage points); Article 22 (+4 percentage points); and Article 14 (+3 percentage points). In the remaining cases the change is less notable.

Overall, the trend across the two reporting periods shows that the average rate of implementation of treaty provisions across all substantive articles has increased by 4 percentage points over that period, from 52% by 2010 to 56% in 2012 of all of the obligations analysed.

A similar exercise to be concluded in 2014 would have a broader base of comparison due to the achieved stability of the reporting instrument. In the meantime, it is also vital that efforts to improve comparability of reported data are continued and strengthened. Such efforts should include enhancing reporting capacity in the countries involved, strengthening the knowledge, skills and training of reporting officers, and facilitating treaty-specific data collection at the national level by promoting a common understanding of the data requirements of the reporting instrument. The Secretariat’s proposals for further development and promotion of definitions and indicators used in the reporting instrument will be considered by the COP at its fifth session.

As an additional observation in relation to progress made, information available from the 159 Parties that have submitted at least one implementation report starting from 2007 indicates that 79% of the Parties strengthened their existing laws or adopted new tobacco-control legislation after ratifying the Convention.

Parties also provided their own assessments and explanations of the progress they have made in implementing specific requirements of the treaty in their responses to the open-ended questions that are placed in all policy sections of the reporting instrument. The number of Parties reporting on progress varies widely across different articles. Almost 100 Parties reported progress in the areas of education, communication, training and public awareness; developing tobacco control legislation, strategies and

---

2. Due to the specific nature of data on tobacco taxation and pricing, the progress made in implementation of Article 6 is described under that article.
3. Implementation rates were calculated as the percentage of Parties that provided an affirmative answer in respect of implementation of each analysed provision of the 107 Parties with comparable reports over the two reporting periods.
4. The change across reporting periods on the inclusion of cross-border advertising, promotion and sponsorship originating from a Party’s territory in the comprehensive ban is even steeper (+16 percentage points).
5. In relation to implementation assistance received by Parties.
action plans and establishing supporting infrastructure; and promoting smoke-free environments. In contrast, less than 20% of Parties reported progress in the areas of liability; alternatives to tobacco growing; and protection of the environment. Irrespective of the numbers, sharing such information allows Parties to identify other Parties with relevant experience and promotes dissemination of good practices.

Examples of recent strong achievements

Many Parties reported on recent stricter measures they have taken in implementation of the Convention, in line with Article 2. These measures mark strong achievements, as, inter alia, called for by the guidelines adopted by the COP, which in some cases may inspire accelerated implementation of the Convention internationally. Some examples are provided below.

In relation to Articles 9 and 10, Brazil has banned the use of additives in cigarettes and other tobacco products sold in the country. In relation to Article 11, some Parties considerably increased the size of their pictorial health warnings – for example Uruguay (to 80%) and Mauritius (to 65%) – and Australia requires plain packaging of tobacco products with some other Parties indicating that they are likely to follow suit. In relation to Article 13, nine Parties reported recently implementing a ban on displays of tobacco products and four Parties a ban on advertising of tobacco products at points of sale. In another development, Bhutan reported adopting legislation requiring a comprehensive ban on the sale of tobacco, and Finland and New Zealand reported on their endeavours to become completely tobacco-free. Some other examples are provided in the full version of the report.

8. PREVALENCE OF TOBACCO USE

Of the 126 reports received, 112 (89%) contained recent data on smoking among both adults and young people. In adults, 107 of these 112 reports also provided data broken down by gender. The most frequently reported age group for young people was 13–15 years (60 reports), reflecting the high number of Parties implementing the Global Youth Tobacco Survey. These data, along with other available prevalence data, were used to calculate weighted average prevalence rates. In addition, the actual prevalence data reported by the Parties are analysed at the end of this section in terms of changes occurring in individual Parties over the reporting periods and they are also presented in more detail in the full version of the report.

For the purpose of calculation of weighted averages, data reported by the Parties were checked against the supporting documents submitted or directly with the quoted data source. Indicators were disaggregated by adults and by youth and within each category by sex and by smoking and smokeless tobacco use.

---

1 Australia (at subnational level), Canada, Finland, Ireland, Nepal, New Zealand, Norway, Palau and Panama.
2 Australia (at subnational level), Finland, Ireland and Nepal.
3 This work was carried out by WHO’s Tobacco Free Initiative, which kindly provided such estimates to the Convention Secretariat.
4 More information on smokeless tobacco can be found in the relevant report of the Convention Secretariat to the fifth session of the COP (document FCTC/COP5/12).
Tobacco use by adults

**Smoking tobacco.** Globally, the weighted average adult prevalence rates estimated for the year 2010 showed that 36% of males and 7% of females were current smokers.

The rates for current smoking among males varied between regional groups of Parties from 18% in the WHO African Region to as high as 48% in the Western Pacific Region. For females, the rates varied from 3% in the African, South-East Asia and Eastern Mediterranean Regions to 19% in the European Region. The greatest difference by gender was observed in the Eastern Mediterranean and Western Pacific Regions, where 12 times more males were current smokers than females. The smallest difference was observed in the Region of the Americas, where twice as many males than females were current smokers.

For daily smoking, average prevalence rates among males varied from 12% in the African Region to 42% in the Western Pacific Region. Rates among females varied from 2% in the African, South-East Asia and Eastern Mediterranean Regions to 16% in the European Region.

The average prevalence rates were also found to vary by country income groups. Middle-income Parties showed the highest average rates for male current smokers, while the average rates for male daily smoking were similar for middle-income and high-income Parties. Low-income countries are not far behind the global average for male smoking rates, both current and daily. Among females, average smoking rates were several times higher in the high-income countries than in the middle- and low-income countries.

**Smokeless tobacco.** Forty-four Parties (35%) provided data on the use of smokeless tobacco products from surveys completed between 2003 and 2011. Among those Parties that did not provide information on smokeless tobacco consumption, some stated that sales of smokeless tobacco were prohibited by law in their jurisdictions, while others indicated that they have not yet collected data on smokeless tobacco use.

Smokeless weighted average prevalence rates calculated from the data submitted by Parties showed that globally 23% of males and 7% of females currently used smokeless tobacco. For current smokeless tobacco consumers, the average male prevalence rates varied from 1% in the Region of the Americas and the Western Pacific Region, to 36% in the South-East Asia Region; for females the rates varied from close to 0% in the Region of the Americas to as high as 10% in the South-East Asia Region.

Tobacco use by youth

**Smoking tobacco.** In terms of weighted averages, globally the proportion of boys who smoke (16%) is almost three times that of girls (6%). Intraregional variations between boys and girls are highest in the Western Pacific Region, with boys (18%) smoking four times more than girls (4%).

**Smokeless tobacco.** Globally the weighted average calculated for boys and girls showed that 8% of boys and 6% of girls consume smokeless tobacco. Among girls, the highest proportion (17%) is found in the Western Pacific Region and the lowest (2%) in the European Region.

Tobacco use in ethnic groups

Twenty-six of the 126 reporting Parties presented data on tobacco use by ethnic groups. Data in this section were not sufficient to enable conclusions to be drawn on the basis of comparisons between
prevalence rates in ethnic groups. In Australia and New Zealand, tobacco use prevalence in indigenous populations exceeds the country average, while indigenous populations in three Parties from South America (Ecuador, Guatemala and Paraguay) tend to smoke less than the country average. Several Parties reported different levels of tobacco use among the nationalities living in their jurisdiction. Benin and Togo reported significant differences (between 2% and 54%, and between 3% and 14%, respectively) in tobacco use by various ethnic groups. Similar differences within the country were also reported by Palau. Variations in tobacco use among ethnic groups call for the development of specific approaches targeting such groups.

Changes between the two reporting periods

Changes in adult tobacco use prevalence were assessed by comparing figures reported by the Parties for which more than one dataset is available across the two reporting periods, that used the same data collection methodology across the two periods, and in which the latest data were collected in 2010 or later. Twenty-five Parties with two such datasets were identified. The figures show that tobacco use decreased over recent years in 18 of these 25 Parties, with decreases ranging from 0.40 (Republic of Korea) to 12.3 (Ukraine) percentage points for total adult prevalence. In six Parties prevalence has increased, with changes ranging from 0.37 to 5.80 percentage points. In most Parties, prevalence figures changed in the same direction for both males and females. In one Party, reported figures indicate no change over recent years.

In a similar exercise for youth, in 15 of the 24 Parties with two comparable datasets available, total youth smoking prevalence decreased by between 0.50 (Australia and Ukraine) and 4.00 (Slovenia) percentage points. In eight Parties, however, there was an increase ranging from 0.90 to 6.80 percentage points. The data show that the directions of change in prevalence were more divergent between boys and girls than between adult males and females. In one Party reported figures indicate no change in total youth cigarette smoking in recent years.

9. PRIORITIES AND CHALLENGES IN IMPLEMENTING THE CONVENTION

Priorities. Over 90% of the Parties (116) reported at least one priority for implementation of the WHO FCTC. In line with previous trends, requirements under Article 5 still hold the highest positions in the priority lists of Parties, with more than half of the Parties reporting on a priority under the scope of this article. The most frequently mentioned priorities in relation to Article 5 include: adoption and implementation of legislation, including the development of related regulations; development of national tobacco control strategies and action plans; enforcement of the legislation in place; strengthening capacity for tobacco control, including reinforcement of the focal point or tobacco control unit; and establishment of an intersectoral committee for tobacco control.

Many Parties also referred to prioritizing activities linked to other articles of the Convention. The most frequently reported priority areas are: protection from exposure to tobacco smoke (Article 8); education,
communication, training and public awareness (Article 12); taxation of tobacco products (Article 6); packaging and labelling of tobacco products (Article 11); treatment with regard to tobacco dependence and cessation (Article 14); and tobacco advertising, promotion and sponsorship (Article 13).

Needs and gaps. Over half of the Parties (72) reported that they had identified gaps between resources available and needs assessed and half of those indicated that technical and financial resources devoted to tobacco control do not match the existing needs. Among the technical areas that need further attention from their side, Parties mentioned the implementation of more public awareness campaigns and training programmes (in relation to Article 12); strengthening of cessation efforts (Article 14); testing and regulation of tobacco products (Article 9); and strengthening of research capacity, including research on tobacco use prevalence and on health, social and economic indicators related to tobacco use (Article 20).

Constraints or barriers. Some of the gaps Parties identified also seem to prevent effective implementation of the treaty. Seventy-two Parties have reported more than 30 different constraints or barriers that they have encountered in implementing the Convention. The most frequently mentioned constraint is interference by the tobacco industry in tobacco-control policy development, followed by the lack of or insufficient political will; the insufficient level of financial resources for tobacco control; and the lack or weakness of intersectoral coordination within the country.

10. CONCLUSIONS

1. The transition to the new reporting cycle linked to regular sessions of the COP has been relatively smooth, with 72% of the Parties submitting reports in the 2012 reporting cycle. In general, the quality of the reports and Parties’ compliance with the reporting instrument have improved and the amount of information, including supporting documents, has seen a notable increase, contributing to the objective of Parties sharing and learning from each other’s experiences.

2. Within the overall progress being made in implementation of the treaty globally, implementation rates continue to show disparities between different policy measures. Based on reports of the Parties, the four areas attracting the highest implementation rates are: protection from exposure to tobacco smoke (Article 8); education, communication and training (Article 12); sales to and by minors (Article 16); and packaging and labelling (Article 11). In contrast, the lowest implementation rates are seen in the areas of protection of the environment and the health of persons in respect of tobacco cultivation and manufacture (Article 18); international cooperation and provision of related expertise (Article 22); liability (Article 19); and support for economically viable alternatives (Article 17).

3. With regard to implementation of time-bound requirements of the treaty, the picture is also mixed. In relation to Article 11, more than half of the Parties that reached their three-year deadline are very close to reaching full compliance with all time-bound measures; however, only 20% of the Parties have indicated that they actually achieved full compliance. In relation to Article 13, around two thirds of Parties that reached their five-year deadline reported introducing a comprehensive ban on advertising, promotion and sponsorship; at the same time, less than half of Parties include cross-border advertising, promotion and sponsorship in their ban.

4. When comparison is made of progress between the initial (2007–2010) and 2012 reporting periods, the measures related to education, communication and training (Article 12), advertising, promotion and sponsorship (Article 13), and protection from exposure to tobacco smoke (Article 8), emerge as those with the highest positive changes in implementation rates. Lesser but still notable progress has been made in other areas: sales to and by minors (Article 16); research, surveillance and exchange of
information (Article 20); implementation assistance received by the Parties (Article 22); and measures concerning tobacco dependence and cessation (Article 14).

5. Several Parties reported on recent measures that mark strong achievements that could inspire accelerated implementation internationally. Examples include banning the use of additives in tobacco products, large and prominent health warnings, plain packaging, comprehensive bans on the sale of tobacco products, and declaring the intention of becoming a tobacco-free country.

6. The measures related to international cooperation and mutual assistance between the Parties, with static overall implementation figures across the reporting periods, as reported by the Parties, continue to be in general underutilized, and thus have great potential for improvement.

7. Comparable data show a continued or emerging decrease of smoking prevalence in several Parties, particularly those with robust tobacco-control policies; however, more comparable data will be required for an overall assessment in this regard, indicating the need for improved surveillance and monitoring in most Parties.

8. More than half of the Parties that reported in the latest reporting cycle noted a substantial number of constraints and barriers that prevent them from fully implementing the Convention. Interference by the tobacco industry, lack of sufficient commitment and mobilization of all relevant policy actors, and the mismatch between the level of financial resources and actual needs continue to pose challenges to full implementation.

ACTION BY THE CONFERENCE OF THE PARTIES

The COP is invited to note this report and provide further guidance.