



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

**Conference of the Parties to the
WHO Framework Convention
on Tobacco Control**

Sixth session
Moscow, Russian Federation 13–18 October 2014

**FCTC/COP/6/5
25 June 2014**

Provisional agenda item 3

**Global progress in implementation of the
WHO FCTC – a summary**

Report by the Convention Secretariat

INTRODUCTION

This report represents a summary of the full 2014 global progress report on implementation of the Convention, and has been prepared by the Secretariat in accordance with decision FCTC/COP4(16). In that decision, the Conference of the Parties (COP) requested that global progress reports be prepared based on the biennial implementation reports of Parties and submitted to each regular session of the COP. The full report is available on the WHO FCTC website and will also be published.

This summary provides a brief overview of the status of implementation of the Convention globally, on the basis of the reports submitted in the 2014 reporting cycle. It also highlights strong achievements, innovative approaches and good practices employed by the Parties to comply with the requirements of the Convention. Furthermore, it tracks the progress made in implementation of the Convention between different reporting periods and draws conclusions on overall progress and challenges, and comments on desirable key actions, if appropriate, for the near future.

In the 2014 reporting cycle, the Secretariat received reports from 130 Parties, 73% of the 177 that were due to report. Throughout the present report, unless otherwise mentioned, the information is based on the reports submitted by those 130 Parties.¹

¹ Afghanistan, Albania, Algeria, Armenia, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Belize, Benin, Bhutan, Bosnia and Herzegovina, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cameroon, Canada, Chile, China, Colombia, Congo, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czech Republic, Djibouti, Ecuador, Estonia, European Union, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Grenada, Hungary, Iceland, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Libya, Lithuania, Luxembourg, Madagascar, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Myanmar, Nepal, Netherlands, New Zealand, Nigeria, Niue, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Russian

OVERALL PROGRESS IN IMPLEMENTATION OF THE CONVENTION

*Current status of implementation*¹

The status of implementation was assessed on the basis of information contained in the Parties' 2014 implementation reports. A total of 148 indicators of implementation as reported by Parties through the reporting instrument were taken into account across 16 substantive articles of the Convention.

Figure 1 presents the average implementation rates by article.² The articles attracting the highest implementation rates, with an average implementation rate of more than 65% across the 130 Parties analysed, are, in descending order, Article 8 (Protection from exposure to tobacco smoke), Article 16 (Sales to and by minors), Article 11 (Packaging and labelling of tobacco products) and Article 12 (Education, communication, training and public awareness).

They are followed by a group of articles for which the implementation rates are in the middle range of 41% to 65%, namely, and again in descending order, Article 5 (General obligations), Article 13 (Tobacco advertising, promotion and sponsorship), Article 6 (Price and tax measures to reduce the demand for tobacco), Article 15 (Illicit trade in tobacco products), Article 10 (Regulation of tobacco product disclosures), Article 14 (Demand reduction measures concerning tobacco dependence and cessation), Article 20 (Research, surveillance and exchange of information) and Article 9 (Regulation of the contents of tobacco products).

The articles with the lowest implementation rates, of 40% or less, are Article 18 (Protection of the environment and the health of persons),³ 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).⁴

Based on the implementation rates by article, as shown in the figure below, the overall implementation rate of the Convention was 54% in 2014.⁵

Federation, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, Slovenia, Solomon Islands, South Africa, Spain, Suriname, Sweden, Tajikistan, Thailand, the Former Yugoslav Republic of Macedonia, Togo, Tonga, Tunisia, Turkey, Turkmenistan, Tuvalu, Uganda, Ukraine, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Uzbekistan, Venezuela, Viet Nam and Yemen.

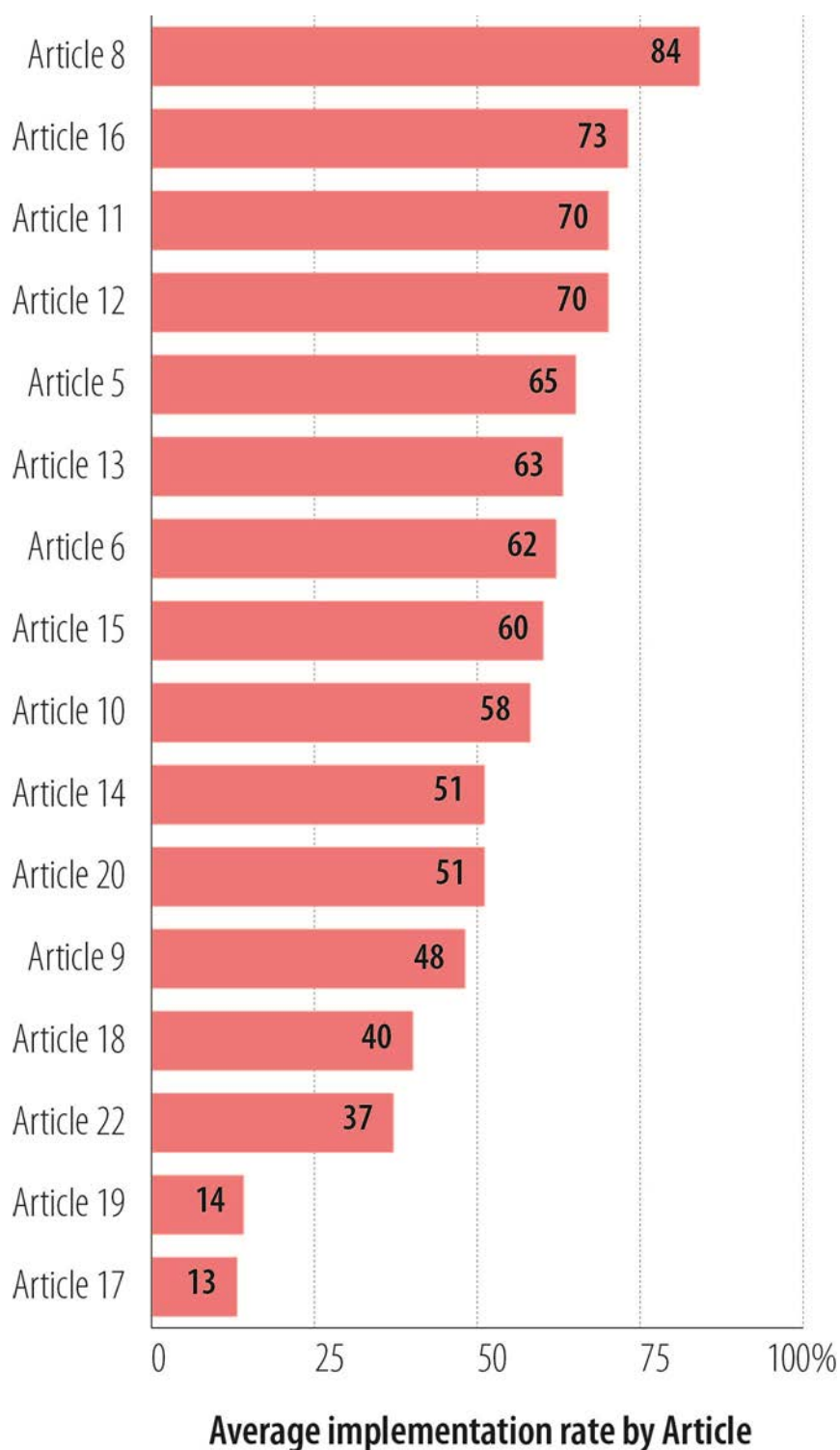
¹ As at 30 April 2014.

² Implementation rates of each indicator were calculated as the percentage of the reporting Parties that provided an affirmative answer in respect of implementation of the provision concerned. Implementation rates of each article were calculated as the average of all indicators considered under that article.

³ Only responses of the Parties reporting that the provisions relating to tobacco cultivation and manufacturing are applicable to them were taken into account.

⁴ Only responses of the Parties reporting that the provisions relating to tobacco growers, workers and individual sellers are applicable to them were taken into account.

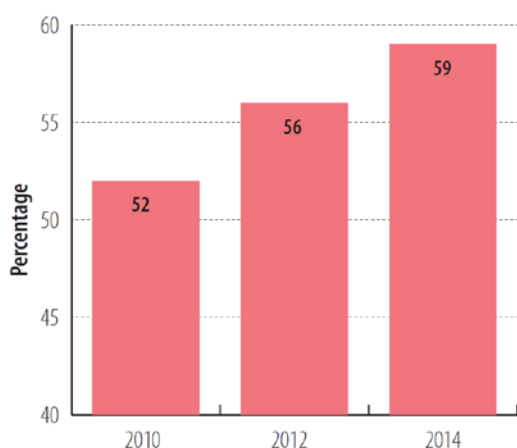
⁵ Overall implementation rate of the Convention was calculated as the average of implementation rates of all substantive articles.

Figure 1. Implementation rates of substantive articles in 2014

Progress in implementation between reporting periods

With a view to assessing the progress made in implementation of the Convention between 2005 and 2014, information collected in the initial reporting period (i.e. in reports received up to and including 2010,¹ before the transition to a biennial reporting cycle) was compared with information collected in the two biennial reporting periods (2012 and 2014). Such a comparison was made possible by using 59 indicators from 13 substantive articles of the Convention² (encompassing demand and supply side measures as well as general obligations), which consistently appear across all reporting periods. The average rate of implementation of the treaty provisions across all substantive articles is shown in Figure 2.

Figure 2. Average implementation rate of treaty provisions across the three reporting cycles for 13 comparable articles



As Figure 2 shows, the overall implementation rate of the Convention, when judged by comparable indicators across all three reporting periods, has increased steadily from 52% in 2010 (encompassing the period between 2005 and 2010) to 56% in 2012 and 59% in 2014. It is to be noted that the absolute implementation rates when using this smaller number of indicators is slightly higher than the rate for 2014 when using a more comprehensive set of 148 indicators. However, the sole purpose of analysis shown in Figure 2, with a smaller number of available indicators, was to establish the implementation trend, through comparable data, starting from the entry into force of the Convention in 2005.

An analysis was also undertaken of the progress made with respect to individual articles of the Convention.

There are four articles that attracted positive changes of more than 10 percentage points across the three reporting cycles: Article 8 (Protection from exposure to tobacco smoke); Article 13 (Tobacco advertising, promotion and sponsorship); Article 16 (Sales to and by minors) and Article 12 (Education, communication, training and public awareness).

¹ Covering progress in implementation since February 2005, the date of entry into force of the Convention, until mid-2010, when the 2010 global progress report was finalized for submission to the fourth session of the COP.

² All articles included in Figure 1 summarizing implementation status in 2014, except articles 6, 17 and 18, for which data were not fully comparable across all three reporting periods due to the amendments made to the reporting instrument in 2010.

On several articles, progress was less notable, of between 5 and 10 percentage points (Articles 5, 9, 11, 14, 15, and 20 – as well as Article 22 in relation to assistance that Parties reported they received for implementation of the treaty). There are a few articles, however, for which the changes across the reporting cycles are minimal or non-existent (for example, Articles 9, 10 and 19) and there is one area for which the implementation rate has decreased (Article 22, in relation to the assistance that Parties reported that they have provided).

Time-bound measures

Two articles of the Convention, Article 11 concerning packaging and labelling of tobacco products and Article 13 covering tobacco advertising, promotion and sponsorship, require that several provisions be implemented by each Party within a specific timeline (three and five years, respectively, after entry into force of the Convention for that Party). In addition, the guidelines for implementation of Article 8 recommend that comprehensive smoke-free policies be put in place within five years of the entry into force of the Convention for that Party.

In general, implementation of most time-bound requirements under Article 11 of the Convention were reported by more than three quarters of the Parties. However, only half of the Parties include pictures/pictograms in their warnings and even fewer Parties require warnings covering 50% or more of principal display areas of the outside packaging of tobacco products. In relation to Article 13, only 70% of the Parties consider their advertising bans to be comprehensive and only two thirds of those include cross-border advertising entering their territory in their bans. In relation to Article 8, the comprehensiveness of the bans on smoking in various public places differ greatly by setting, with only around half of the Parties requiring a complete ban on smoking in hospitality establishments.

Strong achievements and innovative approaches

A number of Parties have taken significant steps in implementation of the Convention, whether through new legislation or by strengthening existing measures. In some cases, Parties have put into effect particularly advanced or innovative measures in line with the Convention and its guidelines, which have often inspired similar action in other countries. They include the following:

Tax and price policies: Several countries have taken measures to implement *large increases in tobacco taxes* – in general, increases of 50% or more (examples include Afghanistan, Brazil, Kazakhstan, Philippines, Spain, Turkmenistan, and Ukraine). As some of these countries have demonstrated, such increases may lead to a substantial reduction in consumption and associated health gains.

Protection from exposure to tobacco smoke: Several Parties reported extending *smoke-free policies* to cover certain outdoor settings, such as beaches, transport stops, public parks, outdoor cafes (Australia, Canada and some others), sheltered walkways and hospital compounds (Singapore), outdoor markets (Fiji) and even some streets (New Zealand). Reports also indicate that some Parties have extended smoke-free policies to *other settings traditionally not covered by such regulations*, such as prisons (New Zealand) and private vehicles when carrying children (Australia,¹ Bahrain, Canada, Cyprus, South Africa).

Tobacco product regulation: Some relatively new trends have emerged in the area of product regulation. Some Parties (such as the Republic of Korea and South Africa) have introduced *reduced ignition property standards*. Other Parties (such as Brazil, European Union and Turkey) have *banned or restricted the use of additives* in tobacco products, in line with the guidelines adopted by the COP

¹ At subnational level.

in 2010. With regard to *disclosure*, Canada has replaced numerical values for emissions with text-based statements that provide concise and easy to understand information about the toxic substances found in tobacco smoke.

Packaging and labelling of tobacco products: There has been a move towards *very large pictorial warnings* (occupying, in general, more than 60% of principal display areas) on tobacco packages (most recently Australia, European Union, Fiji, Nepal, Sri Lanka, and Thailand). Another bold development in this area has been the adoption and implementation of a law requiring *plain packaging of tobacco products*. Australia was the first country to do so, in 2012, with some other countries considering a similar measure.

Tobacco advertising, promotion and sponsorship: Several Parties in recent years have *banned the display of tobacco products* at points of sale – one of the last remaining means of advertising tobacco products (Canada, Finland, New Zealand, Norway, Palau, Singapore, and Thailand). Others have extended *advertising bans to cover electronic nicotine delivery systems, such as e-cigarettes* (for example, Norway and Turkey, with other countries also reporting a ban also on sales of e-cigarettes, such as Bahrain, Panama, and Suriname, among others). As another advanced measure, Australia extended the *ban on tobacco advertising to cover the Internet and other electronic media* (for example, mobile phones).

Treatment of tobacco dependence: A relatively new measure, *text messaging on mobile phones* as a means of promoting tobacco cessation was recently introduced by Costa Rica and Panama. Norway has launched a smartphone application supporting the cessation of tobacco use.

Illicit trade: In 2012, Parties adopted the *Protocol to Eliminate Illicit Trade in Tobacco Products*, which is the first protocol to the WHO FCTC and a new international treaty in its own right. The Protocol builds upon and complements Article 15 of the Convention, and when in force, will substantially strengthen the action in this important area of tobacco control.

National legislation: Parties now tend to enact legislation in areas that were previously implemented predominantly through other means, such as national action plans and strategies. Examples include protection from interference by the tobacco industry, communication and awareness raising, treatment of tobacco dependence, and surveillance. Several Parties have also demonstrated a comprehensive application of the WHO FCTC when developing new legislation, ensuring that it covers almost all key provisions of the Convention (recent examples include the legislation adopted by Gabon, Kiribati, the Russian Federation, Senegal, and Turkmenistan). Bhutan has implemented legislation requiring a comprehensive ban on the sale of tobacco in the country.

Protection from the interests of the tobacco industry: Parties are paying increasing attention to implementation of Article 5.3 of the Convention and the guidelines for its implementation. Some novel approaches include divesting governmental funds of tobacco industry investments (most recently Australia and Norway). More and more countries are adopting codes of conduct and guidelines for government employees in relation to interaction with the tobacco industry; one innovative approach in this area was the adoption by the Government of the United Kingdom of Great Britain and Northern Ireland, in 2014, of revised guidance for country's overseas posts (such as embassies) on interactions with the tobacco industry in line with Article 5.3.

Enforcement: Interesting initiatives have emerged in strengthening enforcement of national legislation, which in general remains a challenging issue for a large number of Parties. One innovative approach in this area has been employed by Bangladesh, with the establishment of mobile courts to enforce national legislation, particularly advertising bans and smoke-free provisions.

Tobacco-free societies: Several Parties and regional groups have declared their visions and plans for a tobacco-free society. Finland was the first country to include such a target in national legislation.

Government plans for their countries to become tobacco-free by 2025 were declared by Ireland and New Zealand and a similar target for a tobacco-free Pacific was set by the health ministers of Pacific island countries at the Tenth Pacific Health Ministers Meeting in July 2013. European countries shared their ambition to work towards a tobacco-free Europe in the Ashgabat Declaration.¹ This trend, first highlighted in the 2012 global progress report, demonstrates the growing determination of Parties to achieve tobacco-free societies through full implementation of the WHO FCTC.

Priorities, needs and gaps

Priorities: The majority of Parties reported that they have at least one priority for implementation of the WHO FCTC. Most referred to a priority under the scope of Article 5; other priority areas included demand reduction measures concerning tobacco dependence and cessation (Article 14), protection from exposure to tobacco smoke (Article 8), packaging and labelling of tobacco products (Article 11), price and tax measures to reduce the demand for tobacco (Article 6), and illicit trade in tobacco products (Article 15).

Needs and gaps: More than half the Parties referred to gaps between the resources available and the needs assessed for implementation of the WHO FCTC, including financial and human resources. Several other Parties reported needs concerning specific areas of treaty implementation, for example lack of testing facilities, unavailability of drugs for treatment of tobacco dependence, and lack of capacity to carry out mass media campaigns.

Challenges and barriers to implementation

Around two thirds of the Parties reported constraints or barriers that they have encountered in implementing the Convention. The most frequently mentioned challenges were interference by the tobacco industry, followed by insufficient political support and weak intersectoral coordination.

The tobacco industry continues to use legal challenges (often employed without success) to tobacco control measures to prevent, delay or weaken implementation of tobacco control measures; both the threat and active pursuit of legal challenges appear to be becoming more prominent as Parties continue to implement stronger and innovative measures.

In recent years, increasing attention has been paid to the relationship between the WHO FCTC and international trade and investment agreements and the implications of this relationship for effective implementation of the Convention. This occurs against a background of continuing legal challenges to implementation of tobacco control measures in WTO dispute settlement proceedings and under international investment agreements, as well as in domestic forums.

In addition to trade- and investment-related challenges, many governments are being challenged by the tobacco industry in domestic courts in relation to WHO FCTC implementation. Some of these challenges incorporate claims related to international trade law, highlighting the relationship between international and domestic disputes. Domestic disputes are initiated in relation to measures implemented under various articles of the Convention.

It is important to note that, despite industry tactics, some Parties reported successfully defending domestic legal challenges in relation to Articles 11 and 13.

IMPLEMENTATION OF THE CONVENTION BY PROVISIONS

¹ Endorsed by the WHO Ministerial Conference on the Prevention and Control of Noncommunicable Diseases in the Context of Health 2020 in December 2013.

Details of implementation of provisions under each article of the Convention are given in the global progress report. In the present document a brief summary is given of significant achievements, innovative approaches and challenges to implementation.

General obligations (Article 5)

Over two thirds of Parties reported recent development, adoption and implementation of national tobacco control programmes/strategies and steady progress also continued concerning the development and adoption of national tobacco control legislation, with Parties starting to include in such legislation several areas of the Convention traditionally covered by action plans (e.g. Articles 5.3, 12, 14, 19 and 20), indicating an increasing range of treaty measures that are being given legislative strength.

Overall, 135 Parties (80%) have strengthened their existing or adopted new tobacco control legislation after ratifying the Convention (of 168 Parties that have submitted at least one implementation report since entry into force of the Convention in February 2005). However, in 16 Parties, tobacco control legislation is still missing; in addition, 17 Parties have not revised their previous tobacco control legislation after ratifying the WHO FCTC.

There is still a weakness of multisectoral coordination and insufficient support from sectors outside health in a large number of Parties. Interference by the tobacco industry also remains significant and loopholes in Parties' legislation often allows such interference to take place. In spite of the high number of Parties that have reported making progress in the area of Article 5.3, there is a need to integrate measures under this article into national legislation, to promote and raise awareness of the need for implementation of Article 5.3 within governments, to develop codes of conduct, ethical and national guidelines, and administrative policies for civil servants, and to ban sponsorship and "corporate social responsibility" activities of the tobacco industry. In the countries in which Article 5.3 has not been fully implemented, tobacco companies exploit loopholes in legislation and, for example, run youth smoking prevention programmes in schools and campaigns to prevent illicit tobacco use.

Parties reported on their efforts to create synergies in the prevention and control of all risk factors related to noncommunicable diseases, for example by including tobacco in their national plans and programmes with broader scopes as well as at the level of institutional capacity/infrastructure.

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

Several positive trends that had been observed in the previous global progress reports continued in the current reporting period. First, the proportion of countries levying excise taxes has further increased (to 92%, up from 67% in 2010 and 85% in 2012). Second, a combination of specific and ad valorem type taxes became more widely used. Finally, the average proportion of all taxes in the retail price has further increased (to 67%, compared with 57% in 2012).

Overall, more than two thirds of Parties reported an increase of the tobacco tax burden. In addition, the share of the specific excise component has in general increased in the tax structure. However, there are still significant differences between Parties and regions in terms of levels of taxation and prices of tobacco products.

The majority of Parties reported an increase in the nominal prices of tobacco products. Parties that have increased tobacco taxes in general experience a corresponding increase in tobacco prices and in some of those countries a tax-driven reduction in tobacco consumption has been documented.

Fourteen countries reported using some form of tobacco tax earmarking for health and other purposes, and some of them have introduced this measure since 2012.

An increasing number of countries prohibit or restrict sales to and imports by international travellers of tax- and duty-free tobacco products. This trend was not observed in the previous reporting cycle. However, around half of the Parties have yet to implement such measures.

Despite the substantial improvements observed, the collection of data related to tobacco taxation and pricing, as required by the Convention (in Article 6.3), remains a challenge in a number of Parties, especially in the case of tobacco products other than cigarettes.

Protection from exposure to tobacco smoke (Article 8)

Article 8 has the highest average implementation rate (84%) up from 78% in 2012. If, however, only complete smoking bans are taken into account, the average implementation rate is lower (61%), though still higher than in 2012 (53%) owing to the fact that a higher number of Parties have introduced a complete ban.

Health-care and educational facilities (universities excluded), government buildings and universities remain the settings most frequently covered by a complete ban on tobacco smoking, while private workplaces, pubs and bars, and especially private vehicles, are less frequently covered. At the same time it is encouraging to observe higher implementation rates of smoke-free policies in all settings, as compared with 2012.

A high number of Parties reported the introduction of legislation requiring a complete ban on smoking in various public places since submission of their previous reports; one related, notable trend is the extension of smoking bans to outdoor areas with high public presence and, additionally, to the use of novel products such e-cigarettes. Several Parties reported implementing public information campaigns after the adoption of smoke-free legislation and other Parties reported introducing smoke-free policies in subnational jurisdictions.

The hospitality sector remains one of the least regulated for smoke-free policies; however, the increase of implementation rates in bars and restaurants by more than 10 percentage points compared with 2012 shows the high attention that Parties are giving to making public places completely smoke-free.

Enforcement of smoke-free policies is seen as being vital in many Parties following the adoption of legislation in this area; over three quarters of Parties reported having put in place a mechanism/infrastructure for such enforcement, a significant increase over 2012. New approaches to enforcement have also been put in place by a number of Parties. It is clear that efforts to strengthen enforcement benefit from clear assignment of responsibilities to the relevant agencies, as well as strengthened cooperation between them.

Several Parties report challenges concerning implementation of Article 8, including those related to enforcement, the existence of loopholes in legislation (which prevents complete protection from exposure to tobacco smoke) and the existence of voluntary agreements rather than legal obligations.

Regulation of the contents of tobacco products (Article 9) and regulation of tobacco product disclosures (Article 10)

The average implementation rates of Articles 9 and 10 have increased slightly compared with the previous reporting period (from 45% to 48% and from 51% to 58%, respectively) and these articles still fall in the middle implementation range of substantive articles of the Convention.

Several Parties reported adopting new or updated laws covering these areas, including specific requirements for reduced ignition propensity cigarettes, lowering the permissible standard emissions

of cigarettes, banning additives in tobacco products, and strengthening reporting obligations for and public information on ingredients. Almost half of the Parties still lack legislation or other regulatory measures requiring testing and measuring of the contents and emissions of tobacco products and disclosure of such information to the public.

Several Parties that have already developed relevant regulations report on the shortage of independent (i.e. not run or influenced by the tobacco industry) testing facilities or laboratories and/or lack of access to such testing facilities; Parties also refer to recent legal challenges filed by the tobacco industry in this area.

Packaging and labelling of tobacco products (Article 11)

The average of the implementation rates for Article 11 provisions is 70%, placing this article among those with the highest implementation rates. However, it should be noted that most provisions under this article have a three-year deadline, which has already passed for the majority of the Parties.

While almost 90% of the Parties (up from 84% in 2012) require health warnings on tobacco product packages, only half of the Parties require pictorial warnings, and even fewer mandate that the health warnings occupy 50% or more of the principal display areas.

Parties reported making good progress in revising their national legislation to comply with the requirements of Article 11 and the associated implementation guidelines. In an important trend of recent years, several Parties have introduced very large pictorial health warnings, occupying, on average, 60% or more of principal package areas.

One notable breakthrough was the adoption by Australia of the first-ever legislation requiring plain packaging for tobacco products.

Some reports indicate improved exchange of information among the Parties in this area, especially in the sharing of pictorial warnings and the granting of licences to other Parties to use such warnings. Regional cooperation has intensified; both the Caribbean Community and the Cooperation Council of the Gulf Arab States, for example, have adopted standards on packaging of tobacco products.

Interference by the tobacco industry remains intense in the area of health warnings and aims both at weakening legislation and delaying its application; it includes initiating legal challenges against the measures taken. As an important development of recent years, some Parties won the legal cases filed against them by the industry. Strengthened international exchange and cooperation will be important to further address the challenges posed by the tobacco industry in this area.

Education, communication, training and public awareness (Article 12)

The average implementation rate of Article 12 provisions is still one of the highest of all substantive articles, but the change is minimal compared with 2012.

The trends concerning the targeting of different segments of society with communication programmes have also remained largely unchanged; the messages of such programmes continue to unevenly target and reach specific groups. Only slightly more than half of the Parties aim their awareness and sensitization programmes at decision-makers, administrators and the media. Targeting different ethnic groups is particularly under-utilized. In an encouraging development, however, Parties report on the targeting of several other groups, including police, customs, immigration and port health officers, hospitality industry employees, culturally and linguistically diverse groups, pregnant women, people living with disabilities or in disadvantaged areas, and prisoners, to name only a few.

It is notable that several Parties indicated that they have recently adopted or developed a comprehensive national tobacco control communication plan, some of them for the first time.

Parties also stressed the importance of coordination among different sectors of the government and relevant agencies and organizations within the country and of international cooperation on this matter.

In relation to the resources available for implementation of this article, several Parties reported that the government provided financial support or allocated a budget to relevant activities. Other Parties claimed that the lack of sustainable governmental funding for implementation of Article 12 is a major obstacle to conducting such programmes on a regular basis.

Tobacco advertising, promotion and sponsorship (Article 13)

Of the reporting Parties, 70% consider their advertising, promotion and sponsorship bans to be “comprehensive”, slightly up from the 66% of 2012, although Parties’ definitions of a comprehensive ban vary and do not always cover all of the specific measures called for by the guidelines for implementation of Article 13. It is important to note that a significant percentage of the Parties are still to comply with key measures under this article that are subject to a five-year deadline.

The findings indicate that Parties devote increasing attention to strengthening their laws and regulations concerning tobacco advertising, promotion and sponsorship, with special regard to indirect tobacco advertising. As far as advertising media are concerned, the most significant improvements are observed in the areas of product placement, depictions of tobacco in the media and cross-border advertising entering a country’s territory; the highest rate of increase in the percentage of Parties reporting inclusion in their bans of a selected provision concerns advertising on the domestic Internet.

Despite some improvements in comparison with the previous reporting period, implementation of bans on cross-border advertising, promotion and sponsorship, particularly with regard to advertising originating from their own territory, remains a challenge for a significant number of Parties, as only close to two thirds of Parties that have reported having a comprehensive ban in place also reported that the ban includes cross-border advertising originating from their territory.

References were also made to difficulties in enforcement of advertising bans in some settings, especially at points of sale. Several Parties mentioned the importance of strengthening international cooperation and information exchange in this area.

Recent reports also show an increasing number of Parties legislating for and implementing a ban on displays of tobacco products at points of sale, thus eliminating the last form of point-of-sale advertising.

Nevertheless, a quarter of the Parties apply restrictions, rather than a comprehensive ban, and in these cases the restriction only covers some direct forms of tobacco advertising, promotion and sponsorship.

Measures concerning tobacco dependence and cessation (Article 14)

The average of the implementation rates of indicators under this Article is 51%, slightly up from 2012 (45%) and in the middle range of implementation when compared with all other substantive articles of the Convention.

There is a growing body of experience among the Parties on effective measures to promote tobacco cessation, including development of national cessation guidelines, and integration of tobacco cessation into national programmes and strategies, and even into national tobacco legislation. A comprehensive approach to implementation of Article 14 as recommended in the relevant implementation guidelines

was reported by a few Parties, and through such an approach access to effective programmes on tobacco cessation in their societies has been greatly increased.

More than half of the Parties reported integrating treatment of tobacco dependence into their primary health care systems, but only half of those also reported that these programmes are covered by public funding or reimbursement schemes. Fifteen Parties reported that they have established their first cessation clinics or made available cessation consultations/services.

The inclusion of tobacco dependence treatment in the curricula of health professional training is still largely under-utilized, with no more than half of the Parties reporting that they have done so. Another challenge concerns the availability of medications to assist with tobacco cessation due either to their prohibitive prices or to inaccessibility of such medications in most pharmacies.

Some Parties reported recently introducing new and innovative approaches to promoting tobacco cessation, including through cell phone text messaging, smartphone applications and Internet-based behavioural support.

Illicit trade in tobacco products (Article 15)

The average of implementation rates for Article 15 provisions is 60%, up from the 54% seen in 2012.

Measures attracting notable increases compared with 2012 include the enabling of confiscation and subsequent destruction of proceeds derived from illicit trade in tobacco products, measures to monitor and control storage and distribution of tobacco products held or moving under suspension of taxes and duties, and information exchange and cooperation in investigations within the country and internationally. The share of Parties reporting on the adoption of practical tracking and tracing regimes and requiring tobacco packages to carry a statement indicating that sales are only allowed in their domestic market is still low and has not increased since the previous reporting cycle.

Just over two thirds of the Parties report having legislation in place to combat illicit trade in tobacco products. Around half of the Parties report that there are few data available in this area. Many note that they find it hard to obtain updated information on seizures of illicit tobacco products and on the share of illicit tobacco products in the national tobacco market. Additional efforts are needed to coordinate at national level among the different sectors, including statistical offices, customs, finance, trade, and law enforcement, in the collection and exchange of such data.

More than 50 Parties have signed the Protocol to Eliminate Illicit Trade in Tobacco Products, and several Parties reported that they are already in the process of ratification.

Strengthening multisectoral awareness and coordination between sectors such as health, customs and law enforcement will be key for early entry into force of the Protocol.

Sales to and by minors (Article 16)

The average of implementation rates for Article 16 provisions is 73%, the second highest among all substantive articles of the Convention, and up further from the 67% reported in 2012.

Most progress has been achieved through adopting new or strengthening existing legislation, including by increasing the legal age of majority and hence further limiting the access of young people to tobacco products, and through the placement of prominent indicators inside points of sale about the prohibition of tobacco sales to minors.

Fewer than two thirds of Parties reported that they prohibit sales of tobacco from vending machines and only two thirds of these Parties reported that they ensure that the vending machines are not accessible to minors. However, notable progress has been recorded since the previous reporting period in the prohibition of tobacco vending machines or ensuring that vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors.

In spite of notable progress in providing for penalties against sellers and distributors, in order to ensure compliance, full and effective enforcement is traditionally difficult to achieve in this area. Recent examples of enforcement campaigns and measures employed by several Parties, including increases in penalties in cases of non-compliance by sellers, could accelerate progress internationally.

Tobacco growing and support for economically viable alternatives (Article 17) and protection of the environment and the health of persons (Article 18)

The share of tobacco leaf production and the share of the value of tobacco leaf production in the national gross domestic product of the majority of Parties that reported on these matters remains around or below 1%.

Based solely on the reports of Parties indicating that measures under Articles 17 and 18 of the Convention are applicable to them, the average of the implementation rates of measures under these articles are 13% and 40%,¹ respectively. In spite of a notable increase in the implementation rates of these articles as compared with 2012, they still remained two of the least implemented articles of the Convention.

Growing international evidence indicates that these articles are increasingly being implemented; Parties are also increasingly reporting on programmes to replace farming of tobacco with cultivation of other agricultural products as well as measures taken to respond to health and environmental concerns in relation to tobacco growing and manufacturing (such as good agricultural practices, reducing emissions in the tobacco manufacturing process, and efforts to classify cigarette butts as special waste). Promotion and sharing of such good practices could be the focus of future work in these areas to improve the rate of implementation of these requirements of the Convention.

With respect to the action to be taken, it should be noted that the report submitted to the COP at its sixth session by the working group on Articles 17 and 18 (document FCTC/COP/6/12) contains policy options and recommendations on economically sustainable alternatives to tobacco growing.

Liability (Article 19)

The average of implementation rates for Article 19 provisions is 14%, the second-lowest among all substantive articles of the Convention, but up from the 10% of 2012.

Implementation of Article 19 is lower in relation to the implementation or use of liability frameworks to seek compensation from those involved in manufacturing, supplying or marketing tobacco products than it is for civil and criminal liability for breaches of tobacco control measures.

Almost half of the Parties (48%) reported having measures regarding criminal liability in place in their tobacco control legislation, and around one quarter (26%) reported having civil liability measures specific to tobacco control in place. Few Parties reported having taken action within civil liability frameworks to recover health-care costs resulting from tobacco consumption.

¹ Parties that indicated that these measures are not applicable to them were excluded from the calculation.

Although many Parties report having legislation on criminal and civil liability in place, less than one fifth of Parties report that those laws provide for compensation, and even fewer Parties report having taken any liability action within the scope of those laws, indicating that many obstacles are faced in the implementation and use of liability frameworks.

Research, surveillance and exchange of information (Article 20)

The average of the implementation rates of indicators under Article 20 (51%) places this article in the middle range of implementation.

More than two thirds of Parties reported that they have carried out research on the determinants and consequences of tobacco consumption, with the latter seeing a significant increase since 2012; there is also a notable increase in the number of Parties covering tobacco-related social, economic and health indicators in their national surveillance systems. Other areas of research reported by the Parties include: health warnings; cessation of tobacco use; tobacco use among pregnant women; smoking-attributable mortality; tobacco industry activities; tobacco taxation and fiscal policies; water pipe smoking among adolescents; and the potential impact of further regulating the contents of tobacco products.

A promising development is the increasingly frequent integration of tobacco-related questions into national surveys with broader scopes, and repeating such surveys on a regular basis so that trend data are available.

In several areas (for example those related to exposure to tobacco smoke, identification of effective programmes for the treatment of tobacco dependence or in relation to alternatives to tobacco growing) research still needs to be strengthened in around half of the Parties, and this is partly a result of lack of capacity and financial resources.

Reporting and exchange of information (Article 21)

The transition to the revised, biennial reporting cycle has been completed smoothly, with more than 70% of the Parties submitting their 2012 and 2014 implementation reports, which tend to be of better quality and more complete than those of the previous cycle.

Nevertheless, around one quarter of the Parties have delayed their reports or have not reported, and there is a lack of data in several areas of the report form, such as tobacco manufacturing or taxation and pricing of tobacco products. A survey among the non-reporting Parties conducted in mid-2013 revealed three main reasons for not complying with the reporting obligations, as follows: lack of data or capacity for national data collection and completion of the report; lack of key information to be reported or not enough progress to be reported; and a lack of information on the modalities of reporting and on the reporting instrument.

Cooperation between all relevant sectors of the government and other actors that could contribute data to the implementation reports needs to be strengthened to ensure that preparation of national reports becomes a joint and coordinated exercise.

The Secretariat is promoting compliance with the reporting obligations under the Convention in line with Article 21, and is also available to provide technical support to the Parties in complying with their reporting obligations, upon request.

International cooperation and assistance (Article 22)

The average implementation rate of this article is 37%,¹ and is therefore among those with the lowest implementation rates globally.

More Parties report on receiving than providing assistance, with the latter amount dropping slightly since the last global progress report, which may indicate the role of non-Party donors, including international and nongovernmental organizations, in providing resources to support Parties in their implementation efforts.

While more than half of the Parties received assistance to establish or strengthen national tobacco control programmes, much less attention is given to other areas, such as assistance in training of personnel, provision of equipment and supplies, and treatment of nicotine addiction.

An interesting new development is that assistance to developing country Parties is not being provided solely by traditional development partners or developed country Parties, while some developed country Parties also report that they have received assistance. Thailand and Uruguay, for example, reported providing assistance to other Parties, while Italy and Norway reported that they have received assistance. Several developed country Parties reported that they have received assistance from WHO and the Convention Secretariat. There were also cases of strengthening the role of regional organizations through, for example, adopting regional standards on packaging and labelling or targets for achieving tobacco-free societies.

Strengthened international cooperation and continuing efforts to assist countries in assessing their needs in implementation of the Convention, as called upon by the COP, have resulted in the provision of more targeted assistance by international partners and a growing trend of integration of treaty implementation into United Nations Development Assistance Frameworks.

The potential to mobilize assistance through international organizations of which Parties are members, as outlined in Article 26.4, remains largely under-utilized. Paying increased attention to this important mechanism could contribute substantially to strengthened implementation of the Convention.

PREVALENCE OF TOBACCO USE AND RELATED HEALTH AND ECONOMIC CONSEQUENCES

Of the 130 reports received, 112 (86%) contained recent data on smoking among adults and 44 (34%) recent data on young people. Data reported by the Parties were checked against the supporting documents submitted, or directly with the quoted data source. The data were then utilized for the analysis of changes in prevalence across the reporting cycles.

The comparability of prevalence data is increasing in comparison with the previous reporting cycles, and the number of Parties identified as having two comparable datasets on tobacco use prevalence has almost doubled in 2014 compared with the 2012 reporting cycle (45 and 25 Parties, respectively); this indicates that monitoring of tobacco use has been strengthened by an important number of Parties, although it is still to be expanded to cover all Parties. However, comparable data on smokeless tobacco use has not become more broadly available since the previous reporting cycle.

More than two thirds of the Parties with comparable data experienced a decrease¹ in the prevalence of smoking in adults, and more than half of the Parties experienced the same among young people. In

¹ Concerning assistance received.

general, the number of Parties reporting a decrease in smoking prevalence with comparable data across reporting periods is twice as high in 2014 than in 2012.

For the purpose of making global and regional comparisons, WHO's Department of Prevention of Noncommunicable Diseases calculated weighted average prevalence rates. Globally, the weighted average adult smoking prevalence rates estimated for the year 2012 showed that 36% of males and 8% of females were current smokers. Rates were found to vary between regions as well as between country income groups. In the case of smokeless tobacco products, the weighted average prevalence rates showed that globally 12% of males and 7% of females currently use smokeless tobacco. Although the availability of data on smokeless tobacco use are slowly improving, there are still large data gaps globally and therefore these results are indicative only and should be used with caution.

In terms of weighted averages among young people globally, the proportion of boys who smoke (16%) is almost three times that of girls (6%). In addition, 8% of boys and 6% of girls consume smokeless tobacco.

Further details on prevalence of tobacco use, including data reported by the Parties across the reporting cycles, as well as tables containing regional comparisons, are provided in the full global progress report.

There has also been a notable increase in the number of Parties reporting on tobacco-related mortality data or providing numerical figures on the economic burden of tobacco use. For example, 17 Parties reported comparable data on mortality in both the 2014 and 2012 reporting periods, a significant improvement since 2012, when there were only two countries for which a comparison was possible. Of these 17 Parties, nine saw a decrease in the number of tobacco-related deaths. It is also to be noted that 38 Parties provided information on tobacco-attributable costs based on local research and calculation. With the number of Parties conducting research to quantify the health and economic impacts of tobacco, it is important that methodologies for such studies are aligned to ensure better comparability of data.

The use by the Parties of the new WHO FCTC Indicator Compendium may facilitate collection of internationally comparable data in countries, through the use of standardized indicators on prevalence of tobacco use and related health and economic consequences.

SUMMARY OBSERVATIONS

Parties in general comply with their reporting obligations under the Convention. Nearly 73% of Parties submitted their implementation reports in 2014, a slight increase over 2012, and at 168 Parties have submitted at least one implementation report since 2007. There is also a steady and substantial improvement in the completeness of the reports and most Parties comply with the reporting instrument. However reporting requires constant and, for many Parties, increased attention, to ensure the exchange of information and monitoring of progress, achievements and challenges, which are key functions and obligations of Parties under the Convention.

Implementation of the Convention has progressed steadily since entry force in 2005, with the average implementation rate of its substantive articles approaching 60%, compared with just over 50% in 2010. Progress is, however, uneven between different articles of the Convention, with implementation rates varying from less than 20% to more than 75%. Implementation is also uneven between Parties and regions.

¹ By more than 1 percentage point.

Recent years have witnessed several strong achievements, innovative approaches and positive trends, which demonstrate the strong commitment of Parties to achieve full implementation of the Convention. They cut across almost all substantive articles, and include measures such as large increases in tobacco taxes, expanding smoke-free policies to include outdoor areas, banning additives in tobacco products, tobacco display bans at points of sale, very large health warnings, plain packaging, and using mobile and Internet technologies for promoting smoking cessation. In most cases, such advanced measures inspire similar action in other countries.

Another bold development of recent years is the declaration of plans, by several Parties and regional groups, for smoke-free societies in the near future, a sign of the growing determination of Parties to end the tobacco epidemic.

Almost all Parties have now reached the implementation deadlines that exist for some time-bound provisions of the Convention, namely those in the area of health warnings and advertising bans. Although substantial progress has been made in recent years, one third of Parties have not reached full implementation of one or both of those time-bound measures.

Strengthening national capacity and legislation for tobacco control, general obligations under the Convention, have an overarching impact on its full implementation. Overall, 80% of the Parties have strengthened their existing or adopted new tobacco control legislation after ratifying the Convention, but one third of Parties have still not put in place legislative measures in line with the requirements of the Convention. In terms of national capacity, it is still the case that not all Parties have designated a national tobacco control focal point, and even fewer Parties have increased full-time capacity in tobacco control.

Strengthening of the national coordination mechanism and international cooperation are other obligations with overarching impact. Weakness of multisectoral coordination and insufficient support from sectors outside health remain challenges in a large number of Parties. As far as international cooperation is concerned, Parties in general report more extensively on examples of cooperation with other Parties, international agencies and other partners. The reported rates for provision of assistance have actually decreased compared with 2012, however, which may be a sign of growing assistance from development partners other than States Parties. This aspect nevertheless requires more attention from Parties. In addition, the potential to mobilize assistance through international organizations of which Parties are members, as outlined in Article 26.4, remains largely under-utilized.

Concerning data on smoking prevalence reported by the Parties, the number of countries in which comparable prevalence data over time are available has increased, and more than two thirds of Parties with comparable data experienced a decrease in smoking prevalence in adults.

Parties also report on tobacco products that are expanding their global reach (such as electronic nicotine delivery systems, smokeless tobacco and shisha) and expressed their concerns about the rapid growth in the use of such products, particularly electronic nicotine delivery systems. More Parties are reporting on research specifically addressing these products and also on regulatory steps they have taken to prevent further expansion of use of such products (such as bans on importation, use, and advertising of electronic cigarettes).

Parties continue to report on challenges to implementation of the Convention. Interference by the tobacco industry and weakness of national coordination mechanisms – and often also political will – remain the primary obstacles mentioned by countries. Some Parties implementing strong measures face legal challenges, increasingly in domestic courts, brought by the tobacco industry. Parties have, however, demonstrated a strong commitment to protect their tobacco control policies and some have already won their legal cases, which is a sign of the legitimacy of protecting public health through full implementation of the WHO FCTC.

ACTION BY THE CONFERENCE OF THE PARTIES

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