

Five years of progress in global tobacco control

One third of the world's people are protected by at least one effective tobacco control measure

In the five years since publication of the first WHO Report on the Global Tobacco Epidemic in 2008, one third of all countries have successfully implemented one or more of the MPOWER measures at the highest level of achievement (Monitoring of tobacco use is reported separately and is not included in this grouped analysis; see Technical Note I for definitions).

More than 2.3 billion people living in 92 countries – a third of the world's population – are now covered by at least one of the five MPOWER measures (not including Monitoring) at the highest level, an increase of nearly 1.3 billion people (and 48

countries) since 2007. Nearly 1 billion people living in 39 countries are now covered by two or more of the MPOWER measures at the highest level, an increase of about 480 million people (and 26 countries) since 2007.

In 2007, no country protected its population with all five – or even four – of the MPOWER measures. Today, one country, Turkey, now protects its entire population of 75 million people with all five tobacco control measures at the highest level. Three countries (Brazil, the Islamic Republic of Iran and Panama), with 278 million people have put in place four of the five MPOWER measures at the highest level. All of these countries are low- or middle-income countries.

Most progress has been in low- and middle-income countries

Almost all progress in the MPOWER measures over the past five years has been achieved in low- and middle-income countries. This is critically important, as tobacco use has increased in many low- and middle-income countries even as it has stabilized or declined slightly in some high-income countries. However, high-income countries cannot afford to fall behind in protecting their people against the harms of tobacco use.

Of the 48 countries that newly implemented at least one MPOWER measure at the highest level since 2007, most (80%) are low- or middle-income, with 18% of the world's population newly protected by

at least one measure. An additional 16 countries that already had one MPOWER measure in place at the highest level in 2007 or earlier added at least one more by 2012.

Covering 5% of the world's population, 19 of the 26 countries that have reached the highest level of achievement on at least two MPOWER measures since 2007 are low- or middle-income. Of the eight countries that have achieved the highest level on at least three MPOWER measures, five are low- or middle-income. No high-income country has yet implemented more than three of the MPOWER measures at the highest level, compared with four low- or middle-income countries that have done so.

Although the number of countries that have put each of the five MPOWER measures in place increased sharply between 2007 and

2012, the growth in population covered by each individual measure has been less pronounced. Many countries with newly implemented MPOWER measures have relatively small populations, and have surpassed some high-population countries in the levels of protection they provide against the harms of tobacco use. More populous countries need to take similar action to fully cover their people with complete implementation of MPOWER measures.

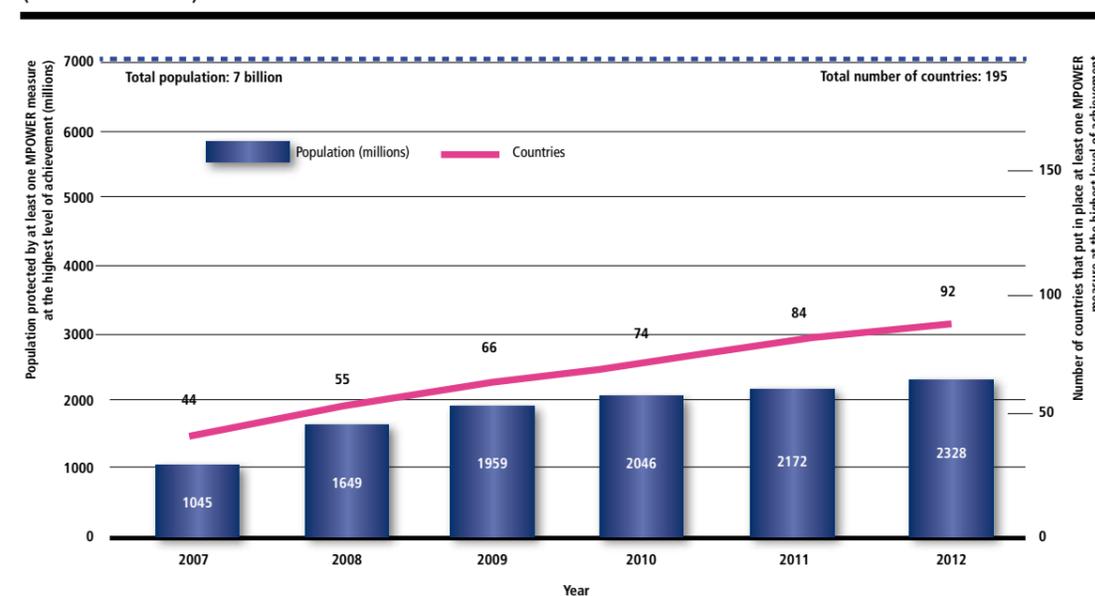
Some tobacco control measures have become more established than others

Although many countries have made a great deal of progress over the past five years in the MPOWER measures, some countries have made little to no headway against the

epidemic of tobacco use. Additionally, some MPOWER measures are far more likely to be put in place than others. While all of these measures are important on their own, and each will help reduce tobacco use, countries that establish a coordinated tobacco control programme that incorporates all these measures will have a far greater likelihood of success in reducing tobacco use.

Monitoring tobacco use and prevention policies. More than a quarter of countries, with 40% of the world's population, regularly monitor tobacco use among adults and youth using nationally representative surveys, an increase of 14 countries (5% of world population) since 2007. It takes time to establish a surveillance system that regularly surveys both adults and youth at least once every five years. In 2007, 32 countries had no recent data for adults

FIVE YEARS OF PROGRESS IN SELECTED TOBACCO CONTROL MEASURES (2007–2012)



Note: 2009 and 2011 data include some estimation where the year of complete O and R policies was not known. Data on Monitoring of tobacco use and Mass media campaigns are not included.



or youth. By 2012, only 22 countries (8% of world population) still had no recent adult or youth surveys. Six of these countries are middle-income countries, and three are high-income countries.

Protecting people from the harms of tobacco smoke. In terms of both countries and population covered, the measure with the greatest progress since 2007 has been protecting people from the dangers of tobacco smoke by enacting laws that create smoke-free workplaces and public places. There are 32 countries (including 26 low- and middle-income countries) that adopted complete smoking bans between 2007 and 2012. Since 2007, the population protected by a comprehensive smoke-free law more than quadrupled, with 1.1 billion people (16% of world population) now protected from the dangers of second-hand smoke. Almost all of these newly protected people live in middle-income countries, which have taken the lead in passing complete smoke-free laws.

Offering help to quit tobacco use. Twice as many people now have access to

appropriate cessation services than did five years ago, when only 502 million people (7% of world population) in 12 countries were offered sufficient assistance to quit. Now, more than 1 billion people (15% of world population) in 21 countries are receiving this critical help to stop tobacco use. Middle- and high-income countries continue to be more likely to provide their people with appropriate cessation support; no low-income country yet provides cessation support at the highest level, and few are close to doing so.

Warning about the dangers of tobacco. The number of people worldwide who are exposed to strong, graphic health warning labels on cigarette packs has nearly tripled in the past five years, from 356 million (5% of world population) in 10 countries in 2007 to more than 1 billion people (14% of world population) in 30 countries by 2012. Middle-income countries are more likely to have established strong warning label requirements over the past five years, although most high-income countries mandate warning labels with at least some of the defined characteristics.

Enforcing bans on tobacco advertising, promotion and sponsorship. In 2007, a mere 2.4% of people worldwide (170 million people in 8 countries) were protected by complete bans on tobacco advertising, promotion and sponsorship. Five years later, this has more than quadrupled to 694 million people (10% of world population) in 24 countries. Low-income countries have taken greater action to put this MPOWER measure in place at the highest level than have either high- or middle-income countries.

Raising taxes on tobacco. The most cost-effective tobacco control strategy is increasing the price of tobacco products by raising tobacco tax. However, this is the MPOWER measure with the least progress since data were first collected. In 2008, 7% of people worldwide (490 million people in 22 countries) were subject to tax rates sufficiently high to represent 75% of the retail price of cigarettes. In 2012, that had increased to only 530 million people (8% of world population) in 32 countries. Low-income countries, which are in greater need of government funding for tobacco control programmes, are the least likely to have sufficiently high tax rates.

More progress is needed in all countries

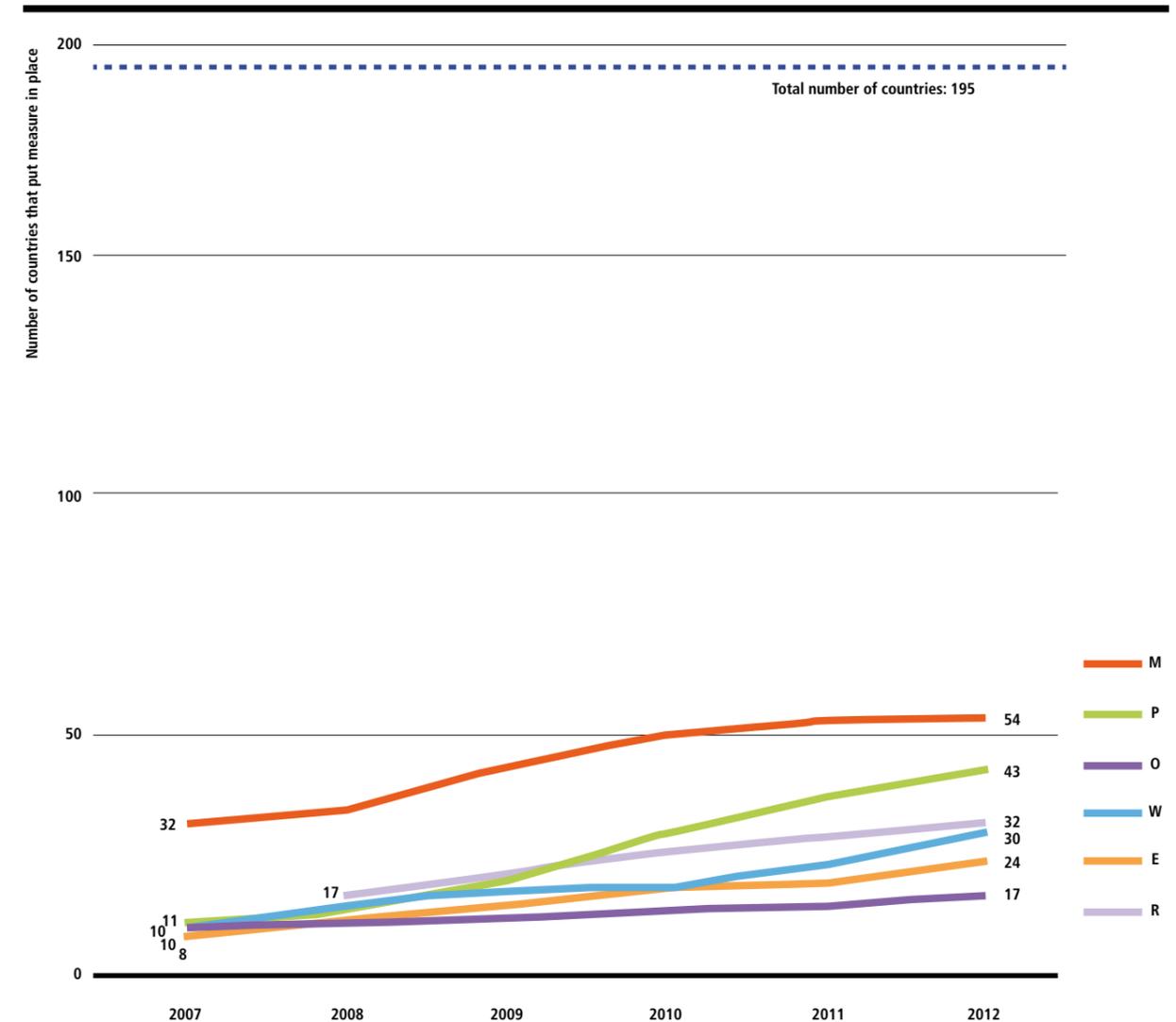
There has been great progress in global tobacco control efforts over the past five years, with both the number of countries protecting their people and the number of people worldwide protected by effective tobacco control measures more than doubling since 2007. However, far more work is needed in almost every country,

especially to pass and enforce effective tobacco control legislation and take other actions that incorporate all elements of the WHO Framework Convention on Tobacco Control.

The successes of the majority of countries in applying the MPOWER measures demonstrate that it is possible to tackle the tobacco epidemic regardless of size or income. Most progress in protecting people

with these measures has been made by low- and middle-income countries, which remain at greatest risk from tobacco industry efforts to increase tobacco use. Despite the achievements in some countries to establish effective tobacco control measures, only one country so far has reached the highest level of achievement in all MPOWER measures. Efforts must be accelerated in all countries to save even more lives.

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Notes: for M and R measures, a value was imputed for 2009 and 2011. Year of complete O measure unknown for four countries.

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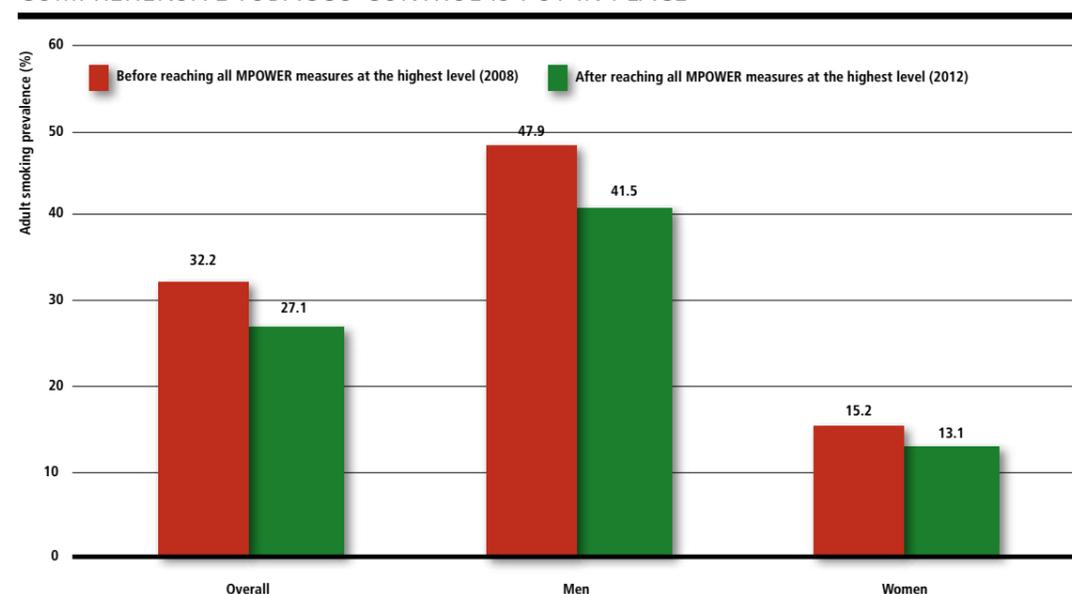
Turkey marks singular achievement in tobacco control

History of tobacco control in Turkey

- The first organized anti-tobacco civil society movement started in Turkey in 1991.
- Turkey's first tobacco control bill was vetoed in 1991. Parliament tabled a 1992 bill.
- In 1996, tobacco control legislation was enacted. Implementation was successful despite tobacco industry opposition, but enforcement was uneven.
- In 2002, Turkey established the Tobacco and Alcohol Market Regulatory Authority (TAPDK).
- Turkey signed the WHO FCTC on 28 April 2004 and ratified it on 30 November 2004, one of the first countries to do so.
- Following ratification, the Ministry of Health (MoH) formed a National Tobacco Control Committee to prepare a national tobacco control programme and implementation plan.
- The tobacco control law was substantially strengthened in 2008, with clearly established enforcement mechanisms instituted by the MoH and TAPDK that include inspection teams in each province.

Reducing demand for tobacco in Turkey

MORE THAN 13% DECLINE IN SMOKING PREVALENCE IN TURKEY AFTER COMPREHENSIVE TOBACCO CONTROL IS PUT IN PLACE



Source: (89).

Monitoring of tobacco use and prevention policies

- Turkey was the first country to complete data collection for the Global Adult Tobacco Survey (GATS) in 2008, and was one of two countries to repeat GATS in 2012.
- Turkey conducted the Global Youth Tobacco Survey (GYTS) in 2003, 2009 and 2012.
- A study of smoking and health-care professionals was conducted in 2007 and repeated in 2011.

- In addition to these systematic surveys, other surveys show strong public support for the law, increased compliance, and improvements in indoor air quality and health benefits.

Protecting people from tobacco smoke

- Turkey's first smoke-free law was enacted in 1996 and substantially strengthened in 2008 to cover the hospitality industry, most importantly adding restaurants, bars and cafés.
- In addition, the MoH and TAPDK issued regulations to ensure compliance. However, a few exceptions are still in place.

Offering help to quit tobacco use

- The 2008 legislation charged the MoH to develop programmes to help people stop using tobacco and ensure accessibility of cessation medications.
- The government established a national quit line service in 2010, and began to cover costs of nicotine replacement therapy and other cessation services.

Warning about the dangers of tobacco

Health warning labels

- The 1996 law mandated warning labels, but they were only small text warnings and did not appear on the main package display areas.
- In 2005, the TAPDK required larger text warnings covering 30-40% of the front and back of packages.
- In 2012 the TAPDK mandated pictorial warnings covering 65% of both the package front and back, and prohibited misleading and deceptive terms such as "mild" or "light".

Anti-tobacco mass media campaigns

- The 1996 law directed all television stations to broadcast anti-tobacco programmes, but many were aired late at night and viewership was low.
- The 2008 revision required that programming be aired during prime viewing hours to reach more people.
- Media campaigns featured anti-tobacco advertisements



Testimonial anti-tobacco TV campaign showing health effects of tobacco use.

- pretested for effectiveness, including the hard-hitting "Sponge" ads.
- Campaigns were also launched to publicize provisions of the new law, in particular the smoke-free requirements and the national quit line service.

Enforcing of bans on tobacco advertising, promotion and sponsorship

- The 1996 law banned virtually all tobacco advertisement and promotion, but not sponsorships.
- The 2008 revision expanded the ban to include all sponsorships, and added retail display restrictions.
- In 2012, Turkey implemented a total TAPS ban (including brand sharing and brand stretching).

Raising taxes on tobacco

- Tobacco taxes in Turkey represented 65-70% of the retail price for many years.
- Since passage of the revised law in 2008, taxes were gradually increased, and now represent 80.3% of the retail price.

Tobacco use in Turkey is declining

- Although Turkey has had a long tradition of tobacco use and high smoking prevalence, particularly among men, tobacco use is now declining at unprecedented rates.
- Among adults, data from GATS show that smoking prevalence significantly decreased from 31.2% (16 million) in 2008 to 27.1% (14.8 million) in 2012.
 - This represents a 13.4% relative decline (13.5% for males; 13.7% for females).
 - Despite this sharp decline, however, more than a quarter of Turkey's adults continue to use tobacco.

Turkey: an example for other countries

- Turkey is the first country to attain the highest level of achievement in all six MPOWER measures. This progress is a testament to the Turkish government's sustained political commitment to tobacco control, and is an excellent example of collaboration between government, WHO and other international health organizations, and civil society.
- The need for other countries to follow Turkey's example and apply all six MPOWER measures at the strongest level is urgent. Even more progress is possible in Turkey and elsewhere if we continue doing what works.
- Subsidized cessation assistance can be offered to more people, and access made easier.

- Health warning labels can be made even larger with more impactful images, and anti-tobacco advertising campaigns can be expanded.
- Bans on TAPS can be strengthened to include all point-of-sale and promotional activities.
- Taxes can be raised further, with revenues specifically earmarked for tobacco control.
- Enforcement of all measures can be strengthened.