

Summary

The WHO Framework Convention on Tobacco Control (WHO FCTC) recognizes the substantial harm caused by tobacco use and the critical need to prevent it. Tobacco kills approximately 6 million people and causes more than half a trillion dollars of economic damage each year. Tobacco will kill as many as 1 billion people this century if the WHO FCTC is not implemented rapidly.

Although tobacco use continues to be the leading global cause of preventable death, there are proven, cost-effective means to combat this deadly epidemic. In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as “MPOWER”, these measures correspond to one or more of the demand

reduction provisions included in the WHO FCTC: Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn people about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, and Raise taxes on tobacco. These measures provide countries with practical assistance to reduce demand for tobacco in line with the WHO FCTC, thereby reducing related illness, disability and death. The continued success in global tobacco control is detailed in this year’s *WHO Report on the Global Tobacco Epidemic, 2013*, the fourth in a series of WHO reports. Country-specific data are updated and aggregated in the report.

To ensure ongoing improvement in data analysis and reporting, the various levels of achievement in the MPOWER measures have been refined and, to the extent possible, made consistent with updated WHO FCTC guidelines. Data from earlier reports have also been reanalysed so that they better reflect these new definitions and allow for more direct comparisons of the data across years. As in past years, a streamlined summary version of this year’s report has been printed, with online-only publication of more detailed country-specific data (<http://www.who.int/tobacco>).

There continues to be substantial progress in many countries. More than 2.3 billion people living in 92 countries – a third of the world’s

More than 2.3 billion people are now covered by at least one of the MPOWER measures at the highest level of achievement.

population – are now covered by at least one measure at the highest level of achievement (not including Monitoring, which is assessed separately). This represents an increase of nearly 1.3 billion people (and 48 countries) in the past five years since the first report was released, with gains in all areas. Nearly 1 billion people living in 39 countries are now covered by two or more 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 measures. Today, one country, Turkey, now protects its entire population of 75 million people with all MPOWER measures at the highest level.

Three countries with 278 million people have put in place four measures at the highest level. All four of these countries are low- or middle-income.

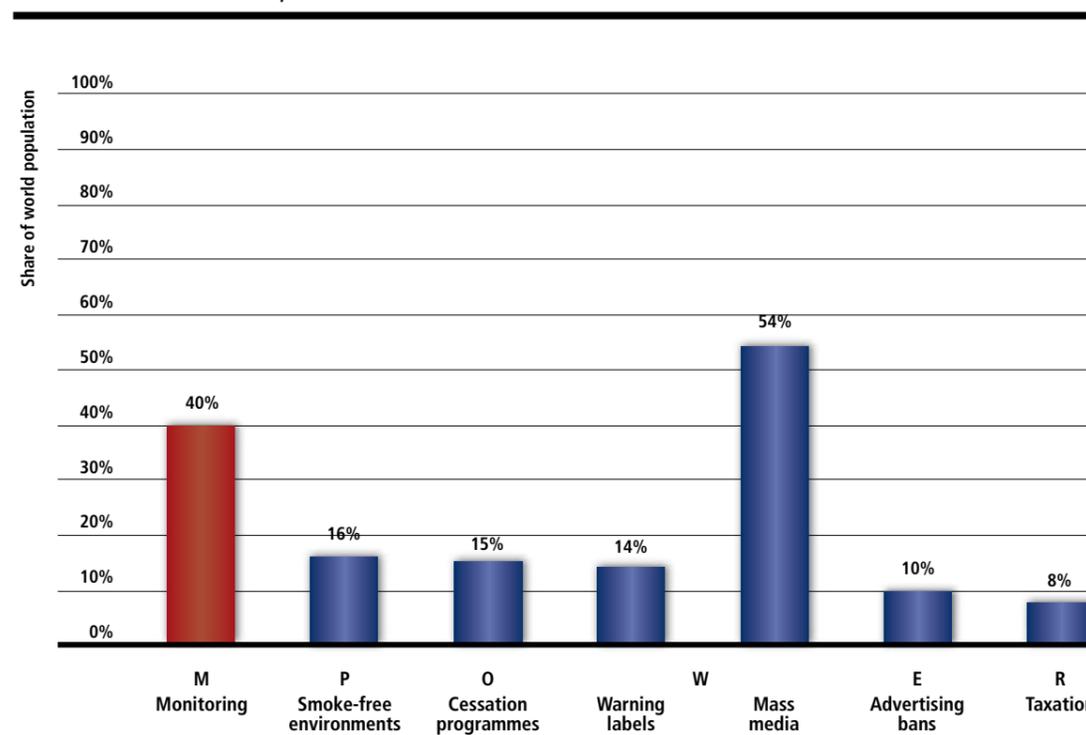
Most of the progress in establishing the MPOWER measures over the past five years since the first report was launched, has been achieved in low- and middle-income countries and in countries with relatively small populations. More high-income and high-population countries need to take similar actions to fully cover their people by completely establishing these measures at the highest achievement level.

This year’s report focuses on complete bans on tobacco advertising, promotion and sponsorship (TAPS), which is a highly effective way to reduce or eliminate exposure to cues for tobacco use. The report provides a comprehensive overview of the evidence base for establishing TAPS bans, as well as country-specific information on the status of complete bans and bans on individual TAPS components.

While there has been a steady increase in the number of countries that have established a complete TAPS ban and the number of people worldwide protected by this type of ban, this measure has yet to be widely adopted. Only 24 countries (with



SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2012



Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories refer to Technical Note I.

694 million people, or just under 10% of the world's population) have put in place a complete ban on direct and indirect TAPS activities, although this trend has accelerated since 2010. More than 100 countries are close to having a complete TAPS ban, needing to strengthen existing laws to ban additional types of TAPS activities to attain the highest level. However, 67 countries currently do not ban any TAPS activities, or have a ban that does not cover advertising in national broadcast and print media.

The WHO FCTC demonstrates sustained global political will to strengthen tobacco control and save lives. As countries continue to make progress in tobacco control, more people are being protected from the harms of second-hand tobacco smoke, provided with help to quit tobacco use, exposed to effective health warnings through tobacco package labelling and mass media campaigns, protected against tobacco industry marketing tactics, and covered by taxation policies designed to decrease

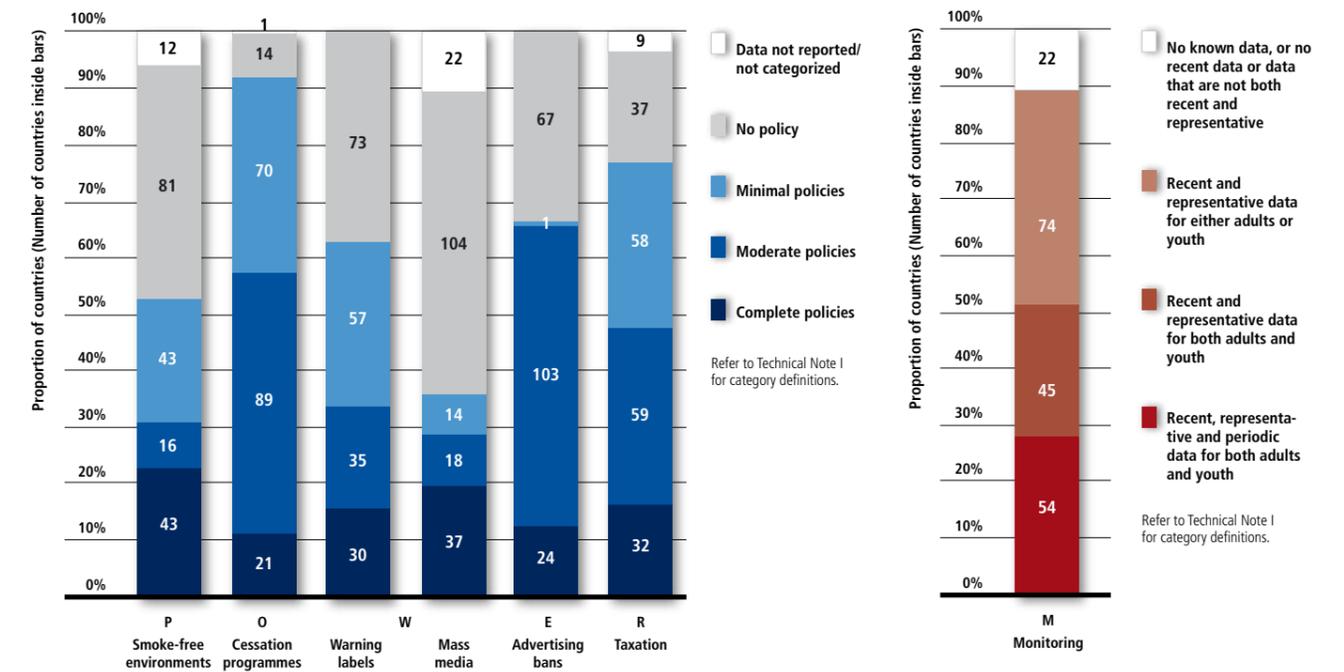
tobacco use and fund tobacco control and other health programmes.

However, more countries need to take the necessary steps to reduce tobacco use and save the lives of the billion people who may otherwise die from tobacco-related illness worldwide during this century.

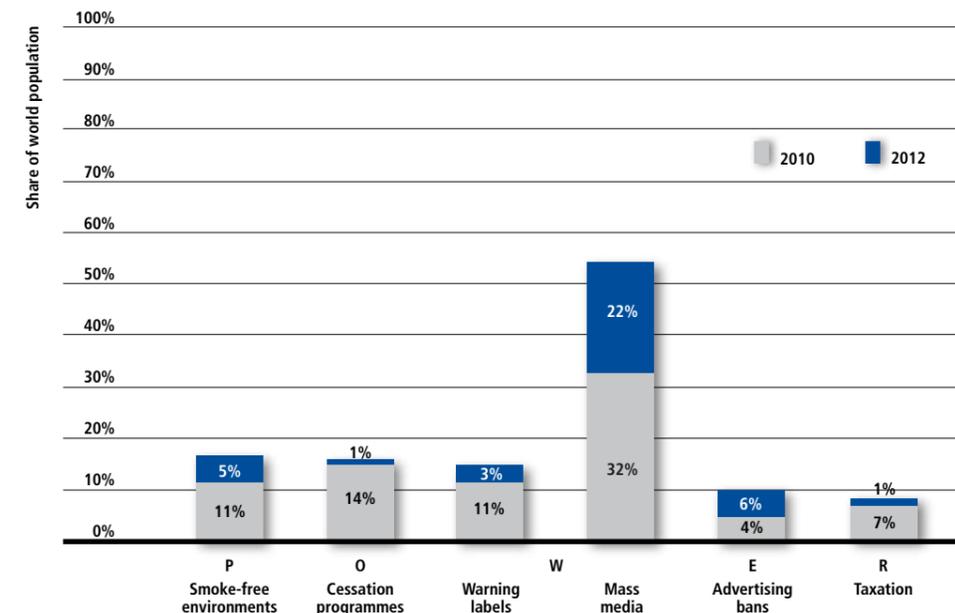
24 countries have a complete ban on direct and indirect TAPS activities.



THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2012



INCREASE IN THE SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2010 TO 2012



Note: Data on Monitoring are not shown in this graph because they are not comparable between 2010 and 2012. The tobacco control policies depicted here correspond to the highest level of achievement at the national level; for the definitions of these highest categories refer to Technical Note I.