

Evaluation of existing policies and compliance

This report provides summary indicators of country achievements for each of the six MPOWER measures, and the methodology used to calculate each indicator is described in this Technical Note. To ensure consistency and comparability, the data collection and analysis methodology used in this report are largely based on previous editions of the report. Some of the methodology employed in earlier reports, however, has been revised and strengthened for the present report. Where revisions have been made, data from previous reports have been re-analysed so that results are comparable across years.

Data sources

Data were collected using the following sources:

- For all areas: official reports from WHO FCTC Parties to the Conference of the Parties (COP) and their accompanying documentation.¹
- For M: tobacco prevalence surveys not yet reported under the COP reporting mechanism were collected from the WHO Global Infobase and through an extensive literature search. Technical Note II provides the detailed methodology used for the calculation of the prevalence estimates.
- For P, W (pack warnings) and E: original tobacco control legislation, including regulations, adopted in all Member States related to smoke-free environments, packaging and labelling measures and tobacco advertising, promotion and sponsorship.
- For W (mass media): data on anti-tobacco mass media campaigns were obtained from Member States. In order to avoid unnecessary data collection, WHO conducted a screening for anti-tobacco mass media campaigns in all WHO country offices. In countries where potentially eligible mass media campaigns were identified, focal points in each country were contacted for further information on these campaigns and data on eligible campaigns were gathered and recorded systematically.

- For R: the prices of the most sold brand of cigarettes, the cheapest brand and the brand Marlboro were collected through regional data collectors. Information on the taxation of cigarettes (and, for some countries in South East Asia Region, bidis) and revenues from tobacco taxation as well as any supporting documents were collected from ministries of finance. Technical Note III provides the detailed methodology used.

Based on these sources of information, WHO made an assessment for each indicator as of 31 December 2012. Exceptions to this cut-off date were tobacco product prices and taxes (cut-off date 31 July 2012) and anti-tobacco mass media campaigns (cut-off date 30 June 2012).

Data validation

For each country, every data point for which the source was legislation was assessed independently by two different expert staff from two different WHO offices, generally one from WHO headquarters and the other from the respective regional office. Any inconsistencies found were reviewed by the two WHO expert staff involved and a third expert staff member not yet involved in the appraisal of the legislation. These were resolved by: (i) checking the original text of the legislation; (ii) trying to obtain consensus from the two expert staff involved in the data collection; and (iii) the decision of the third expert in cases where differences remained. Data were also checked for completeness and logical consistency across variables.

Data sign-off

Final, validated data for each country were sent to the respective government for review and sign-off. To facilitate review by governments, a summary sheet was generated for each country and was sent for review prior to the close of the report database. In cases where national authorities requested data changes, the requests were

assessed by WHO expert staff according to both the legislation and the clarification shared by the national authorities, and data were updated or left unchanged. In cases where national authorities explicitly did not approve data, this is specifically noted in the appendix tables. Further details about the data processing procedure are available from WHO.

Data analysis

The report provides summary measures or indicators of country achievements for each of the six MPOWER measures. It is important to note that data for the report are based on existing legislation and reflect the status of adopted but not necessarily implemented legislation, as long as the law clearly indicates a date of entry into force and is not undergoing a legal challenge. The summary measures developed for the *WHO Report on the Global Tobacco Epidemic, 2013* are the same as those used for the 2011 report, except for the indicator on anti-tobacco mass media campaigns, which was slightly improved.

The report provides analysis of progress made since 2010 and since the first report (2007). For each indicator, 2010 and 2007 data were compared with 2012 data. Indicators from previous years have been recalculated, according to legislation/materials received after the assessment period of the respective report or according to changes in the methodology, so that the results are comparable across years.

When country or population totals for MPOWER measures are referred to collectively in the analysis section of this report, only the implementation of tobacco control policies (smoke-free legislation, cessation services, warning labels, advertising and promotion bans, and tobacco taxes) is included in these totals. Monitoring of tobacco use is reported separately. When changes in population coverage since 2010 or 2007 are presented, again only implementation of policies is included.

Correction to previously published data

The 2010 data published in the last report were reviewed, and about 3% of data points were corrected. In most cases, review was conducted because legislation or policies were in place at the time of the last report but details were not available to WHO in time for publication. As a result of these corrections, one country was downgraded from the highest group of smoke-free legislation, two countries for cessation services, one country for pack warnings, nine countries for bans on advertising, promotion and sponsorship, and one country for tax rates.

Monitoring

The strength of a national tobacco surveillance system is conveyed by the frequency and periodicity of nationally representative youth and adult surveys in countries. To assess each country's tobacco use surveillance system, the following information is noted:

- the year of the most recent survey;
- whether the survey was representative of the country's population;
- whether a similar survey was repeated at least every five years (periodicity); and
- whether adults, youth or both were surveyed.

Surveys were considered recent if data were collected in 2007 or later. Surveys were considered representative if the sample was selected scientifically to represent the national population. Surveys were considered periodic if the same survey or a similar survey was conducted at least once every five years. Surveys were considered "youth surveys" if these surveys provided statistically robust information on persons up to 17 years of age. Where it was not possible to obtain all the above information on a particular survey, the survey was excluded from the assessment. Where the survey was subnational or covered only a portion of the general population, it was excluded from the assessment.

The groupings for the Monitoring indicator are listed below.

	No known data or no recent* data or data that are not both recent* and representative**
	Recent* and representative** data for either adults or youth
	Recent* and representative** data for both adults and youth
	Recent*, representative** and periodic*** data for both adults and youth

* Data from 2007 or later.
 ** Survey sample representative of the national population.
 *** Collected at least every five years.

Smoke-free legislation

There is a wide range of places and institutions that can be made smoke-free by law. Smoke-free legislation can take place at the national or subnational level. The report includes data on national legislation as well as legislation in subnational jurisdictions. The assessment of subnational smoke-free legislation includes all first-level administrative boundaries (first administrative subdivisions of a country), as determined by the United Nations Geographical Information Working Group. In addition, smoke-free legislation status of other subnational jurisdictions is reported when data and respective legislation were provided by country focal points. Subnational data reported in Appendix VI only reflect the status of subnational legislation and do not take into account the status of legislation at the national/federal level. Legislation was assessed to determine whether smoke-free laws provided for a complete² indoor smoke-free environment at all times, in all the facilities of each of the following eight places:

- health-care facilities;
- educational facilities other than universities;
- universities;
- government facilities;

- indoor offices and workplaces not considered in any other category;
- restaurants or facilities that serve mostly food;
- cafés, pubs and bars or facilities that serve mostly beverages;
- public transport.

Groupings for the Smoke-free legislation indicator are based on the number of places where indoor smoking is completely prohibited. In addition, countries where at least 90% of the population was covered by complete subnational indoor smoke-free legislation are grouped in the top category.

In a few countries, in order to significantly expand the creation of smoke-free places, including restaurants and bars, it was politically necessary to include exceptions to the law that allowed for the provision of designated smoking rooms (DSRs) with requirements so technically complex and strict that, for practical purposes, few or no establishments are expected to implement them. In order to meet the criteria for "very strict technical requirements", the legislation had to include at least three out of the six following characteristics (and must include at least criteria 5 or 6).

The designated smoking room must:

1. be a closed indoor environment;
2. be furnished with automatic doors, generally kept closed;
3. be non-transit premises for non-smokers;
4. be furnished with appropriate forced-ventilation mechanical devices;
5. have appropriate installations and functional openings installed, and air must be expelled from the premises;
6. be maintained, with reference to surrounding areas, in a depression not lower than 5 Pascal.

The few countries whose laws provide for DSRs with very strict technical requirements have not been categorized in the analyses for this section because their smoke-free legislation substantially departs from the recommendations of WHO FCTC Article 8 guidelines, and it has been difficult to measure if the law resulted in the intended very

low number of DSRs in all of these countries. The groupings for the Smoke-free legislation indicator are listed below.

Data not reported/not categorized
Up to two public places completely smoke-free
Three to five public places completely smoke-free
Six to seven public places completely smoke-free
All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

In addition to the data being used for the above groupings of the Smoke-free legislation indicator, other related data such as information on fines and enforcement were collected and are reported in Appendix VI.

Tobacco dependence treatment

The indicator of achievement in treatment for tobacco dependence is based on whether the country has available:

- nicotine replacement therapy (NRT);
- cessation services;
- reimbursement for any of the above; and
- a national toll-free quit line.

Despite the low cost of quit lines, few low- or middle-income countries have implemented such programmes. Thus, national toll-free quit lines are included as a qualification only for the highest category. Reimbursement for tobacco dependence treatment is considered only for the top two categories to take restricted national budgets of many lower-income countries into consideration.

The top three categories reflect varying levels of government commitment to the availability of nicotine replacement therapy and cessation support.

The groupings for the Tobacco dependence treatment indicator are listed below.

Data not reported
None
NRT* and/or some cessation services** (neither cost-covered)
NRT* and/or some cessation services** (at least one of which is cost-covered)
National quit line, and both NRT* and some cessation services** cost-covered

* Nicotine replacement therapy.
** Smoking cessation support available in any of the following places: health clinics or other primary care facilities, hospitals, office of a health professional, the community.

In addition to data used for the grouping of the Tobacco dependence treatment indicator, other related data such as information on countries' essential medicines lists, non-NRT tobacco dependence treatment, etc. were collected and are reported in Appendix VI.

Warning labels

The section of the report devoted to assessing each country's achievements in health warnings notes the following information about characteristics of cigarette pack warnings:

- whether specific health warnings are mandated;
- the mandated size of the warnings, as a percentage of the front and back of the cigarette pack;
- whether the warnings appear on individual packages as well as on any outside packaging and labelling used in retail sale;
- whether the warnings describe specific harmful effects of tobacco use on health;
- whether the warnings are large, clear, visible and legible (e.g. specific colours and font styles and sizes are mandated);
- whether the warnings rotate;
- whether the warnings are written in (all) the principal language(s) of the country;
- whether the warnings include pictures or pictograms.

The size of the warnings on both the front and back of the cigarette pack were averaged to calculate the percentage of the total pack surface area that is covered by the warnings.

This information was combined with the warning characteristics to construct the groupings for the Health warnings indicator.

The groupings for the Health warnings indicator are listed below.

Data not reported
No warnings or small warnings ¹
Medium size warnings ² missing some ³ appropriate characteristics ⁴ OR large warnings ⁵ missing many ⁶ appropriate characteristics ⁴
Medium size warnings ² with all appropriate characteristics ⁴ OR large warnings ⁵ missing some ³ appropriate characteristics ⁴
Large warnings ⁵ with all appropriate characteristics ⁴

¹ Average of front and back of package is less than 30%.

² Average of front and back of package is between 30 and 49%.

³ One or more.

⁴ Appropriate characteristics:

- specific health warnings mandated;
- appearing on individual packages as well as on any outside packaging and labelling used in retail sale;
- describing specific harmful effects of tobacco use on health;
- are large, clear, visible and legible (e.g. specific colours and font style and sizes are mandated);
- rotate;
- include pictures or pictograms;
- written in (all) the principal language(s) of the country.

⁵ Average of front and back of the package is at least 50%.

⁶ Four or more.

In addition to the data used for the grouping of the Health warnings indicator, other related data such as the appearance of the quit line number, etc. were collected and are reported in Appendix VI.

Anti-tobacco mass media campaigns

Countries undertake communication activities to serve varied goals, including improving public relations, creating attention for an issue, building support for public policies, and prompting behaviour change. Anti-tobacco communication campaigns, which are a core tobacco control intervention, must have specified features in order to be minimally effective: they must be of sufficient duration and must be designed to effectively support tobacco control priorities, including increasing knowledge, changing social norms, promoting cessation, preventing tobacco uptake, and increasing support for good tobacco control policies.

With this in mind, and consistent with the definition of "anti-tobacco mass media campaigns" in the last report, only mass media campaigns of at least three weeks in duration that were designed to support tobacco control efforts and implemented between January 2011 and June 2012 were considered eligible for analysis. For the sake of logistical feasibility and cross-country comparability, only national level campaigns were considered eligible.

Eligible campaigns were assessed according to the following characteristics, which signify the use of a comprehensive communication approach:

1. The campaign was part of a comprehensive tobacco control programme.
2. Before the campaign, research was undertaken or reviewed to gain a thorough understanding of the target audience.
3. Campaign communications materials were pre-tested with the target audience and refined in line with campaign objectives.
4. Air time (radio, television) and/or placement (billboards, print advertising, etc.) was obtained by purchasing or securing it using either the organization's own internal resources or an external media planner or agency (this information indicates whether the campaign adopted a thorough media planning and buying process to effectively and efficiently reach its target audience).

5. The implementing agency worked with journalists to gain publicity or news coverage for the campaign.
6. Process evaluation was undertaken to assess how effectively the campaign had been implemented.
7. An outcome evaluation process was implemented to assess campaign impact.
8. The campaign was aired on television and/or radio.

The eighth criterion was added this year because television and radio are important mass media for tobacco control: first, they tend to have the greatest population reach in nearly all countries in the world; and second, TV and radio campaigns tend to be more impactful than static media (e.g. outdoors or print) because of their audio-visual nature. The definition and grouping of countries in the 2011 report has similarly been refined. Finally, to enable greater accuracy, an additional step was added in the submission of campaigns: materials from campaigns had to be submitted and verified based on the eligibility criteria for all countries. The groupings for the Mass media campaigns indicator are listed below.

Data not reported
No national campaign conducted between January 2011 and June 2012 with a duration of at least three weeks
National campaign conducted with one to four appropriate characteristics
National campaign conducted with 5–6 appropriate characteristics, or with 7 characteristics excluding airing on television and/or radio
National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

Bans on advertising, promotion and sponsorship

The report includes data on legislation in national as well subnational jurisdictions. The assessment of subnational legislation on advertising,

promotion and sponsorship bans includes all first-level administrative boundaries (first administrative subdivisions of a country), as determined by the United Nations Geographical Information Working Group. In addition, status of legislation on advertising, promotion and sponsorship bans for other subnational jurisdictions is reported when data and respective legislation were provided by country focal points. Subnational data reported in Appendix VI reflect only the status of subnational legislation and do not take into account the status of legislation at the national/federal level.

Country-level achievements in banning tobacco advertising, promotion and sponsorship were assessed based on whether the bans covered the following types of advertising:

- national television and radio;
- local magazines and newspapers;
- billboards and outdoor advertising;
- point of sale;
- free distribution of tobacco products in the mail or through other means;
- promotional discounts;
- non-tobacco products identified with tobacco brand names (brand stretching);³
- brand names of non-tobacco products used for tobacco products (brand-sharing);⁴
- appearance of tobacco brands or products in television and/or films (product placement);
- sponsored events, including corporate social responsibility programmes.

The first four types of advertising listed are considered "direct" advertising, and the remaining six are considered "indirect" advertising. Complete bans on tobacco advertising, promotion and sponsorship usually start with bans on direct advertising in national media and progress to bans on indirect advertising as well as promotion and sponsorship.

Bans that cover national television, radio and print media were used as the basic criteria for the two lowest groups, and the remaining groups were constructed based on how comprehensively the law covers bans of other forms of direct and indirect advertising included in the questionnaire. In cases where the law did not explicitly address

cross-border advertising, it was interpreted that advertising at both domestic and international levels was covered by the ban only if advertising was totally banned at national level.

The groupings for the Bans on advertising, promotion and sponsorship indicator are listed below.

	Data not reported
	Complete absence of ban, or ban that does not cover national television (TV), radio and print media
	Ban on national TV, radio and print media only
	Ban on national TV, radio and print media as well as on some (but not all) other forms of direct* and/or indirect** advertising
	Ban on all forms of direct* and indirect** advertising

* Direct advertising bans:

- national television and radio;
- local magazines and newspapers;
- billboards and outdoor advertising;
- point of sale.

** Indirect advertising bans:

- free distribution of tobacco products in the mail or through other means;
- promotional discounts;
- non-tobacco goods and services identified with tobacco brand names (brand stretching);
- brand names of non-tobacco products used for tobacco products (brand sharing);
- appearance of tobacco brands or products in television and/or films (product placement) OR appearance of tobacco products in television and/or films;
- sponsored events, including corporate social responsibility programmes.

In addition to the data being used for the grouping of the Bans on advertising, promotion and sponsorship indicator, other related data, such as information on Corporate Social Responsibility activities, were collected and are reported in Appendix VI.

Tobacco taxes

Countries are grouped according to the percentage contribution of all tobacco taxes to the retail price. Taxes assessed include excise tax, value added tax (sometimes called "VAT"), import duty (when the cigarettes were imported) and any other taxes levied. Only the price of the most popular brand of cigarettes is considered. In the case of countries where different levels of taxes are applied to cigarettes are based on either length, quantity produced or type (e.g. filter vs. non-filter), only the rate that applied to the most popular brand is used in the calculation.

Given the lack of information on country and brand-specific profit margins of retailers and wholesalers, their profits were assumed to be zero (unless provided by the national data collector).

The groupings for the Tobacco tax indicator are listed below. In the regional summary table, tax rates are rounded but more precise data with two decimals are available in Appendix IX. Please refer to Technical Note III for more details.

	Data not reported
	< 25% of retail price is tax
	26–50% of retail price is tax
	51–75% of retail price is tax
	>75% of retail price is tax

National tobacco control programmes

Classification of countries' national tobacco control programmes is based on the existence of a national agency with responsibility for tobacco control objectives. Countries with at least five full-time equivalent staff members working at the national agency with responsibility for tobacco control meet the criteria for the highest group.

The groupings for the National tobacco control programme indicator are listed below.

	Data not reported
	No national agency for tobacco control
	Existence of national agency with responsibility for tobacco control objectives with no < 5 full-time equivalent staff members
	Existence of national agency with responsibility for tobacco control objectives and at least 5 full-time equivalent staff members

Compliance assessment

Compliance with national and comprehensive subnational smoke-free legislation as well as with advertising, promotion and sponsorship bans (covering both direct and indirect marketing) was assessed by up to five national experts, who assessed the compliance in these two areas as "minimal", "moderate" or "high". These five experts were selected according to the following criteria:

- person in charge of tobacco prevention in the country's ministry of health, or the most senior government official in charge of tobacco control or tobacco-related conditions;
- the head of a prominent nongovernmental organization dedicated to tobacco control;
- a health professional (e.g. physician, nurse, pharmacist or dentist) specializing in tobacco-related conditions;
- a staff member of a public health university department;
- the tobacco control focal point of the WHO country office.

The experts performed their assessments independently. Summary scores were calculated by WHO from the individual compliance assessments.

Two points were assigned for high compliance, one point for moderate compliance and no points for minimal compliance. The total points were divided by the maximum possible points (reflecting the number of assessors) and multiplied by 10 to yield a score between 0 and 10.

The compliance assessment was obtained for legislation adopted by 30 April 2012. For countries with more recent legislation, compliance data are reported as "not applicable". Compliance with smoke-free legislation was not assessed in cases where the law provides for DSRs with very strict technical requirements.

The country-reported answers are listed in Appendix VI. Appendix I summarizes this information. Compliance scores are represented separately from the grouping (i.e. compliance is not included in the calculation of the grouping categories).

- 1 Parties report on the implementation of the WHO Framework Convention on Tobacco Control according to Article 21. The objective of reporting is to enable Parties to learn from each other's experience in implementing the WHO FCTC. Parties' reports are also the basis for review by the COP of the implementation of the Convention. Parties submit their initial report two years after entry into force of the WHO FCTC for that Party, and then every subsequent three years, through the reporting instrument adopted by COP. Since 2012, all Parties report at the same time, once every two years. For more information please refer to <http://www.who.int/fctc/reporting/en>.
- 2 "Complete" is used in this report to mean that smoking is not permitted, with no exemptions allowed, except in residences and indoor places that serve as equivalents to long-term residential facilities, such as prisons and long-term health and social care facilities such as psychiatric units and nursing homes. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke, and the only laws that provide protection are those that result in the complete absence of smoking in all public places.
- 3 When legislation did not explicitly ban the identification of non-tobacco products with tobacco brand names (brand stretching) and did not provide a definition of tobacco advertising and promotion, it was interpreted that brand stretching was covered by the existing ban of all forms of advertising and promotion when the country was a Party to the WHO FCTC, assuming that the WHO FCTC definitions apply.
- 4 When legislation did not explicitly ban the use of brand names of non-tobacco products for tobacco products (brand sharing) and did not provide a definition of tobacco advertising and promotion, it was interpreted that brand sharing was covered by the existing ban of all forms of advertising and promotion when the country was a Party to the WHO FCTC, assuming that the WHO FCTC definitions apply.