

# 2009

## Summary Report

on global progress in  
implementation of the  
WHO Framework Convention  
on Tobacco Control



**F C T C**

WHO FRAMEWORK CONVENTION  
ON TOBACCO CONTROL



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Convention Secretariat

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## Introduction

This summary report has been prepared in accordance with the decision establishing reporting arrangements under the WHO Framework Convention on Tobacco Control adopted by the Conference of the Parties at its first session in February 2006.<sup>1</sup> In that decision, the Conference requested the Convention Secretariat to elaborate annual reports on global progress in the implementation of the Framework Convention, based on regular implementation reports submitted by the Parties.

This report provides an overview of global progress based on the first (two-year) reports submitted by Parties to the Convention Secretariat. It follows as closely as possible the structure of the Framework Convention and the reporting instrument. It also describes the drawbacks identified during the collection, preparation and analysis of data, and discusses strategies to improve the reporting system's capacity to track progress at both national and international levels. Finally, it presents conclusions on overall progress, challenges and opportunities.

The Convention Secretariat has produced two global progress reports to date. The first, submitted to the Conference of the Parties for consideration at its second session (30 June – 6 July 2007), contained analysis of 28 reports received by 27 February 2007.<sup>2</sup> The second, submitted to the Conference of the Parties for consideration at its third session in November 2008, contained analysis of 81 reports received by 15 July 2008.<sup>3</sup>

A further 36 reports were received between 16 July 2008 and 15 July 2009, bringing the total number of Parties reporting on implementation of the Framework Convention thus far to 117, i.e. 80% of the 146 expected by mid-July 2009. This is a notable improvement over the 63% reporting rate recorded at the same time the previous year.

The regional breakdown of the 117 Party reports forming the basis of this global progress report is as follows: 18 of the 30 expected from Parties in the African Region; 18 of the 21 expected from the Region of the Americas; 13 of the 16 expected from the Eastern Mediterranean Region; 37 of the 42 expected from the European Region; nine of the 10 expected from the South-East Asia Region, and 22 of the 27 expected from the Western Pacific Region.<sup>4</sup>

A total of 87 Parties are scheduled to provide their second (five-year) reports on the implementation of the Framework Convention in their jurisdictions in 2010. The next global annual progress report will provide comparative analysis of data reported in the first and second Party reports, and will identify areas where the most progress has been made.

## 1. GENERAL OBLIGATIONS (ARTICLE 5 OF THE FRAMEWORK CONVENTION)

Parties were asked whether they had developed and implemented comprehensive multisectoral national tobacco-control strategies, plans and programmes in accordance with the Framework

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<sup>1</sup> Decision FCTC/COPI(14).

<sup>2</sup> Document A/FCTC/COP/2/6.

<sup>3</sup> Document FCTC/COP/3/14.

<sup>4</sup> See Annex for a list of the Parties whose reports formed the basis of this global progress report. The reports themselves are available at [http://www.who.int/fctc/reporting/party\\_reports](http://www.who.int/fctc/reporting/party_reports).

Convention. Sixty-five (56%) replied “yes”, 32 (27%) replied “no”, and 20 (17%) left the question unanswered. Sixteen have partial strategies, plans and programmes in place, meaning that tobacco control is being embedded into more general national health, public health or health-promotion programmes. Only one Party reported having not incorporated any aspect of tobacco control referred to in the Framework Convention into any national strategy, plan or programme.

Of the 36 Parties reporting since the last global progress report, seven (19%) attached the text of national tobacco-control programmes already adopted and implemented; some submitted information on proposed programmes currently under consideration; seven (19%) provided the text of their national action plans; and one submitted the text of a national action plan currently under consideration.

### **Infrastructure for tobacco control**

One hundred Parties (85%) have established a national tobacco-control coordinating mechanism or focal point. Forty-nine, mostly using the revised format of the Group 1 questions, answered questions on the nature of the coordinating mechanism. More than half (27) have a mechanism hosted by the health ministry. Others have established a tobacco-control unit within the government (8) or within another agency affiliated with the health ministry (6).

Forty-four Parties have provided information on their tobacco-control focal points, again using mainly the revised reporting instrument. In most cases (34), the focal point is based at the health ministry, while in four cases it is hosted by a national tobacco-control agency or reference/resource centre. In some the focal point also belongs to the national chronic noncommunicable diseases commission, an interministerial coordination and steering group for implementation of the Framework Convention, or a technical working group on tobacco control.

The Party reports show a good level of global implementation vis-à-vis general obligations under the Framework Convention, including the development of national tobacco-control strategies, plans and programmes and the establishment of supporting infrastructure to support their implementation. Parties should strive to maintain and/or strengthen their national tobacco-control capacities and infrastructure in order to facilitate extensive implementation of effective policies aimed specifically at tobacco control.

### **Protection of public health policies from commercial and other vested interests of the tobacco industry**

Overall, fewer than half the Parties have taken steps to prevent the tobacco industry from interfering with their tobacco-control policies. This suggests that more than half have yet to take steps to protect their policies from tobacco-industry vested interests. Parties regard the power of the tobacco industry as one of the key barriers to implementation of the Framework Convention in their jurisdictions.

Of the 36 Parties submitting reports since the last global progress report, 12 (33%) reported having protective measures in place but did not provide any further information on how they have approached this issue.

## 2. REDUCTION OF DEMAND FOR TOBACCO (PART III OF THE FRAMEWORK CONVENTION)

Data on tobacco control policy were provided in the form of yes/no answers to (mandatory) core questions and optional questions. Most Parties answered both. Qualitative information accompanying their reports was also reviewed and taken into account in the analysis.

The questionnaire format has been a useful basis for reporting on legislative, executive, administrative and other measures for tobacco control. Both the quality and accuracy of the data reported have improved since the original format was amended, and since Parties were given more options on which to report.

### Price and tax measures (Article 6 of the Framework Convention)

Under Article 6.1 of the Framework Convention, Parties “recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.” Under Article 6.3, they agree to “provide rates of taxation for tobacco products [...] in their periodic reports to the Conference of the Parties...”.

This section of the summary report is based on quantitative data from the Party reports on taxation and prices of tobacco products (section 4 of the revised version of the reporting instrument), as well as policy aspects related to Article 6 of the Framework Convention.

It has not been possible to investigate trends in taxation and prices because Parties have only submitted a single report to date. The only scope for detecting a trend is to compare the information from the latest set of reports with the earlier reports.

#### *Taxation of tobacco products*

The information contained in the Party reports has made it possible to carry out detailed analysis of excise, import duties and value-added and other such taxes levied on tobacco products, and to estimate the total excise tax burden for cigarettes.

**Excise taxes.** Overall, 86 Parties (74%) impose excise taxes and 38 (33%) impose import duties on tobacco products. Only 15 (13%) did not mention any form of taxation.

Most Parties in the European Region (73%), in accordance with a law common to the 27 Member States of the European Union, apply a combination of ad valorem and specific excise taxes.<sup>1</sup> More than half the Parties in the Eastern Mediterranean and South-East Asia Regions do not impose excise

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<sup>1</sup> The difference between the two forms of excise tax – ad valorem and specific – lies in how they are applied and, in the event of their change, how they influence the final retail price of the tobacco product. An ad valorem tax is most commonly defined as a percentage of the retail price, although it can also be defined as the percentage of the ex-factory (manufacturer’s) price. This form of taxation increases the price of all tobacco products by an identical rate. The specific tax is generally defined as a given amount for 1000 cigarettes or for one kilogramme of a particular tobacco product, and involves adding a proportionate sum to the price of each similar product type. If it is a substantial amount, it helps reduce the price differences between cheaper and more expensive tobacco products by increasing the price of the cheaper product by a higher rate than that of the more expensive product. The World Bank recommends using both types of excise in order to benefit from their combined effects.

taxes, and prefer to levy import duty; 58% of those in the Region of the Americas prefer ad valorem excise tax; and 42% of those in the Western Pacific Region only apply specific taxes.

The following table provides a regional breakdown of the Parties imposing either, both or neither type of excise on tobacco products.

**Table 1. Number and proportion of Parties and type of excise levied, by WHO Region**

WHO Region	Excise tax levied	Ad valorem only	Specific only	Both ad valorem and specific	Excise tax not levied (or not known)	Total
Africa	11 (58%)	6 (32%)	5 (26%)	0	8 (42%)	19 (100%)
Americas	17 (89%)	11 (58%)	5 (26%)	1 (5%)	2 (11%)	19 (100%)
Eastern Mediterranean	5 (42%)	1 (8%)	1 (8%)	3 (26%)	7 (58%)	12 (100%)
Europe	35 (95%)	1 (3%)	7 (19%)	27 (73%)	2 (5%)	37 (100%)
South-East Asia	5 (45%)	0	4 (36%)	1 (9%)	6 (55%)	11 (100%)
Western Pacific	13 (68%)	3 (16%)	8 (42%)	2 (10%)	6 (32%)	19 (100%)
<b>Total</b>	<b>86 (73%)</b>	<b>22 (19%)</b>	<b>30 (26%)</b>	<b>34 (29%)</b>	<b>31 (27%)</b>	<b>117 (100%)</b>

**Import duties.** Significantly fewer Parties (38 or 33%) reported levying only some form or forms of import duty. Seven (58%) of the reporting Parties in the Eastern Mediterranean Region levied nothing but import duties, possibly because they have no domestic production base and the administration of taxes on tobacco products is much easier at the border.

The following table provides a regional breakdown of the Parties levying a form or forms of import duty on tobacco products.

**Table 2. Number of Parties levying import duty on tobacco products, by WHO Region**

WHO Region	Import duty levied	Import duty not levied (or not known)	Total
<b>Africa</b>	8 (42%)	11 (58%)	<b>19 (100%)</b>
<b>Americas</b>	4 (21%)	15 (79%)	<b>19 (100%)</b>
<b>Eastern Mediterranean</b>	7 (58%)	5 (42%)	<b>12 (100%)</b>
<b>Europe</b>	7 (19%)	30 (81%)	<b>37 (100%)</b>
<b>South-East Asia</b>	5 (45%)	6 (55%)	<b>11 (100%)</b>
<b>Western Pacific</b>	7 (37%)	12 (63%)	<b>19 (100%)</b>
<b>Total</b>	38 (33%)	79 (67%)	<b>117 (100%)</b>

**Value added tax.** Seventy-three Parties (62%) reported applying value added tax (VAT) or any of its alternatives, such as sales tax or goods and services tax (GST). VAT and its alternatives are usually levied in addition to items of the price, but some Parties exclude other taxes from the VAT tax base. The revised version of the reporting instrument seeks more precise information on rates and the tax base. Among the Parties providing information on taxation, some calculate the VAT as a percentage of the net price and others as a percentage of the retail (gross) price.

**Total excise tax burden on cigarettes.** It was possible to calculate the total excise tax burden on cigarettes when the responding Parties provided enough information on cigarette prices and taxation. Some provided the figures for the tax burden themselves.

Given that the share of excise tax in the retail price for cheaper cigarettes is not the same as for more expensive cigarettes, the lowest and highest prices were used to calculate the total excise tax burden for each of the 75 reporting Parties (64%) providing enough information to make the calculation. The average excise tax rate came to 43.3% of the retail price for cheaper cigarettes and 49.3% – close to half – of the retail price for more expensive cigarettes.

The following table shows the average excise tax burden on cigarettes in each WHO Region.

**Table 3. Average excise levied by Parties on lower and higher-priced cigarettes, by WHO Region**

WHO Region	Average excise tax burden on lower priced cigarettes (%)	Average excise burden on higher priced cigarettes (%)
<b>Africa</b>	32.6	38.8
<b>Americas</b>	36.5	42.6
<b>Eastern Mediterranean</b>	39.8	45.3
<b>Europe</b>	47.6	52.8
<b>South-East Asia</b>	57.9	58.7
<b>Western Pacific</b>	38.1	52.4
<b>Total</b>	<b>43.3</b>	<b>49.3</b>

The highest total excise tax burden was found in the South-East Asia Region, where the percentage for lower and higher priced cigarettes was almost the same (around 58%), although it is important to note that the calculation could be made for just four of the Parties in that Region. Meanwhile, the lowest rates were found in the African Region; the European Region showed some degree of uniformity, possibly due to the common European Union regulations on tobacco taxation; and the biggest difference between the tax burden on lower and higher priced cigarettes was found in the Western Pacific Region.

**Earmarking tobacco taxes for health.** Some countries add a given percentage to the excise tax in order to collect revenue for special purposes, including health, while others earmark a given share of collected tobacco taxes. Eleven of the 117 reporting Parties subscribe to this form of taxation: Barbados, Belize, Bulgaria, Jordan, Madagascar, Panama, Republic of Korea, Romania, Serbia, Sri Lanka and Uruguay.

**Tax- and duty-free tobacco products.** Parties were asked whether they prohibited or restricted sales to – or imports by – international travellers of tax- and duty-free tobacco products. Fifty-nine (50%) replied “yes”, 55 (47%) replied “no”, and three (3%) left the question unanswered. There are, however, significant variations in the proportion of Parties answering “yes” in different Regions: nearly three quarters in the European Region; around half in the South East Asia and Western Pacific Regions; and one third in the African Region, the Region of the Americas and the Eastern Mediterranean Region.

### *Price of tobacco products*

Although significant amounts of information on tobacco-product prices were provided in 112 of the 117 reports (96%), most of it referred to the price of cigarettes, with just a few Parties reporting on other such products as bidies or types of smokeless tobacco. Nevertheless, sound comparative analysis and conclusions have been hindered by the following:

- (i) the data correspond to a time period when annual global inflation rates exceeded 4% (between 2005 and 2008);<sup>1</sup>
- (ii) some Parties provided the prices in US dollars, but most were in a local currency that had to be converted to dollars based on the exchange rates in effect on the date of the data or the date of the report;<sup>2</sup>
- (iii) only a few reports provided background information on how the price data had been collected, and most neglected to mention whether they were official statistics or based on the notes of the reporting officer.

When using the market exchange rates in effect on or around the date of the report and comparing the price data in US dollars, prices were found to fluctuate quite substantially across various regions and jurisdictions. The average lowest price of a pack of cigarettes at country level came to US\$ 2.32, with an absolute minimum of US\$ 0.04 and US\$ 0.03 per pack in Bangladesh and Cameroon respectively. The average top price of a pack of cigarettes at country level came to \$3.11, with an absolute maximum of \$10.20 per pack in Canada, Norway and the United Kingdom of Great Britain and Northern Ireland.

The price data expected from Parties in their second (phase 2) implementation reports will provide a basis for examining progress over time. Having two sets of data to compare will also help to identify the trends with respect to price changes.

### **Protection from exposure to tobacco smoke (Article 8 of the Framework Convention)**

The data provided by Party reports show that levels of protection from exposure to tobacco smoke vary widely according to the setting.

#### *Indoor workplaces*

Parties were asked whether they had implemented any policy<sup>3</sup> to protect citizens from exposure to tobacco smoke in indoor workplaces. Ninety-nine (85%) replied “yes”, eight (7%) replied “no”, and 10 (8%) left the question unanswered. As in the last global implementation report, workers were found to be better protected in health-care facilities, educational facilities and government buildings. Half the Parties reported that private workplaces provide their employees with only partial protection from environmental tobacco smoke.

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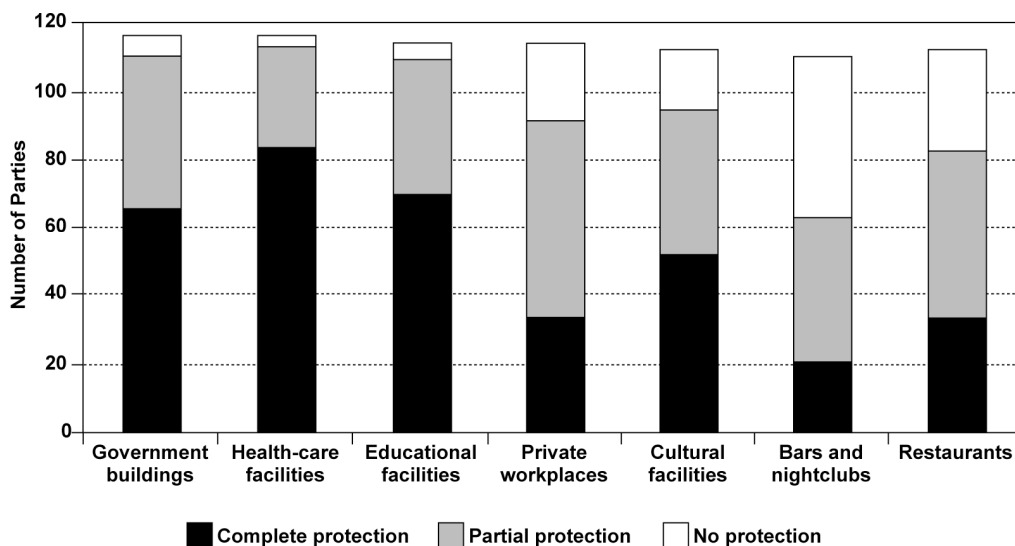
<sup>1</sup> IMF, 2009, World Economic Outlook Database.

<sup>2</sup> An attempt to use purchasing power parity (PPP) rates instead of market exchange rates in comparative analysis of reported prices did not significantly alter the overall picture.

<sup>3</sup> This question of the reporting instrument is to be answered by “yes” or “no”; therefore, the “yes” answers include any kind of policy concerning protection from exposure to tobacco smoke whether it aims at complete or partial protection.

Figure 1 below provides a summary and breakdown of complete and partial protection provided by smoke-free policies in selected settings.

**Figure 1. Level of protection from exposure to tobacco smoke – by setting and number of Parties**



Some Parties also reported having introduced measures to provide complete protection from environmental tobacco smoke in other indoor workplaces than those listed in the questionnaire, including childcare institutions, recreational centres for minors, gyms and sports centres, cinemas, airports, waiting rooms, community centres, conference and meeting halls, auditoriums and shops.

Figure 2 below provides information on smoke-free policies in selected settings, by WHO Region.

**Figure 2. Level of protection from environmental tobacco smoke – by selected settings, WHO Region and number of Parties**

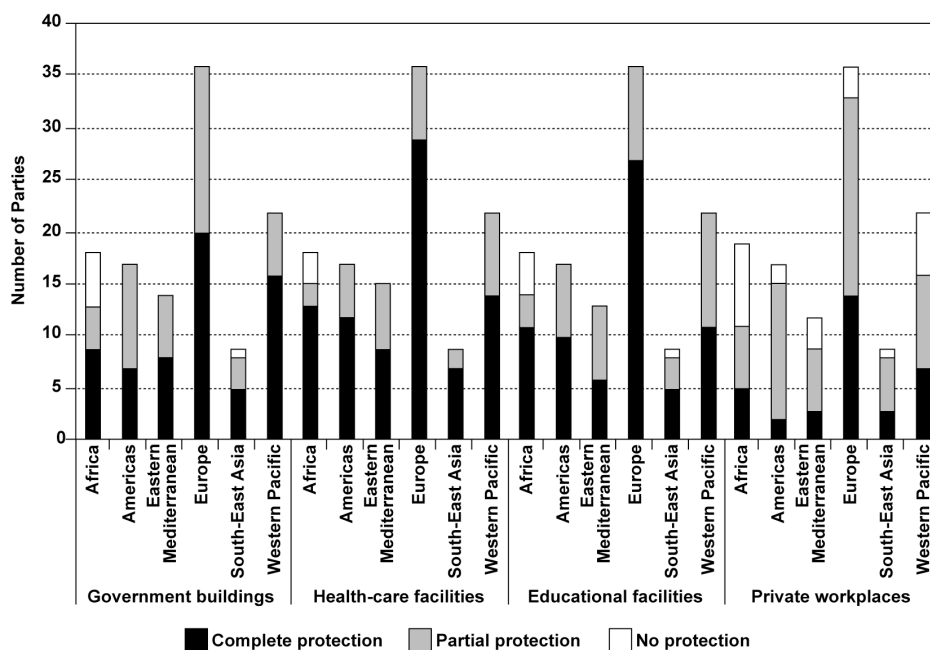


Figure 2 shows health-care facilities to be the setting with the best protection by smoke-free policies. Indoor workplaces in government buildings and educational facilities are also relatively well-protected. They are all subject to regional differences, with the highest levels of protection found in the Western Pacific Region for government buildings; the European and South-East Asia Regions for health-care facilities; and the European Region for educational facilities.

People working for private companies are usually less well-protected from environmental tobacco smoke in the workplace, but they enjoy relatively better coverage in the European, South-East Asia and Western Pacific Regions.

#### *Public transport*

Asked whether they had implemented any smoke-free policy on public transport, 103 Parties (88%) replied “yes”, nine (8%) replied “no”, and five left the question unanswered.

The revised version of the phase 1 questionnaire solicits separate responses for aircraft, trains, “ground public transport” (buses, trolleybuses, trams), motor vehicles used as places of work (taxis, ambulances, delivery vehicles) and other means of public transport. Thirty-one Parties used that reporting instrument and their answers provide insight into smoke-free policies in the various public transport environments.

Aircraft are completely smoke-free environments in most jurisdictions (94%), with only one Party reporting having made them partially smoke-free and another having taken no protective measures at all. For trains, only 58% of jurisdictions provide complete protection against tobacco smoke, 25% provide partial protection and 17% provide no protection at all. For other forms of ground transport, 76% of Parties provide full protection, 17% provide partial protection and 7% provide no protection at all. Similarly, in the case of vehicles used as places of work, 70% of Parties provide complete protection, 17% partial protection and 13% no protection at all.

Hence, Parties do not necessarily apply the same level of protection for citizens using different means of public transport. The case of trains is particularly telling. While partial protection usually means that trains have separate smoking and non-smoking carriages, some employees working on those trains may be exposed to environmental tobacco smoke in the course of performing their duties. More should be done to guarantee equal rights to a smoke-free environment on all forms of public transport, especially when the guidelines for implementing Article 8 call on each Party to ensure universal protection on all public transport, inter alia, within five years of the Framework Convention’s entry into force for that Party.

#### *Indoor public places*

Asked whether they had implemented any policy to prevent exposure to tobacco smoke in indoor public places, 86 Parties (73%) replied “yes”, 17 (15%) replied “no”, and 14 (12%) left the question unanswered. Cultural facilities are the best protected, with 53 Parties (45%) providing complete protection, 42 (36%), providing partial protection, and 18 (15%) providing no protection at all; four Parties did not answer the question. At the other end of the scale are bars and nightclubs, with only 21 Parties (18%), 42 Parties (36%), and 48 Parties (41%) respectively providing complete, partial and no protection at all; six did not answer the question. Restaurants occupy the middle ground regarding the strictness of their smoke-free policies, with 34 Parties (29%), 49 Parties (42%) and 30 Parties (26%) respectively providing complete, partial and no protection at all; four did not answer the question. The overall trend is much the same as in the last annual global progress report.

### *Time frame for implementation*

The guidelines for implementing Article 8 of the Framework Convention include a timeline for Parties to achieve universal protection from environmental tobacco smoke by ensuring that all indoor public places and workplaces, all public transport, and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand smoke. Any Party unable to do so immediately has a continuing obligation to move as quickly as possible to remove any exemptions and render the protection universal within five years of the Framework Convention's entry into force in its jurisdiction. There has been progress in the area of protection from environmental tobacco smoke, with most indoor workplaces and public transport facilities now generally well-covered by national legislation in a large number of countries. But there is still room to strengthen legislation and to ensure complete protection in settings where the measures in place remain partial, such as trains, other forms of ground transport and cultural establishments.

More can be done to ensure that national legislation covers settings still marked by low levels of implementation – private workplaces, hospitality and entertainment venues, especially bars, nightclubs and restaurants, for example – so that all employees have an equal opportunity to work in a smoke-free environment.

### **Regulation of the contents of tobacco products (Article 9 of the Framework Convention)**

There has been no notable change in trends related to the testing and regulation of the contents and emissions of tobacco products since last year's global progress report. Fifty-three Parties (46%) reported having tested and measured the contents, and 56 (48%) having measured the emissions of tobacco products (non-response rate: 4% and 5% respectively). Meanwhile, 56 Parties (48%) reported having regulated the former and 58 (50%) having regulated the latter (non-response rate: 7% and 6% respectively).

### **Regulation of tobacco product disclosures (Article 10 of the Framework Convention)**

Parties were asked whether they had implemented policies requiring tobacco manufacturers and/or importers to disclose information to governmental authorities on the contents and emissions of tobacco products. Sixty-six (56%) replied "yes", 40 (34%) replied "no", and 11 (10%) left the question unanswered. The revised version of the reporting instrument contains two separate questions on such disclosures: one on contents and the other on emissions. Overall, more Parties require disclosure of tobacco product contents (62%) than emissions (49%).

Comparing the findings on this Article with those on Article 9 of the Framework Convention shows that more Parties require disclosures of information than the testing, measurement or regulation of contents and emissions. More detailed analysis is needed in order to understand the interrelationship between those findings and, hence, improve the implementation of policies.

### **Packaging and labelling of tobacco products (Article 11 of the Framework Convention)**

Article 11 of the Convention stipulates that each Party shall adopt and implement effective measures concerning packaging and labelling within a period of three years after the entry into force of the Framework Convention for that Party.

**Health warnings on tobacco product packaging.** Parties were asked whether they had adopted policies that require tobacco product packaging to carry health warnings describing the harmful effects

of tobacco smoke. Ninety-three (79%) replied “yes”, 16 (14%) replied “no”, and eight (7%) left the question unanswered. Every Party in the European Region, more than three quarters of those in the Region of the Americas (86%), the South-East Asia Region (83%) and the Western Pacific Region (76%), and under three quarters of those in the African Region reported having such policies in place. Eighty-five (79%) of the reporting Parties also require approval of the health warnings by the competent national authority.

**Misleading or deceptive packaging and labelling.** Seventy-three Parties (62%) reported having banned descriptors on packaging and labelling that were misleading, deceptive or likely to create an erroneous impression of the product; 35 (30%) reported having not introduced such a ban, and nine (8%) left the question unanswered. Regional implementation rates on this measure are as follows: 97% in the European Region; 69% and 67%, which is close to the global average, in the Eastern Mediterranean and South-East Asia Regions respectively; 57% in the Region of the Americas; 45% in the Western Pacific Region; and 39% in the African Region.

**Position and layout.** Eighty-three Parties (71%) have introduced measures to ensure that health warnings are large, clear, visible and legible, and 26 (22%) have no such requirements in place (non-response rate: 7%). At regional level, Party implementation rates are as follows: 100% in the European Region; 83% in the South-East Asia Region; 79% in the Region of the Americas; 77% in the Eastern Mediterranean Region; 62% in the Western Pacific Region and 39% in the African Region.

**Rotation.** Sixty-seven Parties (57%) reported that they required the rotation of health warnings, which is similar to previously reported rates,<sup>1</sup> while 42 (36%) reported that they did not and eight (7%) left the question unanswered. Regional implementation of this measure is as follows: 86% in the European Region; 71% in the Region of the Americas, 62% in the Western Pacific Region, 50% in the South-East Asia Region, 46% in the Eastern Mediterranean Region – a substantial increase from the 28% recorded in the last global progress report – and 17% in the African Region.

**Size.** Asked whether they required health warnings to occupy no less than 30% of the principal display area, 73 Parties (62%) replied that they did, 36 (31%) replied that they did not, and eight (7%) left the question unanswered. Overall, one quarter of the reporting Parties (29) require larger health warnings covering 50% or more of the principal display area. At regional level, that requirement is in force in half the Parties in the Region of the Americas, almost half those in the South-East Asia Region, and fewer than one third of those in the other WHO Regions, i.e. 31% in the Eastern Mediterranean Region, 24% in the Western Pacific Region, 22% in the African Region and 21% in the European Region.

**Use of pictorials.** Thirty-one Parties (26%) reported requiring health warnings in the form of – or including – pictures or pictograms, 77 (66%) reported having not introduced that requirement, and nine (8%) did not answer the question. The regional breakdown of those implementing the policy is as follows: seven Parties in the Region of the Americas (50%), seven in the Western Pacific Region (33%), six in the Eastern Mediterranean Region (46%), five in the European Region (14%), four in the African Region (22%) and two in the South-East Asia Region (33%).

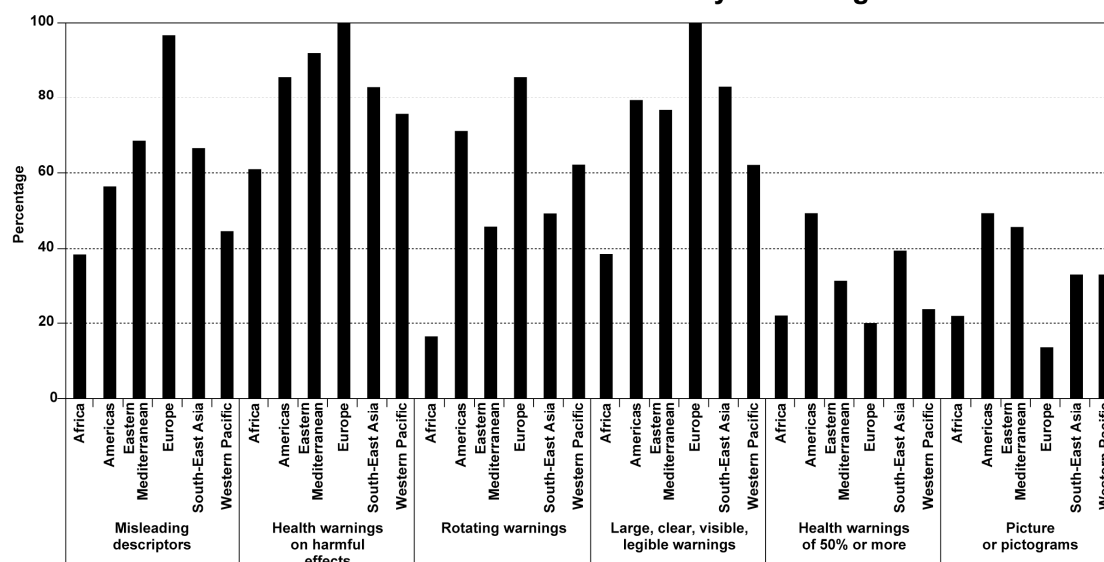
**Constituents and emissions.** Sixty-nine Parties (59%) reported that they required packaging and labelling to contain information on the relevant constituents and emissions of tobacco products; 40 (34%) have no such requirement in place, and eight (7%) left the question unanswered.

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<sup>1</sup> Document FCTC/COP/3/14.

Figure 3 below summarizes the implementation of a selection of measures under Article 11 by WHO Region.

**Figure 3. Percentage implementation of selected measures under Article 11 of the Framework Convention – by WHO Region**



#### *Time frame for implementation*

Article 11 requires Parties to implement selected packaging and labelling measures and policies within three years of the entry into force of the Framework Convention in their jurisdictions. Party reports received to date indicate that they are, on the whole, already well on the way towards meeting that deadline after just two years. More than half have already fulfilled most of the eight requirements subject to deadlines (see Articles 11.1(a) and 11.1(b) subparagraphs (i) to (v)); eight have met six or seven; and one has met all eight. Having said that, a large number of Parties are still some way short of meeting the timeline for measures such as ensuring that health warnings cover 50% or more of principal display areas, including the possible use of pictures and pictograms.

#### **Education, communication, training and public awareness (Article 12 of the Framework Convention)**

Parties were asked whether they provided broad access to comprehensive educational and public awareness programme<sup>1</sup> on the health risks of tobacco use. Ninety-seven (83%) replied “yes”, nine (8%) replied “no”, and 11 (9%) left the question unanswered, which indicates generally good global progress in the implementation of this Article of the Framework Convention. Other findings indicate extensive use of educational programmes for disseminating information on the health risks linked to tobacco use, especially to children and youth: 93 Parties (80%) reported having implemented programmes targeting adults or the general public; and, moreover, 97 (83%) have implemented

<sup>1</sup> The definition of the term “broad access to comprehensive educational and public awareness programmes” is not yet available to Parties in the treaty or any of its instruments. These figures can overestimate the real situation, therefore these data should be used with caution when extracting conclusions from them.

programmes targeting children/youth. There are only minor differences across the Regions, with figures ranging from 71% in the African Region to 89% in the European Region.

**Public awareness of health risks.** The revised version of the reporting instrument provides for a more detailed breakdown of public awareness-raising programmes on the health risks of tobacco consumption and exposure to tobacco smoke, for example, and on the benefits of the cessation of tobacco use in favour of a tobacco-free lifestyle. Findings have a good proportion of the 31 Parties using the revised questionnaire to have launched programmes aimed at raising awareness on the health risks of exposure to tobacco smoke (86%) and at promoting cessation and tobacco-free lifestyles (82%).

**Public access to information on the tobacco industry.** Programmes of this kind are less common than those aimed at raising public awareness about the health risks: only 38% of Parties reported having such programmes in place. There are also significant regional differences in this area. The percentage of Parties providing public access to a wide variety of information on the tobacco industry ranges from 17% (3 Parties) in the African Region to 53% (9 Parties) in the Region of the Americas. Around one third of the Parties in the European and Eastern Mediterranean Regions (36% and 31%, respectively) have also confirmed having implemented such programmes, as have 44% of those in the South-East Asia Region (4 Parties) and 50% of those in the Western Pacific Region (11 Parties). The guidelines on Article 5.3 – adopted by the Conference of the Parties at its third session – could be useful to Parties for managing information collected from the tobacco industry in accordance with Article 12(c).

**Participation of public and private agencies and nongovernmental organizations.** A high percentage of reporting Parties (80%) ensure the participation of public and private agencies and nongovernmental organizations not affiliated with the tobacco industry in the development and implementation of intersectoral programmes and strategies for tobacco control. Eleven Parties (9%) reported having not taken any such measures, and 13 (11%) left the question on this subject unanswered.

**Targeted training or sensitization programmes.** The revised version of the reporting instrument solicits data from Parties to the Convention on which groups, if any, they target with training/sensitization and public awareness programmes on tobacco control. Based on the reports of the 31 Parties using the instrument, the most frequently targeted groups are educators and health workers, with specific programmes implemented by 72% and 68% of Parties respectively, followed by community workers (63%), social workers (61%), decision-makers (60%), media professionals (58%) and administrators (55%). Some Parties also reported having implemented training and awareness-raising programmes for other, less frequently targeted groups such as representatives of community-based structures, faith-based organizations and nongovernmental organizations, as well as judges, legislators, and so on.

Although these findings indicate significant progress in this area, almost one third of health workers and educators, who are best placed to inform youth and the general public on tobacco use, still receive no training on aspects relating to tobacco control. The adoption and future implementation of guidelines on Article 12 may help boost the progress in this area.

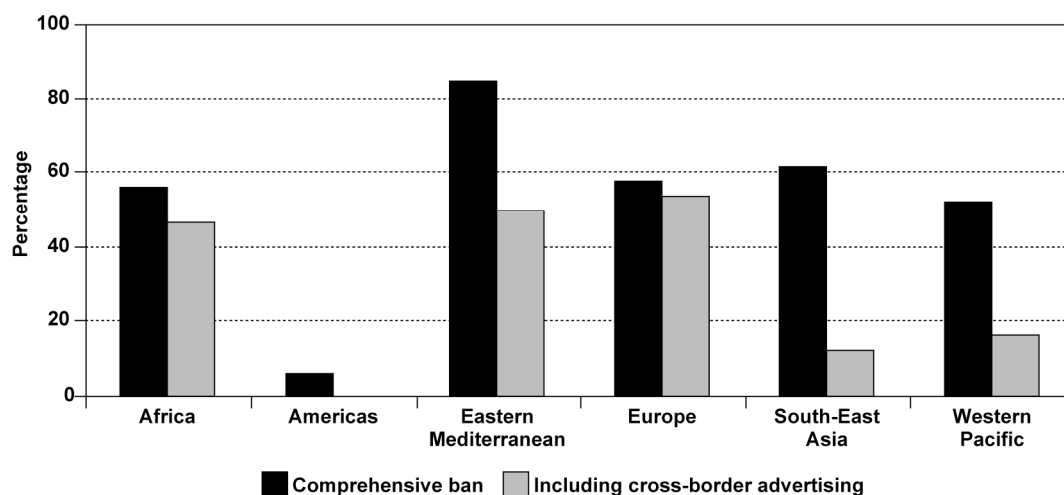
## Tobacco advertising, promotion and sponsorship (Article 13 of the Framework Convention)

### *Comprehensive ban on advertising, promotion and sponsorship*

Parties were asked whether they had introduced a comprehensive ban on tobacco advertising, promotion and sponsorship. Sixty (51%) replied “yes”, with around half including cross-border advertising in the ban. Fifty-three (45%) replied “no”, and four left the question unanswered.

Implementation of this measure at the regional level varies greatly, ranging from 85% of Parties in the Eastern Mediterranean Region, through nearly 66% in the South-East Asia Region and more than 50% in the African, European and Western Pacific Regions, to just 6% – a single Party – in the Region of the Americas.

**Figure 4. Comprehensive bans on advertising, promotion and sponsorship – by WHO Region**



Asked whether the ban extended to cross-border advertising, promotion and sponsorship originating from within their own borders, 32 Parties (27%) replied that it did, 58 (50%) reported no reference to cross-border advertising in their legislation, and as many as 27 (23%) did not answer the question.

### *Restrictions on all tobacco advertising, promotion and sponsorship*

Fewer than one third – 33, i.e. 28% – of the reporting Parties apply restrictions on the advertising, promotion and sponsorship of tobacco products. Fifty-one (44%) report having not applied any such restrictions, and 33 (28%) left this question unanswered. According to the figures on comprehensive bans and/or restrictions, however, around one quarter have no appropriate means of regulating tobacco advertising, promotion and sponsorship.<sup>1</sup> Those yet to impose a comprehensive ban need to make significant progress within the five-year period of grace provided for them to comply with this

<sup>1</sup> The figures should be viewed with a degree of caution. First of all, the data may be incomplete because the Group 1 questions on advertising, promotion and sponsorship are non-mandatory. Furthermore, some Parties answered “yes” to both questions: on the comprehensive ban and on restrictions. Better quality control of the data would help to provide a clearer picture of the global implementation rate.

requirement, in accordance with their constitutional principles, under Article 13.2 of the Framework Convention. It is encouraging, however, that more than half the Parties have, according to their two-year reports, already introduced such a ban.

**Prohibition of misleading or deceptive advertising.** Asked whether they prohibited the promotion of tobacco products by any means that were false, misleading, deceptive or likely to create an erroneous impression, 64 Parties (55%) replied “yes”, 36 (31%) replied “no” and 17 (14%) left the question unanswered.

**Health warnings to accompany all other advertising.** The Framework Convention requires Parties prevented by their constitution or constitutional principles from imposing a comprehensive ban, to ensure that all tobacco advertising and, as appropriate, promotion and sponsorship are accompanied by health warnings or other suitable warnings or messages. Despite this being a minimum requirement, only 43 Parties (37%) replied “yes” to the question on the matter, while 44 (38%) replied “no”, and 30 (26%) left it unanswered.

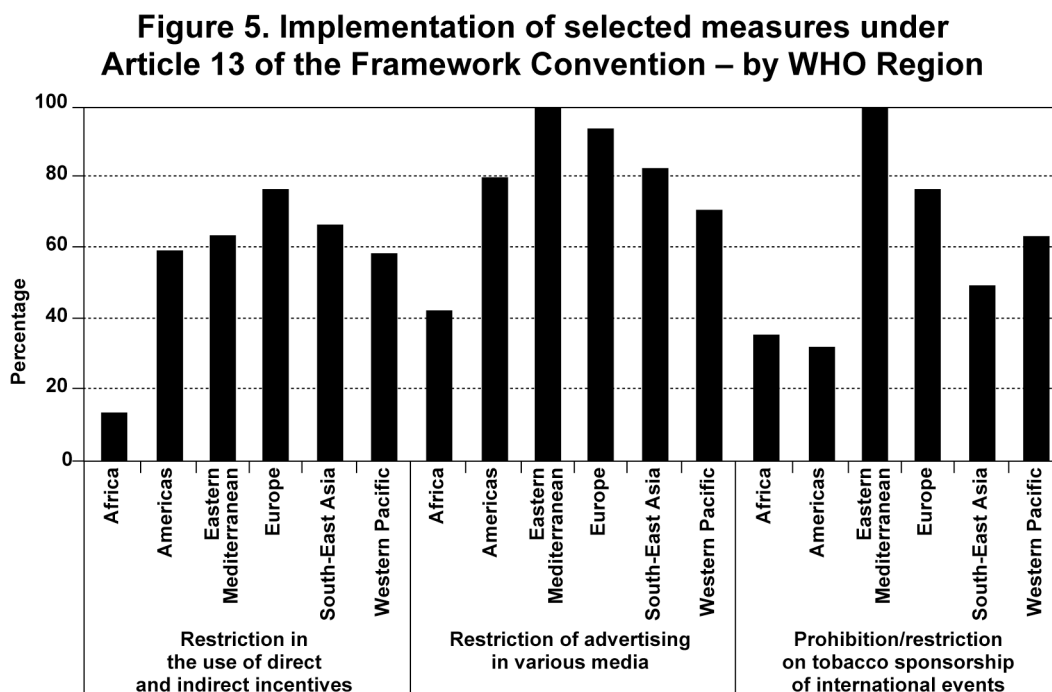
**Use of direct and indirect incentives.** Asked whether they had restricted the use of direct and indirect incentives to encourage the public to purchase tobacco products, 59 Parties (50%) replied “yes”, 40 (34%) replied “no”, and 18 (16%) left the question unanswered. At the regional level, restrictions are applied by 77% of Parties in the European Region; some 66% of those in the South-East Asia Region, the Eastern Mediterranean Region and the Region of the Americas; 59% of those in the Western Pacific Region, and two of the 14 in the African Region.

**Disclosure of expenditures.** Only nine Parties (8%) – two in the Region of the Americas, one in the Eastern Mediterranean, three in the European and three in the Western Pacific Regions – require the tobacco industry to disclose its expenditures on tobacco advertising, promotion and sponsorship to relevant government authorities. Eighty Parties (68%) reported having not introduced such a requirement, and 28 (26%) did not answer the question

**Advertising, promotion and sponsorship in the media.** Asked whether they restricted tobacco advertising, promotion and sponsorship in media with wide reach, including radio, television, the print media and Internet, 79 Parties (68%) replied “yes”, 20 (17%) replied “no”, and 18 (15%) left the question unanswered. The regional implementation rate is as follows: 100% in the Eastern Mediterranean Region, 94% in the European Region, 83% in the South-East Asia Region, 80% in the Region of the Americas, 71% in the Western Pacific Region, and 43% in the African Region.

**Tobacco sponsorship.** Trends in the prohibiting or restricting of tobacco sponsorship of international events and activities – and/or their participants – have not changed since last year’s global progress report: 64 Parties (55%) replied “yes”, 37 (32%) replied “no”, and 16 (13%) left the question unanswered. Party implementation rates vary across the Regions, with the highest rates found in the Eastern Mediterranean Region (100%), followed by the European Region (77%), the Western Pacific Region (64%), the South-East Asia Region (50%), and the African Region and the Region of the Americas (33% each).

Figure 5 below summarizes regional rates of implementation of a range of measures to be taken under Article 13 of the Framework Convention.



#### *Time frame for implementation*

Article 13 of the Framework Convention, like Article 11, requires some measures to be implemented within a specified time frame. Sixty reporting Parties (51%) have already introduced comprehensive bans on tobacco advertising, promotion and sponsorship, around half of which also include cross-border advertising. This indicates good progress towards the target of implementing the measures in question within five years of the entry into force of the Framework Convention. For many Parties, the next phase in their implementation of the Framework Convention will be decisive in order to meet that deadline.

#### **Measures concerning tobacco dependence and cessation (Article 14 of the Framework Convention)**

Analysis of the data on measures concerning tobacco dependence and cessation of tobacco use has resulted in the findings below.

**Guidelines.** Asked whether they had developed and disseminated comprehensive, integrated guidelines based on scientific evidence and best practices, and whether they had taken effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence, 63 Parties (54%) replied “yes”, 28 Parties (24%) replied “no”, and 26 (22%) left the question

unanswered.<sup>1</sup> The absolute number of Parties that reported having developed national guidelines, based on the answers provided for this question in the revised reporting instrument, is still low: one to five in every WHO Region except Europe, where 13 of the Parties confirmed having such guidelines in place (see figure 6).

**Promotion of cessation.** More than half the reporting Parties have taken effective measures to promote cessation of tobacco use and adequate treatment of tobacco dependence.<sup>2</sup> The highest implementation rates can be found in the Eastern Mediterranean Region, followed by the European Region, the Region of the Americas, the Western Pacific Region and the African Region. None of the Parties in the South-East Region provided the data forming the basis of that finding. Twenty-three Parties (20%) reported having not taken such measures, and 27 (23%) left the question unanswered.

**Design and implementation of cessation programmes.** The revised format of the reporting instrument has collected data for various settings, such as educational institutions, health-care facilities, workplaces and sporting environments.<sup>3</sup> Twenty Parties (49%) using the revised format report having designed and implemented cessation programmes for educational institutions and workplaces; 51% report having done likewise for health-care institutions and 38% for sporting environments. One Party – Papua New Guinea – reported having designed and implemented such programmes at community level.

Findings on the use of health-care institutions for programmes promoting cessation of tobacco use and treatment of tobacco dependence indicate that the opportunities inherent to those settings, and to the presence there of health professionals, are not being properly exploited. They also indicate that a large number of Parties have yet to strengthen tobacco dependence and cessation-related measures to reduce demand.

**Inclusion of diagnosis and treatment of tobacco dependence.** More than half the Parties have taken measures to include diagnosis and treatment of tobacco dependence – together with counselling services on cessation of tobacco use – in national health and education programmes, plans and strategies. Similarly, 56% of Parties reported having established cessation programmes in health-care and rehabilitation centres.

**Accessibility and affordability.** Half the reporting Parties facilitate the accessibility and affordability of treatment for tobacco dependence, including pharmaceutical products. More than two thirds of Parties in the European Region, half of those in the Eastern Mediterranean Region, and fewer than one third in the Region of the Americas and the Western Pacific Region have implemented a programme of that kind. None in the African Region replied “yes” to the question, a total of 33 Parties (28%) replied “no”, and 26 (22%) left it unanswered.

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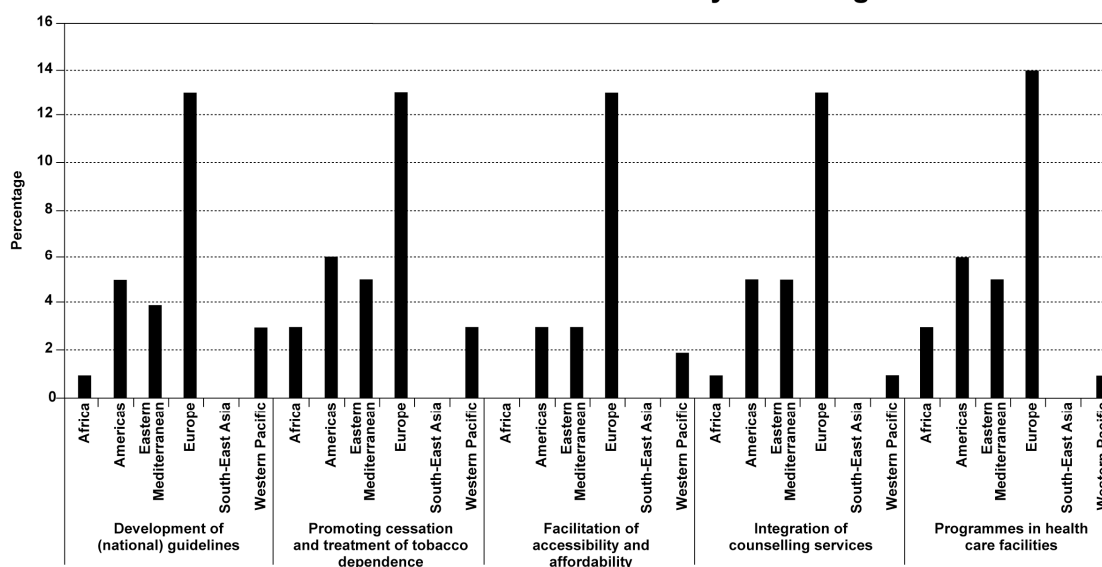
<sup>1</sup> The revised format of the reporting instrument may have made it possible to collect a wider range of information, but the difference in answer choices between the original and revised versions of the Group 1 questionnaire made it impossible to compare most of the data. In this section, for the sake of more detailed analysis, only data from Party reports using the revised reporting instrument were taken into account.

<sup>2</sup> The original version of Group 1 questions provided combined data on both these items. Of the Parties reporting with that version of the reporting instrument, 60% replied “yes” to the question.

<sup>3</sup> The original version of Group 1 questions did not provide separate data per setting. Of the Parties reporting with that version, 68% replied “yes” to the question.

Figure 6 below summarizes the implementation of selected programmes under Article 14 of the Framework Convention, by WHO Region.

**Figure 6. Implementation of selected programmes under Article 14 of the Framework Convention – by WHO Region**



### 3. REDUCTION OF THE SUPPLY OF TOBACCO (PART IV OF THE FRAMEWORK CONVENTION)

#### Illicit trade in tobacco products (Article 15 of the Framework Convention)

Parties were asked whether they had enacted or strengthened legislation against illicit trade in tobacco products. Seventy-two (62%) replied “yes”, indicating sustained improvement in the global implementation of this policy. Forty-two (35%) replied “no”, and three left the question unanswered.

Asked whether their efforts to inhibit illicit trade included licensing or other action to control or regulate production and distribution, 69 (59%) replied “yes”, 45 (38%) replied “no” and three left the question unanswered.

Six of the Parties reporting since the last global progress report – Montenegro, Namibia, Pakistan, Papua New Guinea, Slovenia and Ukraine – provided detailed information on illicit tobacco products. Two – Montenegro and Pakistan – also provided information on the efforts their governments have made to combat illicit trade in tobacco products. Some Parties relayed specific features of the illicit trade in tobacco products in their jurisdictions:

- Pakistan reported that more than 90% of its local black market consisted in local duty-non-paid (DNP) cigarettes. This is not typical of most other jurisdictions, where DNP is rare or non-existent and most illicit trade involves smuggling or counterfeit products;
- Ukraine reported that an estimated 30 billion cigarettes sold legally on the local market eventually ended up being sold illicitly outside the country;

- Montenegro provided information on street sales of illicit tobacco products not carrying the local excise stamps required by the national legislation.

Some reports also contained the information below on seizures and the share of smuggled products in the overall tobacco market.

**Seizures.** Of the 36 Party reports submitted since the last global implementation review, 20 provided information on seizures of illicit tobacco products, six stated that none was available, and 10 made no reference to it at all. Overall, reporting on the matter has improved: 33% (39) of the 117 Party reports received to date have provided information on seizures, up from 24% of the 81 forming the basis of the last global progress report.

Fifteen Parties have provided quantitative data on cigarette seizures and two – Netherlands and Slovenia – have included information on seizures of other tobacco products (an optional item in the questionnaire). Most have reported figures in millions of cigarettes, and two used other units: boxes and “n” feet containers. One Party (Bolivarian Republic of Venezuela) reported the actual market value of the seizures.

**Smuggled tobacco products.** Parties using the revised Group 1 questions were asked whether they had any information available on the percentage of smuggled tobacco products in the national tobacco market. Of the 29 Parties answering “yes”, only eight – Congo, Mali, Montenegro, Namibia, Pakistan, Romania, South Africa and Ukraine – eventually provided the figures: ranging from zero to 40% but only reaching double figures for two of those Parties.

Three Parties also provided information on recent trends in the percentage of smuggled tobacco products in relation to their national tobacco markets. Two of them – Montenegro and Ukraine – reported a significant reduction in illicit trade: down from 40–50% of products sold on the black market in 2006 to 5–6% in 2008 in Montenegro; and from around 20% in 1999–2000 to 2–5% more recently in Ukraine. Pakistan, for its part, reported the above-mentioned upsurge in the local DNP cigarettes that had come to dominate more than 90% of its local black market.

**Marking of packaging.** Seventy-three Parties (62%) reported requiring the marking of tobacco packaging to assist in determining the origin of the product, and whether it was legally sold on the domestic market. This figure is comparable with the last two global progress reports.<sup>1</sup> Just over two thirds of Parties reported that the marking was legible and/or presented in the principal language or languages of the country.

**Confiscation.** Sixty-five Parties (56%) reported enabling the confiscation of proceeds derived from the illicit trade in tobacco products, 46 (39%) reported not doing so, and 6 (5%) did not answer the question.

### **Sales to and by minors (Article 16 of the Framework Convention)**

Ninety-two Parties (79%) reported having prohibited sales of tobacco products to minors. The legal age of majority was specified as ranging from 15 to 21 years, with 18 being the legal age in 71 countries, and 16 in another 10.

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<sup>1</sup> Document A/FCTC/COP/2/6.

Almost three quarters of Parties (85, i.e. 73%) reported having implemented measures to prohibit distribution of free tobacco products to the public – especially minors – and the same proportion reported imposing penalties on sellers and distributors for non-compliance.

Only 67 (57%) had adopted policies to prevent the sale of cigarettes individually or in small (“kiddie”) packs.

Half of the Parties reported having policies prohibiting the sale of tobacco products by minors.

These findings are close to those in the previous global progress report, indicating that there has been no notable change in the implementation rates with regard to these policy measures. Furthermore, the overall response rate for these questions was very high, ranging from 96% to 99%.

### **Provision of support for economically viable alternative activities (Article 17 of the Framework Convention)**

When assessing the implementation of policy measures under Articles 17 and 18 of the Framework Convention, it must be recalled that not all reporting Parties grow tobacco or manufacture tobacco products. Even so, the implementation rates for these Articles are still low.

The revised version of Group 1 questions provides three separate questions asking Parties whether they promoted economically viable alternatives for tobacco workers, tobacco growers and/or sellers of tobacco products separately. Only three to five Parties replied “yes” to each question, and more than one third (38%) answered “none”.

There have been very few concrete examples of how Parties approach programmes concerning diversification towards economically sustainable alternatives to tobacco growing. Only two Parties to date – Australia and Austria – have given details in support of their answer: the former on a grant programme providing assistance to former tobacco growers; and the latter on social plans to assist former workers of a closed-down tobacco manufacturing plant and tobacco-growing activities discontinued in their jurisdiction.

### **Protection of the environment and the health of persons (Article 18 of the Framework Convention)**

Thirty-two (27%) Parties reported that their strategies, plans and programmes had due regard for the protection of the environment in respect of tobacco cultivation and manufacture within their territory. No additional details were provided. Thirty-seven (32%) Parties replied “no” to the question and 48 (41%) left it unanswered.

## **4. LIABILITY (ARTICLE 19 OF THE FRAMEWORK CONVENTION)**

Forty-two Parties (36%) reported having implemented measures dealing with criminal and civil liability, including compensation where appropriate, for the purposes of tobacco control. Sixty-six (56%) replied “no” to the question, and nine (8%) left it unanswered.

Nine of the “yes” answers were accompanied by supporting information. Some referred to sanctions and penalties provided by their legislation in relation to various tobacco-control measures. Four

referred to lawsuits filed in connection with the production, distribution and the licit and illicit trade of tobacco products.

## 5. SCIENTIFIC AND TECHNICAL COOPERATION (PART VII OF THE FRAMEWORK CONVENTION)

### Research, surveillance and exchange of information (Article 20 of the Framework Convention)

The revised format of the reporting instrument questionnaire has provided Parties with more options to report on their policies concerning research, surveillance and exchange of information than the previous version.

**Research.** With respect to research addressing various aspects of tobacco use and control, analysis of the Party reports found that:

- 62 Parties (53%)<sup>1</sup> had reported having research programmes that addressed the determinants and consequences of tobacco production, 54 (46%) did not have such programmes, and one had not answered the question;
- 58 Parties (50%)<sup>1</sup> of Parties also had research programmes addressing exposure to tobacco smoke, 58 (50%) did not have such programmes, and one had not answered the question;
- 40 Parties (34%)<sup>1</sup> had research programmes addressing the identification of alternative crops, an activity clearly linked to Article 17, while 65 (56%) did not have such programmes, and 12 (10%) had not answered the question.

**National surveillance programmes.** Only with the revised format of the reporting instrument has it been possible to analyse answers on updated data collected through national surveillance programmes based on the nature of the data. 60 Parties (51%) indicated having updated data on tobacco consumption, and 57 (49%) on tobacco-related social, economic and health indicators.

As for national systems for epidemiological surveillance, the original version of Group 1 questions asked Parties whether they had such a system in place for the epidemiological surveillance of tobacco consumption and related social, economic and health indicators. The revised format of the reporting instrument calls for data broken down into two categories. Sixty-two Parties (53%) reported having an epidemiological surveillance system which provided data on tobacco consumption, but 49 (42%) answered that they did not. Sixty-three (54%) indicated that their system also took account of tobacco-related social, economic and health indicators, and 49 (42%) once again, reported that it did not. Figures indicate that for some of the Parties that do implement research programmes on an occasional or regular basis, those programmes do not always form a sound and sustainable system for epidemiological surveillance of tobacco use and control.

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<sup>1</sup> The total figures for these three items were calculated by adding the number of “yes” answers to the single question contained in the original version of the reporting instrument to the number of “yes” answers to the separate questions on each item in the revised version.

These findings also indicate a need for Parties to take further action to develop their research, implementation and evaluation capacities capable of providing policy planners and decision-makers with good quality local data on tobacco use and the effectiveness of tobacco-control programmes.

**Training and support for research.** With respect to training and support for those engaged in tobacco-control activities, including research, implementation and evaluation, 60 Parties (51%) confirmed having such programmes in place, 30 (26%) replied “no” to the question and 27 (23%) left it unanswered.

The figures here are comparable to those on implementation of the measures required under Article 12(d) to promote training or sensitization and awareness programmes for key social actors (see page 14 of this report). This indicates a need for further efforts to strengthen not only national research capacity, but also capacities for programme implementation and evaluation, and to disseminate these findings to the social actors through appropriate training and sensitization programmes.

**Exchange of information.**<sup>1</sup> Fifty-three Parties (45%) reported having promoted the exchange of scientific, technical, socioeconomic, commercial and legal information; only 45 (39%) the exchange of information on the practices of the tobacco industry; and 43 (37%) information on the cultivation of tobacco, although one should bear in mind that not all Parties grow or manufacture tobacco. Around one third of Parties did not answer any of these questions.

**Database of laws and regulations.**<sup>2</sup> Article 20.4(a) of the Framework Convention requires that Parties progressively establish and maintain an updated database of laws and regulations on tobacco control and, as appropriate, information about their enforcement, as well as on pertinent jurisprudence. The revised version of the reporting instrument calls for data to be broken down into each of those information categories. Overall, 54 Parties (46%) reported that they maintained a database of national laws and regulations on tobacco control; 50 (43%) that it contained information on the enforcement of those laws and regulations; and 45 (38%) that it contained information on pertinent jurisprudence. Twenty-two per cent, 26% and 30% of reporting Parties replied “no” to the three questions and 37 (32%) did not answer any.

### **International cooperation and assistance (Articles 22 and 26 of the Framework Convention)**

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

**Areas of assistance.** Parties were requested to provide information on technical and financial assistance in specific areas linked to the provisions of Article 22. The main findings of the analysis of their answers are as follows:

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<sup>1</sup> These figures should be considered with caution. The original version of the reporting instrument provided combined data for all three categories of information covered in this section. A total of 30 Parties using that version replied “yes” to the question. The figures here were calculated by adding the 30 “yes” answers to the data collected separately on each of the three items in the revised version of the reporting instrument.

<sup>2</sup> These figures, too, should be considered with caution, for the same reasons as above. In this case, a total of 31 Parties replied “yes” to the question in the original version of the reporting instrument.

- 29 Parties (25%) reported having provided and 45 (38%) having received assistance for the development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control (pursuant to Article 22.1(a)). Thirteen (11%) and eight (7%) Parties respectively did not provide an answer;
- 29 Parties (25%) reported having provided and 49 (42%) having received assistance in the form of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes (pursuant to Article 22.1(b)). Sixteen (13%) and seven (6%) Parties respectively did not provide an answer;
- 26 Parties (22%) reported having provided and 30 (26%) having received assistance from other Parties with training or sensitization programmes for appropriate personnel, in accordance with Article 12 (pursuant to Article 22.1(c)). Sixteen (14%) and 11 (9%) Parties respectively did not provide an answer;
- 17 Parties (15%) reported having provided and 35 (30%) having received the necessary material, equipment and supplies, as well as logistical support, for tobacco-control strategies, plans and programmes (pursuant to Article 22.1(d)). Fifteen Parties (12%) and 11 (9%) respectively replied “no” to the questions;
- 13 Parties (11%) have provided and 16 (14%) have received assistance in the identification of methods for tobacco control, including comprehensive treatment of nicotine addiction (pursuant to Article 22.1(e)). Seventeen (15%) and 10 (8%) respectively did not provide an answer;
- only nine Parties (8%) have provided and 11 (9%) have received assistance in the area of research to increase the affordability of comprehensive treatment of nicotine addiction (pursuant to Article 22.1(f)). Eighteen (15%) and 12 (11%) respectively replied “no” to the question.

These findings indicate a relatively low overall level of mutual assistance in relation to implementation of the Framework Convention, especially Article 14 (Demand reduction measures concerning tobacco dependence and cessation).

**Assistance in reporting.** Asked whether they had received assistance in meeting their reporting obligations, 18 Parties (15%) replied “yes”, 78 (67%) replied “no”, and 21 (18%) left the question unanswered. Sources of assistance mentioned included Parties such as Canada and Norway, nongovernmental and philanthropic organizations, WHO and the Convention Secretariat.

As for whether they had provided such assistance to other Parties, 14 (12%) replied “yes”, 94 (80%) replied “no”, and nine (8%) left the question unanswered.

Half of the Parties also reported on technical and financial assistance under consideration, and on the types of programmes for which the assistance was being sought or considered for provision. Two Parties – Belgium and Japan – provided information on their international support programmes. A few mentioned funding under consideration from WHO. Most funding requests concerned projects related to the development of new legislation and national tobacco-control action plans; as well as training, research and infrastructure and capacity-building for the treatment of tobacco dependence and cessation of tobacco use. Two Parties mentioned their interest in having support to set up a national tobacco-control coordinating mechanism/centre.

**Identifying needs and gaps.** Parties were asked whether they had identified gaps between the resources available and the needs assessed. Forty-two (36%) replied “yes”, 52 (44%) replied “no” and 23 (20%) left the question unanswered. Twenty of the “yes” answers were accompanied by detailed information showing that the Parties concerned had already performed or were in the process of performing an assessment of their needs for the advancement of tobacco control in their jurisdictions. All the Parties answering this question confirmed that their available resources fell short of their identified needs. Areas most often mentioned as requiring more resources included communication campaigns, policy advocacy targeting key decision-makers and senior officials, research activities (e.g. national surveys, database creation), and cessation programmes. All three Parties in the Eastern Mediterranean Region, for example, pointed to cessation programmes as an area where they had identified additional needs.

## **6. PRIORITIES AND CHALLENGES IN IMPLEMENTING THE FRAMEWORK CONVENTION**

**Priorities.** The majority of Parties (108) reported on their priorities for implementation of the WHO Framework Convention on Tobacco Control. These have been sorted into 22 main categories, many of them concerning particular articles of the Framework Convention or activities directly linked to specific articles.

The most frequently mentioned priority areas are: treatment of tobacco dependence and cessation of tobacco use (Article 14); education, communication, training and public awareness (Article 12); introduction of new policy measures and the creation of infrastructure for tobacco control (in relation to Article 5); packaging and labelling of tobacco products (Article 11) and smoke-free policies (Article 8).

Other priorities include: strengthening price and tax measures (Article 6), implementing research and surveillance programmes (Article 20), and measures concerning tobacco advertising, promotion and sponsorship (Article 13).

Findings indicate that the range of main priorities has not changed substantially since the last global progress report. They reflect the answers Parties have given to specific questions in the reporting instrument. However, a degree of caution is required when drawing up and assessing lists of national priorities: different Parties have different approaches to defining their priorities, and when a measure has not been implemented it may be because the Party does not consider it an essential need.

**Constraints or barriers.** Eighty-nine Parties (76%) also reported on constraints or barriers they have encountered in implementing the Framework Convention. By far the most frequently mentioned item is the lack of adequate technical and financial resources (39 mentions). Other important barriers have included the weakness or lack of national legislation and/or the regulations aimed at governing policy implementation; insufficient public information; a lack of public and media awareness of the harmful effects of tobacco use and about the Framework Convention; the lack of capacities for tobacco control; interference of the tobacco industry with tobacco-control efforts; and a lack of effective taxation policies.

**Party feedback on the use of the reporting instrument.** The Convention Secretariat, mandated by the Conference of the Parties in its decision FCTC/COP2(9), revised the format of the Group 1 questions (phase 1) of the reporting instrument based on the experience of Parties. After its adoption by the Bureau of the Conference of the Parties, the revised format was made available for use by the

Parties in May 2008, and has been used by 31 Parties, almost two thirds (65%) of those submitting reports since 1 June 2008. The revised format of the reporting instrument has attracted significantly fewer comments and complaints than the original, indicating that the technical problems Parties encountered when using the latter were resolved during its revision. Seven Parties have provided comments on their experience with the revised format of the reporting instrument. These have since been addressed or taken into account during the development of Group 2 questions.

Experience in analysing the answers and information given in the Party reports has shown not all Parties to have answered every question in the reporting instrument, not even those labelled as mandatory. This has resulted in a less than 100% response rate for most of the questions. On the other hand, many Parties answered the optional questions, thereby improving knowledge of the implementation of the Framework Convention in its early phase. This baseline information will be even more valuable when Parties begin submitting their second (five-year) implementation reports from February 2010, as it will make it possible to compare the two sets of data.

Response rates to the questions in the reporting instrument tend to depend on the nature of the question and the policy covered. Questions with a “yes” or “no” answer have higher response rates than those requesting additional details or qualitative/narrative data. Those concerning policy measures linked to packaging and labelling (Article 11), illicit trade in tobacco products (Article 15) or sales to and by minors (Article 16), for instance, have attracted high response rates (over 90%); whereas for others such as those on tobacco advertising, promotion and sponsorship (Article 13), tobacco dependence and cessation (Article 14), economically viable alternative activities (Article 17), protection of the environment and the health of persons (Article 18), and research, surveillance and exchange of information (Article 20), the response rates were lower, with around one quarter to one third of Parties leaving them unanswered. Core questions, as a rule, have had better response rates than optional questions, the only exception being those on Article 11, which were labelled as optional yet still attracted a high rate.

Meanwhile, many Parties have been tempted to modify the structure of the reporting instrument to suit their reporting needs, although this tended largely to happen with the original version. The problem is that distorting the structure renders it incompatible with the database in which data from the Party reports are being stored, and it has been a time- and resource-consuming task for the Convention Secretariat to make the reports in question fit for – and “importable” into – the database.

In accordance with operative paragraph 4(d) of decision FCTC/COP2(9), the reporting instrument requests Parties to attach to their reports relevant documentation in support of their answers to questions on legislative, executive, administrative and other measures. This requirement is reiterated in the instrument’s accompanying step-by-step instructions document.<sup>1</sup> Nevertheless, only 67 (57%) of the reporting Parties attached at least one annex to their reports. The attached files have contained important additional, detailed information on the legislative framework (texts of laws and regulations), on national tobacco-control action plans, on levels of taxation and on the prevalence of tobacco use. These documents will be made available on a public web site along with the submitted reports.<sup>2</sup>

The substantial amount of documentation received with Parties’ reports will be published together with those reports, and a comprehensive tobacco-control database will be developed based on Parties’

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<sup>1</sup> <http://www.who.int/fctc/reporting/phase1>.

<sup>2</sup> [http://www.who.int/fctc/reporting/party\\_reports](http://www.who.int/fctc/reporting/party_reports).

reports to share all this information and to make it available for the purposes of further research and analysis.

It is important, therefore, for Parties to ask for and receive information and assistance whenever they feel they need it during the reporting process. Not only will this improve the quality of data reported, but it will also ensure that Parties find the use of the reporting instrument adopted by the Conference to be a positive experience.

## 7. PREVALENCE OF TOBACCO USE

One aim of the annual global progress reports is to ascertain the impact of implementation of the Framework Convention on the level of tobacco use at country level. As stated in the second global progress report,<sup>1</sup> the reporting instrument has not provided insight into the trends in tobacco use, and the Framework Convention has only been in force for reporting Parties for two to three years. This is an insufficient period in which to establish an interrelationship between implementation and changes in tobacco use.

This objective would only be achieved after the Parties submit their second implementation reports (from February 2010), which will provide data capable of reflecting trends that might be attributable to the tobacco-control measures outlined in the Framework Convention.

### **Tobacco use by adults**

Ninety-eight Parties (84%) have submitted data on adult tobacco use covering the whole adult population, specific age groups or both, albeit of greatly differing quality and completeness. At the regional level, reporting rates on the subject have ranged from 67% of Parties in the African Region to 92% in the Eastern Mediterranean Region.

Sixty-eight Parties (58%) have provided information on the prevalence of tobacco use in the adult population as a whole. Most of it concerns daily smoking, while occasional smoking is covered in 25% of the reports. The completeness of the data has improved since the introduction of the revised version of the reporting instrument: 90% of the Parties using it have provided data on the whole adult population as opposed to 48% of those using the original version. The reason for this could be that the latter did not clearly require Parties to provide such data for the whole adult population.

**Age groups.** The age range and age groups for adult prevalence data have varied considerably: from a lower range of 14 to 25 years to an upper range of 55 years and over. Only half of the reporting Parties broke the figures down into 10-year age groups, as recommended in the reporting instrument; and the percentage of reports providing such detailed information has varied significantly across the Regions: from 11% to 70%. As a rule, comparisons of prevalence figures by age-group have been hard to make on account of the great variety of age groups for which Parties have provided data. Nevertheless, the highest prevalence rates are more often seen among young adults and the middle aged, both men and women.

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<sup>1</sup> Document FCTC/COP/3/14.

**Gender. Ninety-one Parties (80%) have reported** data broken down by gender. At the regional level, such data have been made available in some 60% of the reports received from Parties in the African Region and the Region of the Americas, and in nearly 90% of those from the Parties in the European and South-East Asian Regions, with figures for the Eastern Mediterranean and Western Pacific Regions situated somewhere between the two.

Average daily smoking rates among adults also vary according to gender across the Regions:<sup>1</sup> from 28% in the African Region to 43% in the South-East Asian Region for males, with greater relative differences observed for females, i.e. from 4.5% in the Eastern Mediterranean Region to 16% in the European Region.

Overall, Parties have reported average smoking rates ranging from 15% to 72% among males, and from 0% to 44% among females. The greatest differences between male and female smoking rates have been observed in the Eastern Mediterranean Region, where there are 7.5 times more male than female daily smokers. The smallest difference has been observed in the Region of the Americas, with only a 1.8 times higher average daily smoking rate among males than among females.

**Type of tobacco product.** The type of tobacco product used has been specified in 70% of the Party reports, but information on the average number of products used has only been available in fewer than half of the reports. Data have been relatively recent in most cases – collected in or since 2003 in nearly 80% of the reports, but the source of the data has only been specified in a few cases.

**Smokeless tobacco.** Seventeen Parties have provided data on the use of smokeless tobacco products. Some have reported sales of smokeless tobacco to be forbidden by law in their jurisdictions. A few have included the use of water pipes in this category. In most cases, however, no reason has been given for not answering the question (e.g. lack of data or non-use of this type of tobacco).

**Ethnic groups.** Only 15 reports present data regarding tobacco use by ethnic groups, but not in sufficient quantities to draw conclusions based on comparisons between prevalence rates in those groups and in the whole population. Nevertheless, they have made some observations possible regarding tobacco use in ethnic groups. In New Zealand, for example, there are significant differences among different ethnic groups, with prevalence rates ranging from 10% to 43%; and the report by the United Kingdom of Great Britain and Northern Ireland provides data for 15 different ethnic groups that show daily cigarette use in those groups to range from 10% to 33%.

### **Tobacco use by youth**

Ninety-three reports (79%) include data on tobacco use by youth. The most frequently reported age group is that of 13- to 15-year-olds (47 reports). In other cases, age groups vary widely among the Parties. Some provide separate data for different ages, and a few use the term “school year” in place of a specific age or age range. Use of smokeless tobacco by youth has been reported by seven Parties.

Worldwide prevalence of tobacco use among boys is almost double to the prevalence among girls. The African Region has the lowest prevalence rate among boys and girls alike while the highest rates are seen in the Western Pacific Region where they are nearly twice as high as in the African Region among boys and three times higher among girls.

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<sup>1</sup> Mean average based on the figures provided by Parties, with no standardization by age or by gender.

The highest average prevalence of smoking among boys has been observed in the South-East Asia Region (26%) and the Western Pacific Region (25%), and the lowest in the Region of the Americas and the European Region (both 17%). As for girls, the highest average prevalence of smoking can be found in the Western Pacific Region (19%) and the European Region (15%), and the lowest in the African Region (8%) and the Eastern Mediterranean Region (9%).

Intraregional differences between boys and girls are greater in the South-East Asia, Eastern Mediterranean and African Regions, where mean prevalence for girls is less than half what it is for boys. In almost one quarter of the reports providing figures for youth prevalence, the rates for girls have been equal to or higher than those for the boys. Almost one third of the Parties in the European Region and the Region of the Americas have reported higher prevalence among girls than among boys, as opposed to none in the Eastern Mediterranean and African Regions.

## **8. CONCLUSIONS**

1. The trends regarding implementation of various requirements under the WHO Framework Convention on Tobacco Control are comparable to those in the 2008 global progress report,<sup>1</sup> in spite of an increase in the number of Party reports included in the analysis. As such, these figures might be considered indicative of the overall levels and trends of the early years in the implementation of the treaty at the global level.

2. The reporting system under the Framework Convention provides a substantial basis for tracking the progress, challenges and opportunities in implementation; and the revision of the original version of the reporting instrument has helped to improve the quality, completeness and comparability of data reported by the Parties.

3. Implementation levels continue to vary substantially between different policy measures. Overall, Parties have reported high implementation rates for measures on packaging and labelling (Article 11), sales to and by minors (Article 16), and education, communication, training and public awareness (Article 12). Rates remain low in other such areas as disclosure of marketing expenditures by the tobacco industry (Article 13), programmes promoting treatment of tobacco dependence and cessation (Article 14), provision of support for economically viable alternative activities (Article 17), and the use of litigation as a tool for tobacco control (Article 19).

4. Implementation rates also differ within particular policy areas according to different elements and settings: high for advertising bans or restrictions at national level compared to the relatively low current rates for cross-border advertising (Article 13); and high for smoking bans in government buildings and health-care facilities in contrast to the much lower rates in the entertainment and hospitality sectors (Article 8).

5. The reports have also revealed that most of the Parties need to devote more attention to measures with a particular potential to affect overall tobacco-control policy and tobacco use, such as the protection of public-health policies from interference by the tobacco industry (Article 5.3) and the promotion of cessation (Article 14).

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<sup>1</sup> Document FCTC/COP/3/14.

6. There has been good overall progress towards implementation of time-bound requirements, although a full assessment will only be possible in a few years when most Parties will have met their respective deadlines under Articles 11 and 13 of the Framework Convention.

7. On the whole, implementation rates tend to be higher for articles covered by guidelines adopted by the Conference of the Parties, except for the measures subject to the guidelines for implementation of Article 5.3. Implementation rates are still lower concerning some measures covered by guidelines, such as smoke-free policies in restaurants, bars and nightclubs (Article 8); use of pictorials in health warnings (Article 11); sponsorship by the tobacco industry and cross-border advertising (Article 13). Greater awareness and dissemination of the four sets of guidelines already adopted for implementation of specific articles of the Framework Convention will improve the implementation of measures in these areas of tobacco control.

8. The analysis has also shown the implementation of particular measures to vary across the different Regions. This further demonstrates the potential of achievements, best practices and challenges being shared among Parties on a regional and subregional basis in order to stimulate global progress.

9. Issues concerning international collaboration, exchange of information and mutual assistance – critical elements of the Framework Convention which stress the global nature of the problem and the need for action – remain underreported, although the picture is improving compared with the previous global progress report. The potential of this component of the Framework Convention is crucial to its overall success and requires more attention in future reporting and analysis.

10. International comparability of the data contained in Party reports remains a challenge in tracking and assessing progress at both the national and global levels. The Conference of the Parties, at its third session,<sup>1</sup> requested the Convention Secretariat, under the guidance of the Bureau and with the participation of experts in the field, to provide a report proposing measures, inter alia, to improve the comparability of data over time and to standardize collected data within and between Parties. This process, which is currently under way, could lead to the achievement of significant global progress in the harmonization of tobacco-related data collection.

11. Many reports, especially those submitted by developing-country Parties and Parties with economies in transition, refer to gaps between the needs and the resources available for meeting their obligations under the Framework Convention, including the development of human capacity and the provision of adequate financial resources. The joint needs assessment exercises organized by the Convention Secretariat with interested governments and invited international partners demonstrate the potential of this activity requested by the Conference of the Parties to promote implementation of the treaty. Efforts to support those Parties in their efforts to assess and meet their needs can be further intensified by strengthening capacities for international collaboration, for example, and by mobilizing financial resources from potential sources.

12. There has been notable progress in the submission of implementation reports by the Parties. Yet many Parties are still missing their individual deadlines in submitting their reports. Late and often-incomplete reporting is, in most cases, linked to a lack of surveillance programmes, national capacities, and the resources and infrastructure for the collection and analysis of data. This indicates a

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<sup>1</sup> Decision FCTC/COP3(17).

need for further efforts to establish and improve tobacco surveillance programmes, and for the provision of support to Parties in the preparation of their national reports.



## ANNEX

**LIST OF PARTY REPORTS INCLUDED IN THIS ANALYSIS**

**Parties reporting before 27 February 2007:** Armenia, Australia, Bangladesh, Bhutan, Canada, Cook Islands, Ghana, India, Japan, Jordan, Madagascar, Maldives, Mauritius, Mexico, Mongolia, Myanmar, Nepal, New Zealand, Norway, Palau, Qatar, Slovakia, Sri Lanka, Syrian Arab Republic, Thailand, Timor-Leste, United Kingdom of Great Britain and Northern Ireland, Uruguay.

**Parties reporting between 28 February 2007 and 15 July 2008:** Austria, Azerbaijan, Barbados, Belgium, Belize, Botswana, Brazil, Brunei Darussalam, Chile, China, Congo, Denmark, Estonia, European Community, Fiji, Finland, France, Georgia, Germany, Guatemala, Guyana, Honduras, Iran (Islamic Republic of), Ireland, Israel, Jamaica, Kenya, Kuwait, Latvia, Luxembourg, Malaysia, Malta, Marshall Islands, Micronesia (Federated States of), Nauru, Oman, Panama, Peru, Portugal, Republic of Korea, Romania, Senegal, Serbia, Seychelles, Singapore, South Africa, Spain, Sudan, Sweden, Trinidad and Tobago, Turkey, Viet Nam.

**Parties reporting between 16 July 2008 and 15 July 2009:** Albania, Antigua and Barbuda, Bahrain, Bulgaria, Burkina Faso, Burundi, Cambodia, Cameroon, Comoros, Cyprus, Ecuador, Egypt, Greece, Kazakhstan, Kyrgyzstan, Lesotho, Lithuania, Libyan Arab Jamahiriya, Mali, Montenegro, Namibia, Netherlands, Niger, Nigeria, Niue, Pakistan, Papua New Guinea, Paraguay, Philippines, Samoa, Saudi Arabia, Slovenia, Tonga, Ukraine, United Arab Emirates, Bolivarian Republic of Venezuela.

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