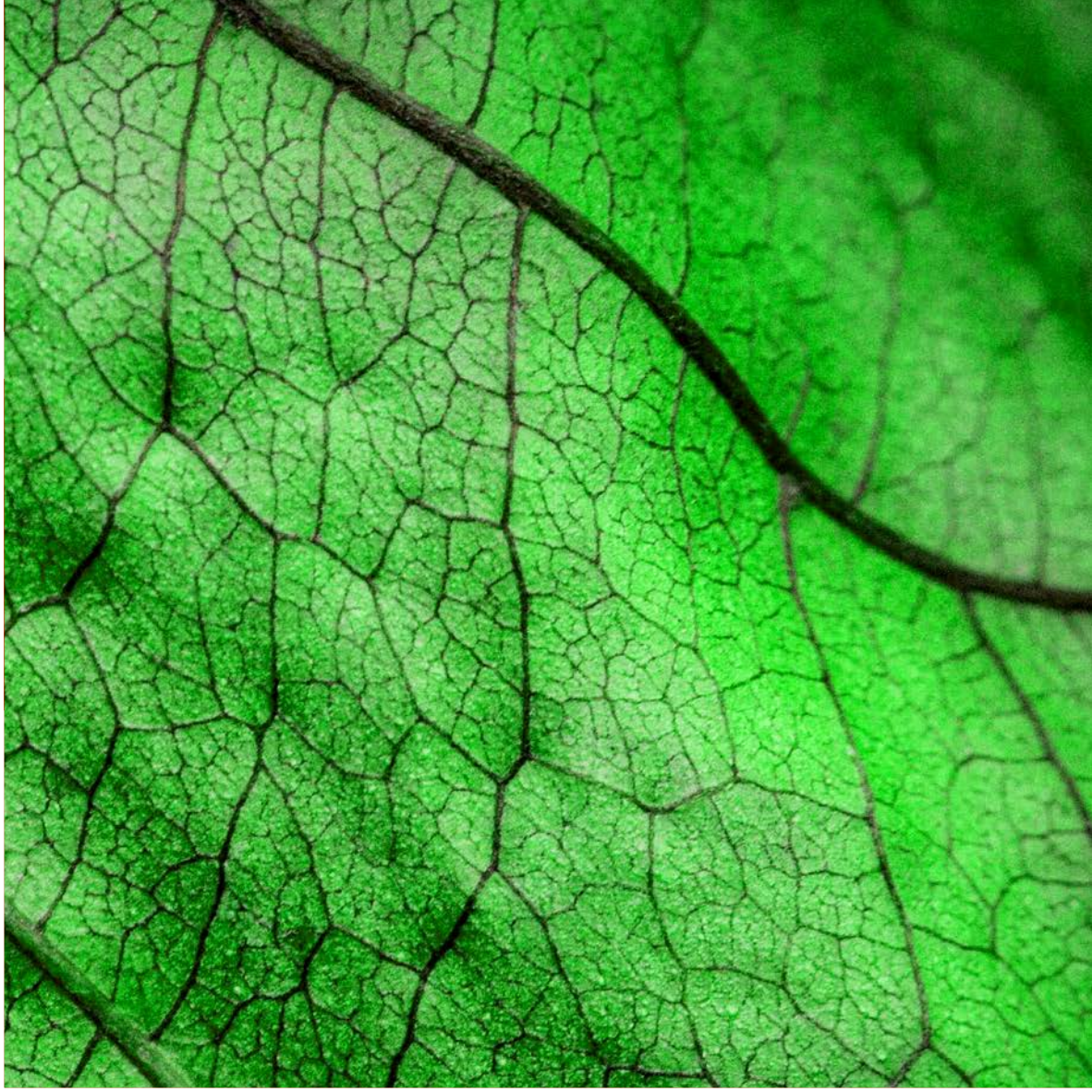

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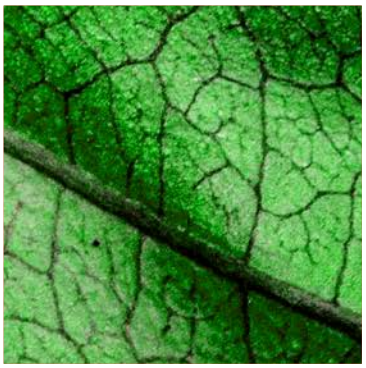

2023 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control

Executive summary

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
SECRETARIAT

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Acknowledgement

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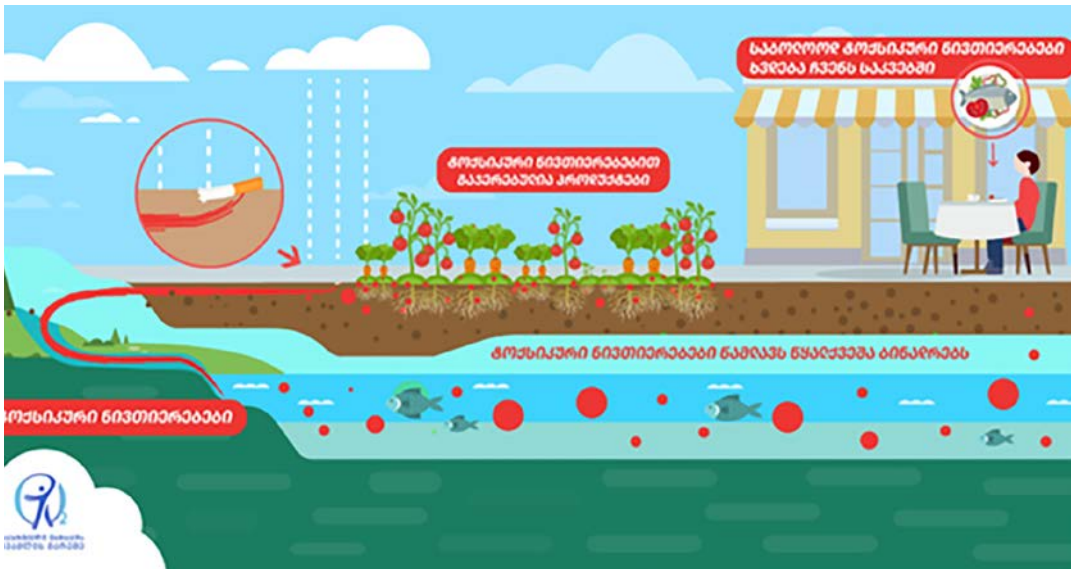


Photo courtesy of the National Center for Disease Control and Public Health, Georgia

In recent years, as shown in previous global progress reports, the overall progress as measured by average implementation rates of the substantive articles of the Convention was relatively slow.

Photos courtesy of Health Canada

Executive summary

The 2023 reporting cycle for the WHO Framework Convention on Tobacco Control (WHO FCTC) was conducted in accordance with decision FCTC/COP4(16) of the Conference of the Parties (COP) to the WHO FCTC, using an online reporting platform established in 2016. Of the 182 Parties to the Convention required to report in the 2023 cycle, 134 (74%) formally submitted their implementation reports. Most of the remaining Parties updated their data by the cut-off date for inclusion in this analysis, but they have not formally submitted their reports.

In this cycle, Andorra, which acceded the Convention on 11 May 2020, reported for the first time. The newest WHO FCTC Party, Malawi, which acceded the Convention on 18 August 2023, will only need to report for the first time in the next reporting cycle. This analysis also includes a review of the 10 reports received in response to the additional (voluntary) questions on the use of implementation guidelines adopted by the COP for certain articles of the WHO FCTC.

This *2023 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control* summarizes key observations on the implementation of the Convention, provides examples of implementation of various articles by the Parties, and contains a description of progress made the indicators included in the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025*.

Photo courtesy of Hāpai Te Hauora

The overall status of the implementation of the Convention was assessed based on key indicators under each substantive article. Implementation rates per article vary and are presented in the various sections of this Global Progress Report. Comprehensive implementation of key measures under the time-bound articles, as well as Article 5 of the Convention, was analysed globally and according to World Health Organization (WHO) regions. Comprehensive implementation of Articles 5, 8 and 11 varies greatly among WHO regions, and comprehensive implementation of Article 13 is lower in all WHO regions.

This Global Progress Report highlights, as usual, advanced practices in the implementation of the Convention under each of the articles. For example:

- In relation to **Article 2.1 (Measures beyond those required by the Convention and its protocols)**, several Parties reported on plans to reduce tobacco use prevalence to under 5% or achieve a smoke- or tobacco-free generation by a certain date through various mechanisms.

- In relation to **Article 5.1 (General obligations)**, an increasing number of Parties reported having developed a comprehensive multisectoral national strategy. In addition, a few Parties reported that they are in the process of developing noncommunicable disease prevention or public health plans, with tobacco control integrated into them. More Parties reported having established new national coordinating mechanisms or are in the process of doing so. There is still no breakthrough in adopting measures to protect public health policies from commercial and other vested interests of the tobacco industry, but more Parties seem to ensure that the public has access to information on the activities of the tobacco industry.

- In respect of **Article 6 (Price and tax measures to reduce the demand for tobacco)**, over three quarters of Parties provided tax information, and it was observed that a mixed excise tax system (a combination of specific and ad valorem taxes) continues to be the most common excise tax structure implemented globally. Parties in four WHO regions reported an increase in the average tobacco tax burden; however, only the European Region has an average tobacco tax burden that meets the 75% tax benchmark.

Photo courtesy of Ministry of Finance, Montenegro

- Under **Article 8 (Protection from exposure to tobacco smoke)**, most Parties (95%) report banning smoking in all public places mandated in this article. However, a closer analysis of the comprehensiveness of implementation shows that still less than half of all Parties truly provide the universal protection in line with the Guidelines for implementation of Article 8 of the WHO FCTC. The number of Parties reporting that they ban smoking through national law, subnational regulation or through administrative and executive orders has increased in all categories, at the expense of voluntary prohibitions. Since the last reporting cycle, most often Parties have reported progress in introducing new legislation or regulations concerning smoke-free environments, and a similar number of Parties reported strengthening enforcement of their smoke-free measures.

Photo courtesy of Ministry of Social Affairs and Health, Finland

- In relation to **Article 9 (Regulation of the contents of tobacco products) and Article 10 (Regulation of tobacco product disclosures)** of the Convention, some progress was detected in the percentage of Parties requiring testing and measuring of the contents of tobacco products, and public disclosure of contents has also become more common. A positive trend has been observed in banning flavours or additives in tobacco products.

- Under **Article 11 (Packaging and labelling of tobacco products)**, several Parties reported increasing the size of the health warnings on tobacco products and some others reported to have adopted plain packaging. A WHO Collaborating Centre for Tobacco Plain Packaging was established in Saudi Arabia in November 2022.

- In relation to **Article 12 (Education, communication, training and public awareness)**, many Parties reported the implementation of new communication campaigns. A positive trend was observed in that more Parties have been implementing programmes targeted to ethnic groups, and progress was also observed in implementing programmes covering adverse environmental consequences of tobacco production. Targeted training or awareness-raising programmes were most often addressed to health workers and educators.

- Under **Article 13 (Tobacco advertising, promotion and sponsorship)**, more Parties have now adopted additional bans on the display and visibility of tobacco products at points of sale and on cross-border tobacco advertising, promotion and sponsorship (TAPS) originating from their territory. However, the number of Parties that reported having banned all types of TAPS, in line with the Guidelines for implementation of Article 13 of the WHO FCTC, has increased only minimally.

- On **Article 14 (Demand reduction measures concerning tobacco dependence and cessation)**, approximately two thirds (65%) of Parties have developed and disseminated comprehensive and integrated guidelines based on scientific evidence and best practices. However, support services remained less available, including quit lines and the integration of diagnosis and treatment of tobacco dependence in primary health care.

- Under **Article 15 (Illicit trade in tobacco products)**, progress continued in the development of tracking and tracing regimes to further secure the distribution system and assist in the investigation of illicit trade. However, the implementation of most of the other measures under this article showed no further improvement. Additional Parties have ratified or acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products since the last reporting cycle, as follows: Egypt, Hungary, Kenya, the Netherlands and the Seychelles in 2020; Ghana and Greece in 2021; the Republic of Moldova and Paraguay in 2022; and Rwanda in 2023.

Photo courtesy of Ministry of Foreign Affairs and Human Mobility, Ecuador

Celebration of World No Tobacco Day 2023. Photo courtesy of Ministry of Health, Oman

- Parties continued to strengthen the implementation of most provisions under **Article 16 (Sales to and by minors)**. For example, more Parties reported banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves. A few other Parties reported initiatives or concrete actions to raise the age limit under which the sale of tobacco products is prohibited to 18 or older.

- **Article 17 (Provision of support for economically viable alternatives)** and **Article 18 (Protection of the environment and the health of persons)** continue to be weakly implemented among the Parties that reported tobacco growing in their jurisdictions. Only less than one third of these Parties promote viable alternatives for tobacco growers, suggesting minor progress in this area (compared to 29% in 2020), and even fewer for tobacco workers and individual sellers.

- Some progress was observed in relation to implementation of **Article 19 (Liability)**. Both criminal liability measures in tobacco control legislation and criminal liability provisions outside of the tobacco control legislation that could apply to tobacco control became more common. Legal challenges raised by the tobacco industry have persisted in several Parties. However, the legislation or regulations mandating the implementation of the WHO FCTC have been upheld by their respective courts.

- For **Article 20 (Research, surveillance and exchange of information)**, more Parties reported having a national surveillance system for the consequences of tobacco consumption, and several Parties continued to report progress with carrying out new surveys or research. Importantly, more Parties reported the regional and global exchange of publicly available national information on the practices of the tobacco industry.

- In relation to **Article 22 (Cooperation in the scientific, technical and legal fields and the provision of related expertise)**, in contrast to previous years, fewer Parties reported having engaged in providing and receiving most types of assistance. Only the provision of assistance for research on affordability of nicotine addiction treatment became slightly more common among the Parties.

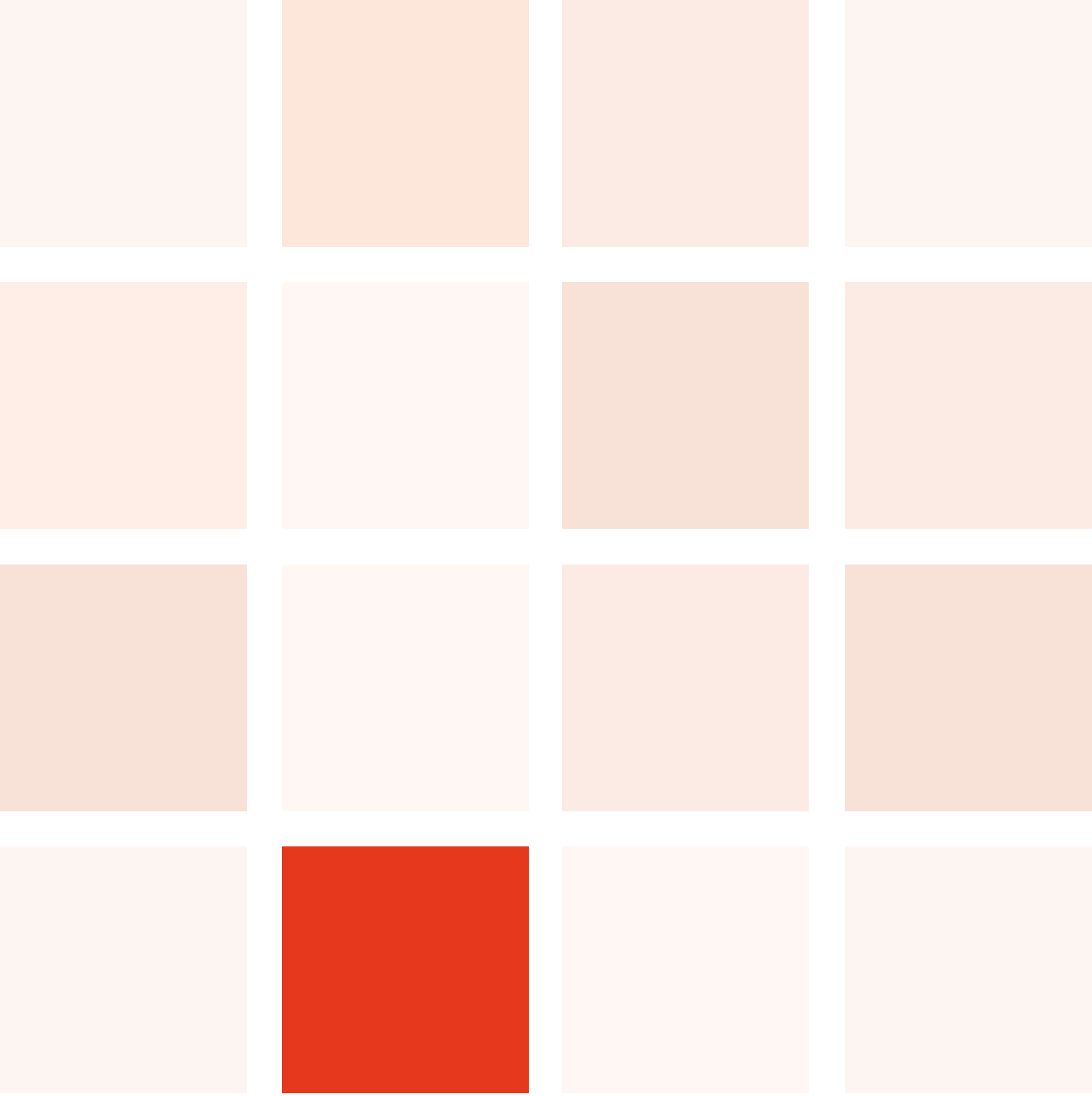
- Regarding the appearance of new tobacco products, as well as novel and emerging tobacco products and nicotine products, on the markets of the Parties, the trend is increasing in all fronts. It has been observed that there has been an increase in the availability in national markets of smokeless tobacco, water pipes and electronic nicotine delivery systems, with a notable increase in the percentage of Parties reporting the availability of heated tobacco products (HTPs) and electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS) in their national markets. The adoption of policies for new products appearing in these markets has been slow.

Concerning **priorities, gaps, and constraints and barriers** for implementation of the WHO FCTC, there is ample information from many Parties. The owbligations under Article 5 (General obligations) were mentioned by most Parties as priorities, particularly in relation to the development of legislation and the enforcement of existing regulations. They are followed as priorities by the implementation of tobacco cessation interventions (Article 14), price and tax measures (Article 6) and measures to ensure protection from exposure to tobacco smoke (Article 8).

The most reported implementation barrier continues to be interference by the tobacco industry and those working to further its interests

In the case of identified gaps between available resources and needs for implementation of the WHO FCTC, the three most frequently mentioned gaps were: a lack of financial resources; a lack of human resources and expertise for tobacco control; and the need for more training and capacity-building in tobacco control. The most reported implementation barrier continues to be interference by the tobacco industry and those working to further its interests, followed by a lack of intersectoral cooperation and coordination.

Progress in implementation was also detected for some indicators of the **Global Strategy to Accelerate Tobacco Control**. However, the level of acceleration in the implementation of the WHO FCTC that was anticipated through the uptake of the Global Strategy has not been achieved. It is therefore essential that the Parties, with the assistance of the Convention Secretariat, WHO and other partners, focus on the comprehensive implementation of the Convention. Better implementation also is critical to prevent the new epidemic of novel and emerging tobacco and nicotine products, which have spread over the unregulated markets of an increasing number of Parties.



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