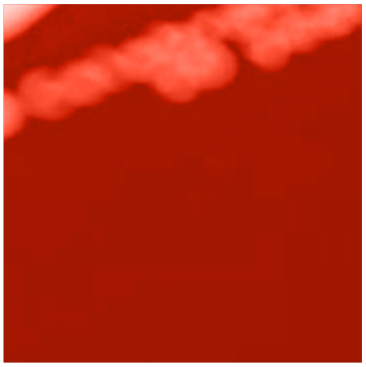
2025



2025 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control

FCTC
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
SECRETARIAT

2025 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL
SECRETARIAT

2025 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control

Suggested citation. 2025 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2025. Licence: CC BY-NC-SA 3.0 IGO.

Cataloguing-in-Publication (CIP) data. CIP data are available at http://apps.who.int/iris.

Sales, rights and licensing. To purchase WHO publications, see http://apps.who.int/bookorders. To submit requests for commercial use and queries on rights and licensing, see http://www.who.int/copyright.

Design: Artifex Creative Webnet Ltd

Contents

Acknowledgements

This report was prepared by the Convention Secretariat, which serves as the secretariat of both the WHO Framework Convention on Tobacco Control (WHO FCTC) and the Protocol to Eliminate Illicit Trade in Tobacco Products. Tibor Szilagyi, Team Lead, Reporting and Knowledge Management, led the overall work on data analysis and preparation of the report. The report benefited from the guidance and inputs provided by Adriana Blanco Marquizo, Head of the Convention Secretariat. Hanna Ollila, from the WHO FCTC Knowledge Hub on Surveillance, coordinated the data analysis. Carmen Audera, Leticia Martínez López, Hanna Ollila, Tibor Szilagyi and Laura Venäläinen drafted some parts of the report.

Alison Commar from the Tobacco Free Initiative of the World Health Organization (WHO) Department of Health Promotion made significant contributions to the section on the prevalence of tobacco use. We also thank the No Tobacco unit for providing access to data collected for the *WHO report on the global tobacco epidemic*, which was used to assess progress in certain areas of the WHO FCTC in line with the data exchange mandate given to the Convention Secretariat by the Conference of the Parties (COP) to the WHO FCTC at its Tenth session (COP10).

Contributions to the analysis on specific articles of the WHO FCTC were received from WHO FCTC Knowledge Hubs, including from the WHO FCTC Knowledge Hub on Legal Challenges, the WHO FCTC Knowledge Hub for Public Awareness (in relation to Article 12), the WHO FCTC Knowledge Hub on Smokeless Tobacco, the WHO FCTC Knowledge Hub on Surveillance, the WHO FCTC Knowledge Hub on Tobacco Taxation, the WHO FCTC Knowledge Hub for Waterpipe Tobacco Smoking, the WHO FCTC Knowledge Hub for Article 5.3, and the WHO FCTC Knowledge Hub for Articles 17 and 18. All these contributions are warmly acknowledged.

Special recognition goes to Nina Goltsch and her colleagues from the Statistics Division of the United Nations Industrial Development Organization (UNIDO) for drafting the section on global tobacco manufacturing trends. Our special thanks also go to David Bescond of the International Labour Organization (ILO) and Vysaul Nyirongo from the United Nations Commodity Trade Statistics Database (UN Comtrade) for providing access to relevant datasets and providing guidance on the analysis of the data. We also thank the Food and Agriculture Organization of the United Nations (FAO) for its contribution to some parts of the analysis.

20 year anniversary of the entry into force of the WHO FCTC, Geneva, Switzerland, 27 February 2025. Photo courtesy of Pierre Albouy.

Foreword by the Convention Secretariat

The *2025 Global Progress Report on the Implementation of the WHO Framework Convention on Tobacco Control* (WHO FCTC) is the 11th in the series since the Convention entered into force on 27 February 2005. This reporting cycle coincides with the 20th anniversary of the entry into force of the Convention, which marks a significant milestone in global tobacco control efforts.

For the first time, this report is based on data submitted by Parties through the new, revised reporting instrument adopted at the Tenth session of the Conference of the Parties (COP10) to the WHO FCTC, and via the new reporting platform established under decision FCTC/COP10(19). These enhancements are expected to have improved the reporting experience, and the Convention Secretariat remains committed to further refining these tools in collaboration with the Parties.

This edition also introduces the use of official external data sources to complement the submission of Party implementation reports, in line with the mandate of decision FCTC/COP10(19). This change reflects the Secretariat's efforts to strengthen collaboration with entities collecting tobacco-related data, enabling joint analyses and promoting more robust global surveillance, while at the same time reducing the reporting burden imposed on the Parties in various global data collection systems and ensuring better coordination between them.

For this reporting cycle, the Convention Secretariat deepened its cooperation with the World Health Organization (WHO), facilitating data exchange to enrich mutual analyses. In particular, data from WHO's biennial reports on the global tobacco epidemic – especially for those aspects aligned with WHO FCTC time-bound measures – were reviewed and analysed. Additional data from other United Nations (UN) entities relevant to tobacco control were also considered and are presented in this report where appropriate.

In terms of its content, the report outlines key trends in the implementation of the Convention since the previous cycle, highlighting Parties' innovative approaches and newly adopted measures. It includes detailed case studies under several articles, showcasing strong implementation practices.

As in previous editions, the report provides an update on the implementation of indicators monitoring the *Global strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025*, which was adopted in decision FCTC/COP8(16) and extended to 2030 by decision FCTC/COP10(15). The section on the Global Strategy also explores how WHO FCTC implementation is being integrated into the strategies and programmes of UN entities, observers to the COP and other stakeholders.

The report aims to inform discussions and decisions at the upcoming session of the COP, which, in accordance with Article 23 of the Convention, reviews implementation of the Convention and adopts measures to promote its effective implementation. Accordingly, it provides an in-depth analysis of topics on the COP agenda, including forward-looking tobacco control measures (in relation to Article 2.1 of the WHO FCTC), regulation of novel and emerging tobacco and nicotine products, and persistent implementation barriers. Among them is tobacco industry interference; for many Parties, such interference remains the main implementation barrier, underlining the urgent need to better safeguard public health policies and the integrity of the Convention and its governing bodies from the commercial and other vested interests of the tobacco industry. A more stringent application of Article 5.3 and its Guidelines for implementation is critical.

The findings presented in this report underscore the continued demand from Parties for strengthened international cooperation, technical and financial assistance, and capacity-building – especially in research, surveillance and legislative development. However, resource constraints remain a significant challenge. The global tobacco control community must intensify support, particularly for low- and middle-income Parties, through targeted assistance, knowledge exchange and institutional strengthening.

As we mark the 20th anniversary of the entry into force of the Convention, Parties are called upon to reaffirm their commitment to its implementation, continue to prioritize tobacco control as a development issue, and integrate its requirements with broader global public health and environmental efforts. Mobilizing the necessary resources – including through enhanced domestic resource mobilization – is essential to closing the implementation gap and achieving the Convention's public health objectives.

The Convention Secretariat

Foreword by the President of the Conference of the Parties

Twenty years ago, the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC) marked a turning point in global public health. As the first international treaty negotiated under the auspices of the World Health Organization (WHO), it laid the foundation for a collective, legally binding commitment to confront the devastating impact of tobacco products on health, development and equity.

For Panama, the WHO FCTC has been a guiding instrument – one that has shaped our national tobacco control strategies, strengthened institutional alliances, and helped us achieve a significant reduction in tobacco use. Today, the prevalence of tobacco product use among people aged 15 years and older in Panama stands at just 5%, a testament to the power of coordinated action and sustained political will.

The journey to this point was not without challenges. I had the privilege of participating in all six sessions of the Intergovernmental Negotiating Body, witnessing firsthand the complexity of the process and the fierce resistance from commercial interests. Yet, despite these obstacles, the Convention prevailed – anchored in the fundamental rights to health and life, and supported by the tireless efforts of WHO Member States, WHO itself and civil society.

Over the past two decades, Parties have made remarkable progress in implementing the Convention and its Protocol to Eliminate Illicit Trade in Tobacco Products. However, the tobacco industry continues to evolve, deploying new tactics and products – particularly targeting young people with novel nicotine delivery systems. These developments demand renewed vigilance, stronger regulations and global solidarity.

The COVID-19 pandemic further underscored the urgency of tobacco control, revealing the heightened vulnerability of tobacco users and the need to integrate tobacco control into broader health and development agendas. It also reminded us of the importance of resilience, collaboration and science-based policy.

As we commemorate this milestone, we must also look ahead. Full implementation of the WHO FCTC requires addressing persistent gaps: regulating product contents, increasing tobacco taxes sustainably, enforcing advertising bans across digital platforms, expanding plain packaging and ensuring universal access to cessation services. These are not just technical goals – they are moral imperatives in the pursuit of health equity.

Panama is honoured to have hosted the Tenth session of the Conference of the Parties (COP10) to the WHO FCTC and the Third Meeting of the Parties (MOP3) to the Protocol, and to have served as a regional representative on the Bureau of the COP. We remain committed to advancing the Convention's objectives and to supporting our fellow Parties in this shared endeavour.

The WHO FCTC is one of the greatest achievements in the history of global public health. It has saved lives, empowered nations and inspired a movement. As President of the COP, I reaffirm my belief in its transformative power and my hope for many more years of progress, unity and success.

Dr Reina Roa (Panama)
President of the Conference of the Parties

Executive summary

Background

The Convention Secretariat conducted the 2025 reporting cycle for the WHO Framework Convention on Tobacco Control (WHO FCTC) in accordance with decision FCTC/COP4(16) and subsequent decisions of the COP, including decision FCTC/COP10(19) titled "Improving the reporting system of the WHO FCTC". In line with decision FCTC/COP10(19), the reporting instrument of the WHO FCTC was revised, and the Parties used a new online reporting platform to submit their reports.

Of the 183 Parties to the Convention required to report in the 2025 cycle, 129 (70%) formally submitted their implementation reports. In this cycle, Malawi, which acceded to the Convention on 18 August 2023, reported for the first time. Due to the revision of the reporting instrument, most of the indicators have changed compared with previous reporting cycles; therefore, in many cases, new baseline data had to be collected or obtained from external data sources.

For this purpose, also under the mandate of the COP, the Convention Secretariat collaborated with the World Health Organization (WHO) to obtain data collected for the biennial WHO reports on the global tobacco epidemic, especially for the MPOWER indicators, some of which correspond to the WHO FCTC time-bound measures. WHO data were subsequently used to complement information collected through the reporting instrument of the WHO FCTC. Other external official data sources relevant to tobacco control were also reviewed and used; they are those from the United Nations Industrial Development Organization (UNIDO); the International Labour Organization (ILO); the United Nations Commodity Trade Statistics Database (UN Comtrade); the Food and Agriculture Organization of the United Nations (FAO) and the Global Burden of Disease study of the Institute for Health Metrics and Evaluation.

This *2025 Global Progress Report on Implementation of the WHO FCTC* describes the main directions of progress in global implementation of the Convention and provides examples of implementation as reported by the Parties. It also includes a summary of progress on the indicators to monitor the *Global strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025*, which was adopted in decision FCTC/COP8(16) and extended to 2030 in decision FCTC/COP10(15).

Key findings and observations, by article

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 here with, as usual, key observations and advanced practices in the implementation of the Convention under each of the articles. For example:

- In relation to **Article 2.1 (Forward-looking tobacco control measures)**, the most reported measures are tobacco-free generation policies, mostly birthdate-based sales restrictions and bans related to the sale and use of novel tobacco products and nicotine products.

- In relation to **Article 5 (General obligations)**, a little over half of the reporting Parties have a national tobacco control plan or strategy in place, but only about one in three Parties report that those plans or strategies are fully funded. Two thirds of the Parties reported having a national multisectoral coordinating mechanism for tobacco control in place, but less than half of those Parties reported that their mechanism is financed. There is a clear trend of acceleration in the adoption or revision of national tobacco control laws, legislation and regulations over the past three years. Almost three quarters of the Parties reported that they have dedicated enforcement mechanisms/infrastructures for the three time-bound articles. An increasing number of Parties have novel and emerging tobacco and nicotine products available in their national markets, and many have adopted regulations to address these products.

- Related to **Article 5.3 (Protection of public health policies from commercial and other vested interests of the tobacco industry)**, more than three in four reporting Parties have implemented at least one measure aligned with the Guidelines for implementation of Article 5.3; however, only one in four reported any significant changes since their previous submission. Two thirds of the reporting Parties indicated that they have established conflict-of-interest policies for government personnel and contractors. Almost half also prohibit tobacco industry or front-group representatives from participating in COP delegations and restrict officials from accepting gifts, payments or services from the industry.

- In respect of **Article 6 (Price and tax measures to reduce the demand for tobacco)**, many Parties, from all WHO regions, reported that they are increasing their excise taxes on smoked tobacco products. The specific tax system is the most common tobacco excise tax structure implemented globally, which is a change compared with 2023, when the mixed tax structure was the most prevalent. Four of the six WHO regions reported an increase in the median total tobacco tax burden. Several Parties reported introducing excise taxes on novel and emerging tobacco and nicotine products and/or increasing the excise tax rates applied to them.

- Under **Article 8 (Protection from exposure to tobacco smoke)**, a significant number of countries have expanded their smoke-free legislation to include both smoked tobacco products – including heated tobacco products (HTPs) – and emerging nicotine products such as electronic cigarettes. Many Parties have introduced targeted measures to protect vulnerable populations, particularly children and youth, from exposure to tobacco smoke. These include bans on tobacco use, for example, in vehicles, near schools and in recreational areas. There is a notable trend towards strengthening enforcement mechanisms and empowering subnational and local authorities to implement smoke-free policies.

- In relation to **Article 9 (Regulation of the contents of tobacco products)** and **Article 10 (Regulation of tobacco product disclosures)**, one in three reporting Parties indicated achieving any significant changes in the implementation of Article 9 since the submission of their last report, but only slightly more than one in 10 reported the same for Article 10.

- Among the Parties that reported progress in implementing Article 9, a little more than half confirmed that they are regulating the contents of tobacco products. The majority of those reports concerned changes in their regulatory frameworks and legislations – most often in relation to banning flavours or additives, or to product registration and reporting requirements. Almost two thirds of respondents indicated that they require manufacturers or importers of tobacco products to disclose information about the emissions of tobacco products to governmental authorities, while a larger number of reporting Parties imposed a similar requirement on the contents of tobacco products, in line with the requirements under Article 10.

- Regulation of electronic nicotine delivery systems (ENDS) and electronic non-nicotine delivery systems (ENNDS) in relation to product contents and disclosures still lags behind the regulation of tobacco products. Among the reporting Parties that responded to these questions, in the case of ENDS, about one third of Parties reported testing and measuring the contents, and one in five Parties reported testing and measuring the emissions of these products. Further, less than half of Parties reported disclosing data on testing and measuring the contents to government authorities, and less than a third of Parties reported a similar practice in relation to emissions. In the case of ENNDS, the number of reporting Parties for these indicators (measuring and testing the contents and emissions, and disclosures on the results to government authorities) was about half of those for ENDS.

- Under **Article 11 (Packaging and labelling of tobacco products)**, several Parties reported advancements compared with their previous implementation status. These include adopting and enforcing plain packaging regulations, drafting plain packaging standards, and introducing or increasing the size of pictorial health warnings. Some Parties have increased the size of existing warnings or introduced new sets of pictorial messages. Additionally, a number of Parties have extended packaging and labelling requirements to novel and emerging tobacco and nicotine products. Notably, Canada and subsequently Australia became the first two Parties to mandate health warning messages printed directly on individual cigarettes.

- In relation to **Article 12 (Education, communication, training and public awareness)**, in the past two years, most Parties have reported that they implemented anti-tobacco media campaigns, either at the national or subnational level; the most covered topics were the risks of tobacco consumption, the benefits of quitting and the addictiveness of tobacco. Almost half of the Parties reported that they based their campaigns on research and monitored them, although impact assessments were carried out in less than a third of the Parties. Online media (social media and websites) are the leading media used by the Parties to broadcast anti-tobacco messages.

- Under **Article 13 (Tobacco advertising, promotion and sponsorship)**, several Parties reported extending their regulations concerning tobacco advertising, promotion and sponsorship (TAPS) to novel tobacco products and nicotine products; others mentioned introducing comprehensive TAPS bans, applying TAPS bans to tobacco products or their substitutes, or banning specific types of TAPS (e.g. a display ban at points of sale). A few Parties reported specifically targeting movies, broadcasting and media production outlets and digital streaming platforms.

- On **Article 14 (Demand reduction measures concerning tobacco dependence and cessation)**, Parties' reports included examples of new cessation guidelines, expansion of cessation services, launching of new quitlines, and use of modern technologies to provide cessation help (e.g. web-based technology, mobile applications and generative artificial intelligence). Nicotine replacement therapy was reported as the tobacco dependence treatment medication most available for legal purchase (83% of reporting Parties), followed by bupropion (65%), varenicline (55%) and cytisine (40%).

- Under **Article 15 (Illicit trade in tobacco products)**, additional Parties to the WHO FCTC have acceded to the Protocol since the previous reporting cycle (Jordan, North Macedonia, Poland and Rwanda), with several others currently in the process of accession (Georgia, Liberia, Slovenia, Syrian Arab Republic and Thailand). Several Parties reported that they are actively developing or amending legislation and regulations to enhance control over the tobacco trade. These efforts include the implementation or expansion of tracking and tracing systems, as well as provisions for licensing, penalties and customs regulations.

- Parties continued to strengthen the implementation of most provisions under **Article 16 (Sales to and by minors)**. Almost all Parties (125) reporting in this cycle responded that they ban sales of tobacco products to minors. Of these 125 Parties, many reported having raised the minimum age to purchase tobacco products, including four Parties raising it to 21 years. Many other Parties had extended the ban on sales to minors to novel tobacco products and/or nicotine products. Some Parties provided details on their enforcement mechanisms under this article, and fines for violations were also increased by several Parties.

- On **Article 17 (Provision of support for economically viable alternative activities)**, among Parties that submitted reports in this cycle, 58% indicated the presence of tobacco manufacturing, 57% reported tobacco cultivation and 53% tobacco processing within their jurisdictions. Efforts to promote economically viable alternatives remain largely focused on farmers; however, only 12% of Parties reported implementing relevant programmes or measures for farmers. Other actors in the supply chain are even more frequently overlooked: just 6% of reporting Parties indicated support for tobacco workers seeking alternative livelihoods, and only 7% reported initiatives targeting small-scale sellers.

- Under **Article 18 (Protection of the environment and the health of persons)**, the significant changes reported under this article by several Parties could be split into five main categories: new legislative, regulatory and administrative measures; extended producer responsibility (EPR); information, communication and education initiatives; international commitments, collaboration and cooperation; and research initiatives. EPR has gained significant momentum globally in recent years, especially in the context of plastic pollution, circular economy goals and climate action.

- Some progress was observed in relation to implementation of **Article 19 (Liability)**. Only nine reporting Parties indicated progress in relation to the implementation of this article. Some Parties reported having introduced new laws or legislative amendments, of which several included new penalties for violations of the provisions established by law. Further, 13 Parties reported the taking of any criminal and/or civil liability action, including for compensation where appropriate, against the tobacco industry.

- In relation to **Article 20 (Research, surveillance and exchange of information)**, among a total of 33 Parties reporting progress in implementing this article, 23 reported having developed national surveys and studies, including the Global Youth Tobacco Survey and the Global Adult Tobacco Survey. Based on Parties' reports, new research most frequently focused on the patterns, determinants and health consequences of tobacco consumption (42 Parties); followed by novel and emerging tobacco or nicotine products (39); and the patterns, determinants and health consequences of exposure to tobacco smoke (27).

- In relation to **Article 22 (Cooperation in the scientific, technical and legal fields and the provision of related expertise)**, one third of reporting Parties indicated that they received financial assistance and over half reported receiving technical assistance in support of their implementation of the WHO FCTC, with WHO and the Convention Secretariat cited as primary providers. Provision of financial assistance for the implementation of the Convention was reported by 23% of Parties, while provision of technical assistance was indicated by 37% of Parties. International cooperation and capacity-building were highlighted by the Parties, in relation to their collaboration through initiatives such as the FCTC 2030 project, WHO FCTC Knowledge Hubs and regional exchanges.

- **Regulation of ENDS and ENNDS** in relation to product contents and disclosures still lags behind the regulation of tobacco products. Among the reporting Parties that responded to these questions, in the case of ENDS, 40 Parties reported testing and measuring

the contents, and 29 reported testing and measuring the emissions of these products. Further, 54 Parties reported disclosing data on testing and measuring the contents to government authorities, and 37 Parties reported disclosing data on emissions to government authorities. In the case of ENNDS, the number of reporting Parties for these indicators (measuring and testing the contents and emissions, and disclosures on the results to government authorities) was about half of those for ENDS.

- Concerning **priorities, constraints and barriers** to the implementation of the WHO FCTC, there is ample information from many Parties. The top three **priorities** for implementation of the WHO FCTC reported by the Parties are cessation programmes and activities; developing new or amending the existing legislation or regulation; and public awareness programmes and capacity-building. The two most frequently cited **constraints and barriers** were the lack of staff and human resources, and insufficient financial resources. They stand above the rest of the challenges by more than 10 percentage points.
- **Interference by the tobacco industry** and its allies remains an important constraint noted by half of the reporting Parties. For half of these reporting Parties, tobacco industry interference is the main barrier they have faced since their previous report.

Complementary information from external data sources

In addition to data from WHO that were used as complementary information when assessing global progress in implementing several WHO FCTC articles, other external official data sources relevant to tobacco control were also reviewed and used. External data sources were the United Nations Industrial Development Organization (UNIDO), the International Labour Organization (ILO), the United Nations Commodity Trade Statistics Database (UN Comtrade), the Food and Agriculture Organization of the United Nations (FAO) and the Global Burden of Disease study of the Institute for Health Metrics and Evaluation.

- **Domestic tobacco growing.** According to FAOSTAT, global raw tobacco production in 2023 totalled about 6 million tonnes, cultivated across more than 3 million hectares worldwide. Between 2013 and 2023, global raw tobacco production decreased from about 7.5 million tonnes to about 6 million tonnes, representing a reduction of roughly 20%. A similar downward trend is evident in the land allocated to global raw tobacco cultivation, which declined from over 4 million harvested hectares in 2013 to slightly more than 3 million hectares in 2023, representing a reduction of about 23%.
- **Labour force in tobacco-related activities.** The ILO, through its Harmonized Microdata initiative, has compiled and published labour force data linked to various tobacco-related activities – including tobacco cultivation, manufacturing and retail – across 150 countries. However, China, which is the world's largest tobacco product manufacturer, is not included in the calculation. Based on the latest available data, about 2.02 million people (1.25 million men and 0.77 million women) are employed in tobacco manufacturing in these countries. Overall, available data on the workforce involved in various aspects of tobacco-related activities remain incomplete, particularly in relation to tobacco cultivation and the sale of tobacco products.
- **Tobacco manufacturing.** The contribution of tobacco products to global manufacturing value added has continued to decline over the past two decades, as reported by UNIDO. In 2022, the tobacco products sector accounted for just 0.8% of global manufacturing value added – less than half of its 2002 share of 1.8%.

- **Tobacco trade: imports and exports of raw tobacco and manufactured tobacco products.** Trade data was sourced from the UN Comtrade database, which provides detailed global trade statistics by product and trading partner. Over the past decade, trade values for raw and manufactured tobacco products have remained stable, with one exception: HS2404 products (including HTPs and ENDS) showed an increase in trade values.

Conclusions

1. In the 2025 reporting cycle, both the reporting instrument of the WHO FCTC and the online reporting platform were renewed. Despite a new reporting environment, almost the same number of Parties submitted an implementation report by complying with the provided deadline as was the case for previous reporting cycles. However, the importance of using various channels to further raise awareness among Parties about the reporting process and its implications has become evident, to ensure that all Parties submit their implementation reports in each cycle and on time.

2. The 2025 reporting cycle reveals a commendable global momentum in strengthening tobacco control legislation. Nearly 90% of reporting Parties have enacted comprehensive national laws, with many updating or introducing new regulations since 2023. Notably, several Parties are pioneering tobacco-free generation policies and other measures that they consider to be forward looking, signalling a shift towards long-term public health protection. However, the disparity observed in implementation – particularly in areas such as multisectoral coordination and regulation of the constantly spreading novel and emerging tobacco products and nicotine products – highlights the need for sustained political will, sustainable national financing of tobacco control and intersectoral collaboration. Parties are urged to prioritize legislative coherence and ensure that tobacco control remains a central pillar of national health strategies, for example, those addressing noncommunicable diseases (NCDs).

3. Despite some progress, tobacco industry interference remains a significant implementation barrier, cited by over half of the reporting Parties, with a quarter of reporting Parties calling it the most important barrier. In contrast, only a quarter of reporting Parties reported meaningful advances in implementing Article 5.3, which underscores a critical vulnerability in protecting global tobacco control efforts. Governments should consider adopting and enforcing robust transparency and accountability mechanisms on interactions with the tobacco industry, including codes of conduct and disclosure requirements, to mitigate undue influence. Strengthening enforcement capacity and insulating policy-making from vested interests are essential to uphold the integrity of implementation of the WHO FCTC, in line with treaty obligations and the objectives of the Global Strategy.

4. Progress in measures relating to the reduction of demand for tobacco – such as taxation, smoke-free environments, packaging and labelling, and tobacco dependence and cessation support – has been uneven. Some Parties have introduced innovative approaches (e.g. health warnings on individual cigarettes and digital cessation tools); however, others have reduced taxes on certain tobacco products, potentially undermining public health gains. Public education campaigns and cessation services are expanding, yet gaps remain in accessibility and reach. Efforts to curb the supply of tobacco through measures such as the control of movement of tobacco products, elimination of illicit trade and restrictions on sales to minors are advancing.

5. Progress has been made in the number of WHO FCTC Parties ratifying or acceding to the Protocol to Eliminate Illicit Trade in Tobacco Products, or considering such a move; establishing markings on tobacco products, including tracking and tracing systems; and strengthening enforcement mechanisms. However, support for economically viable alternatives for tobacco growing remains limited, with only 12% of tobacco-growing Parties implementing such programmes.

6. Environmental concerns, including waste management and pollution from tobacco products, are gaining attention but require broader adoption of extended producer responsibility schemes. Policy-makers should integrate environmental sustainability and economic transition support into national tobacco control agendas to ensure holistic and equitable progress to combat the tobacco epidemic.

7. The present report highlights sustained, strong demand from the Parties for international cooperation, technical and financial assistance, and capacity-building – particularly in research, surveillance and legislative development. Nevertheless, persistent barriers – especially human and financial resource constraints – continue to hinder implementation of the Convention. The global tobacco control community must intensify support for low- and middle-income Parties through targeted assistance, knowledge exchange, and institutional support and strengthening.

8. Having reached the 20th anniversary of the entry into force of the WHO FCTC, Parties are called upon to champion its implementation and to integrate it into global policy efforts as a development priority. This includes mobilizing the necessary technical and financial resources (both domestic and international) to close the implementation gap and address the wide-ranging harms caused by tobacco, from its role in driving NCDs and deepening poverty, to its environmental toll through land degradation and plastic pollution.

> “While there have been these great strides in tobacco control, there is a long way to go. The tobacco industry continues to kill millions of people per year, and its socioeconomic burdens cause strains on entire populations. We call on countries to redouble their efforts and ensure that tobacco control remains a public health and development priority.
>
> **Dr Adriana Blanco Marquizo**
> Head of the Convention Secretariat

Twenty years of a global treaty driving policy, saving lives

Twenty years ago, the WHO Framework Convention on Tobacco Control (WHO FCTC) became the first international treaty negotiated under the auspices of the World Health Organization (WHO). Today, it stands as a landmark in global health diplomacy – an international legal instrument that has not only saved millions of lives but also empowered governments to enact effective, evidence-based policies to combat one of the world's deadliest epidemics.

Since it entered into force in 2005, the WHO FCTC has catalysed a global shift in tobacco control. With 183 Parties, the treaty now covers over 90% of the world's population. It has provided a legal and policy framework that has enabled its Parties to reduce tobacco use, protect public health, and defend their policies against industry interference. Global tobacco use has declined by one third since 2005, with an estimated 118 million fewer users today. This progress is the result of deliberate policy choices – choices made possible by the Convention.

The treaty's impact is visible in the widespread adoption of smoke-free laws, graphic health warnings, bans on tobacco advertising, promotion and sponsorship, and significant increases in tobacco taxation. These measures have not only reduced tobacco use but also generated revenue for health systems and development priorities.

The 2016 Impact Assessment of the WHO FCTC, conducted after a decade of implementation, highlighted the treaty's significant role in shaping tobacco control policies. These efforts have led to measurable reductions in tobacco consumption and prevalence, among other positive outcomes.

To address emerging challenges and promote more equitable implementation among Parties, the *Global strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025* was adopted in 2018 and has been extended to 2030. This strategy reinforces the commitment of Parties to develop and enforce FCTC-specific policies. It also calls on all stakeholders to contribute to global tobacco control efforts and support Parties in their actions.

The Protocol to Eliminate Illicit Trade in Tobacco Products, an additional legal instrument that entered into force in 2018, has further strengthened national capacities to secure supply chains, eliminate all forms of illicit trade in tobacco products and increase tax revenues.

The WHO FCTC has also proven to be a powerful tool and an accelerator for sustainable development. Tobacco control has a direct impact on achieving a number of Sustainable Development Goals, with positive effects on poverty reduction, food security, environmental protection, and economic resilience. Countries should strive to establish tobacco control as a sustainable development priority through a whole-of-government effort.

However, the challenges ahead are significant. The tobacco industry continues to adapt, aggressively marketing novel and emerging tobacco products and nicotine products – such as heated tobacco products and electronic nicotine delivery systems – particularly to youth. The regulation of these products needs to be strengthened. Implementation of the treaty remains uneven, and only a minority of Parties are on track to meet global targets for reducing tobacco use. The need for political leadership, cross-sectoral coordination, and sustained investment is more urgent than ever.

As the WHO FCTC enters its third decade, policy-makers are called upon to reaffirm their commitment to full implementation and enforcement of the Convention and its Protocol. Forward-looking tobacco control measures – such as regulating novel products, banning flavouring agents, and establishing a tobacco-free generation – must be prioritized, while continuing to protect public policy from tobacco industry interference. Tobacco control is not only a health imperative; it is a governance issue, a development strategy, and a moral obligation to protect future generations.

1 Introduction

The **2025 Global Progress Report** on Implementation of the WHO Framework Convention on Tobacco Control is the 11th such report since the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC) on 27 February 2005. This report has been prepared in accordance with decision FCTC/COP1(14) taken by the Conference of the Parties (COP) to the WHO FCTC at its first session, which established reporting arrangements under the Convention; and decision FCTC/COP4(16), which harmonized the reporting cycles with the regular sessions of the COP. Furthermore, in the latter decision, the COP requested the Convention Secretariat to submit a Global Progress Report on implementation of the WHO FCTC for the consideration of the COP at each of its regular sessions, based on the reports submitted by the Parties in the respective reporting cycle.

In accordance with decision FCTC/COP10(19), the COP adopted a revised reporting instrument (as contained in Annex 2 of document FCTC/COP/10/13). Subsequently, as mandated by the COP, the Convention Secretariat developed a new online reporting platform that incorporates the revised reporting instrument. That platform has been used by the Parties to report any progress on their implementation of the Convention, and to respond to newly developed questions that provide a clearer overview of the status of implementation at national level.

This edition of the Global Progress Report builds on the information submitted by the Parties in the 2025 reporting cycle, and on data obtained from the World Health Organization (WHO) on a renewed collaboration established after COP10; all data received were examined to present a breakdown of implementation by article. While following the structure of the Convention and the new reporting instrument, each chapter includes examples of good implementation practices as reported by the Parties. The reported implementation gaps and barriers were also analysed and are presented under the respective sections. Key observations and conclusions complete the Global Progress Report and make it suitable to inform COP deliberations and thus to shape future action in tobacco control.

The sections that provide an analysis of data from other external official sources enrich the report with relevant insights on certain areas, such as tobacco growing, manufacturing and trade. Furthermore, the report includes a dedicated section on the status of implementation of the indicators of the *Global strategy to accelerate tobacco control (2019–2025)* – adopted in decision FCTC/COP8(16) and extended to 2030 in decision FCTC/COP10(15).

Of the 183 Parties to the Convention required to report in the 2025 cycle, 129 (70%) formally submitted their implementation reports. The regional breakdown of the reporting Parties is presented in **Table 1**. The full list of reporting and non-reporting Parties is contained in **Annex 1**. These submitted reports, and the information therein serves as the basis for analysis described in the later sections of the report.

Table 1. Parties that submitted reports in the 2025 reporting cycle, by WHO region

Region	Total number of Parties	Reports submitted	% Reporting
Africa	45	24	53
Americas	30	22	73
South-East Asia	10	6	60
Europe	52	45	87
Eastern Mediterranean	19	13	68
Western Pacific	27	19	70
Global	**183**	**129**	**70**

Methodological notes

Starting in 2025, the assessment of global progress in implementing the WHO FCTC now incorporates data from a broader range of sources. These methodological notes outline the origins and characteristics of the data used in this edition of the Global Progress Report.

Analysis of responses provided by the Parties through the WHO FCTC reporting instrument

For the 2025 reporting cycle, the analysis of implementation reports submitted by Parties has remained largely consistent with the approach used in 2023. Measures required under the Convention – corresponding to questions in the 2025 iteration of the WHO FCTC reporting instrument – were assessed based on the percentage of Parties that reported affirmative implementation. A list of key indicators is provided in a separate supplementary document available on the WHO FCTC website.

As a rule, in the report, quantitative data are presented as percentages of all Parties that submitted a report in 2025 (n=129). Exceptions apply in cases where absolute numbers are more appropriate; for example, when the number of responses to a specific question or sub-question is limited, or when it is more relevant to reference the number of implementing Parties. Owing to substantial changes in the 2025 reporting instrument, responses and data on the indicators are no longer directly comparable to previous cycles, and new indicators have been identified; therefore, this edition has new baseline data. In some sections of the reporting instrument, questions are dependent on the selected response to one or more of the predefined response options in the preceding question(s). In these cases, the implementation rates were calculated among the Parties that met the defined condition set in the reporting instrument. Any other deviations from these general rules are explained in the respective chapters of the report.

One notable exception involves indicators sourced from WHO, for which calculations were for all Parties, subject to data availability. In future Global Progress Reports, once a greater number of Parties have submitted at least one report using the revised reporting instrument, implementation rates will again be presented for all WHO FCTC Parties.

The report continues to emphasize implementation examples under various articles. Additional focus is placed on the comprehensiveness of implementation of measures under selected articles – particularly the time-bound measures (Articles 8, 11 and 13) and the indicators that are also used in the *Global strategy to accelerate tobacco control*. These analyses examine clusters of indicators derived from the reporting instrument or other data sources. Although the WHO FCTC is a global treaty without a formal regional structure, comparative assessments by WHO regions are included for selected measures.

Regarding qualitative data, the report highlights examples of Party-level progress, including recent activities, legislative developments and other actions. These examples are drawn from responses to open-ended questions in the reporting instrument, supplemented by desk research and additional information provided by Parties.

There were some limitations in data analysis. Implementation reports are not subject to systematic validation; for instance, verification of responses against laws, regulations and programmatic documents (e.g. national strategies or action plans) does not consistently include enforcement or compliance aspects, unless such details are provided in open-ended responses. This may result in discrepancies between reported information and actual implementation experiences.

Analysis of data received from WHO

In decision FCTC/COP11(19) the Conference of the Parties (COP) to the WHO FCTC requested the Convention Secretariat *"to collaborate with the World Health Organization (WHO) to obtain data collected for the biennial WHO reports on the global tobacco epidemic to complement the information collected through the reporting instrument of the WHO FCTC in the assessment of progress in implementation of the WHO FCTC by the Parties"*. The list of items/questions/indicators collected by WHO for the WHO report on the global tobacco epidemic that could be used to complement information collected from the Parties through the WHO FCTC reporting instrument (especially for the MPOWER indicators,[1] some of which correspond to the WHO FCTC time-bound measures) was included in Annex 2 of document FCTC/COP/10/13.[2]

For methodological notes concerning WHO data and their analysis, please refer to the Technical Notes contained in the "WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco".[3] Concerning the data themselves, please see the Annex tables in the same publication.

The chapter on the prevalence of tobacco use and tobacco-related mortality contained in this Global Progress Report was produced by WHO, following the approach of the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030*, but restricting the analyses to WHO FCTC Parties.

Analysis of data from other external data sources

In decision FCTC/COP10(19) the COP also requested the Convention Secretariat *"to continue reviewing official external sources of data that are relevant to tobacco control, with a view to exploring how such data may best inform the assessment of progress in the implementation of the WHO FCTC by the Parties"*. The external data sources targeted are listed in Annex 1 of document FCTC/COP/10/13.[4]

Among the agencies listed in the table, the Convention Secretariat collaborated with the Statistics Division of the United Nations Industrial Development Organization (UNIDO), the International Labour Organization (ILO) and the United Nations Commodity Trade Statistics Database (UN Comtrade) to access tobacco-related data. In addition to the listed organizations, cooperation was also established with the Food and Agriculture Organization of the United Nations (FAO).

For UNIDO, the analysis and the drafting of its contribution were carried out by UNIDO colleagues. For the other United Nations (UN) agencies, the Convention Secretariat conducted the analysis using data provided by the respective organizations, under their guidance.

1 A set of measures introduced by WHO in 2008 to support implementation of the WHO FCTC and its Guidelines for implementation related to reducing the demand for tobacco products. These measures include (M) monitoring tobacco use and prevention policies; (P) protecting people from tobacco smoke; (O) offering help to quit tobacco use; (W) warning about the dangers of tobacco; enforcing bans on tobacco advertising, (E) promotion and sponsorship; and (R) raising taxes on tobacco.
2 https://fctc.who.int/resources/publications/i/item/fctc-cop-10-13-improving-the-reporting-system-of-the-who-fctc
3 https://www.who.int/publications/i/item/9789240112063 (Technical Notes commence on page 127 of the report.)
4 https://fctc.who.int/resources/publications/i/item/fctc-cop-10-13-improving-the-reporting-system-of-the-who-fctc

Miscellaneous

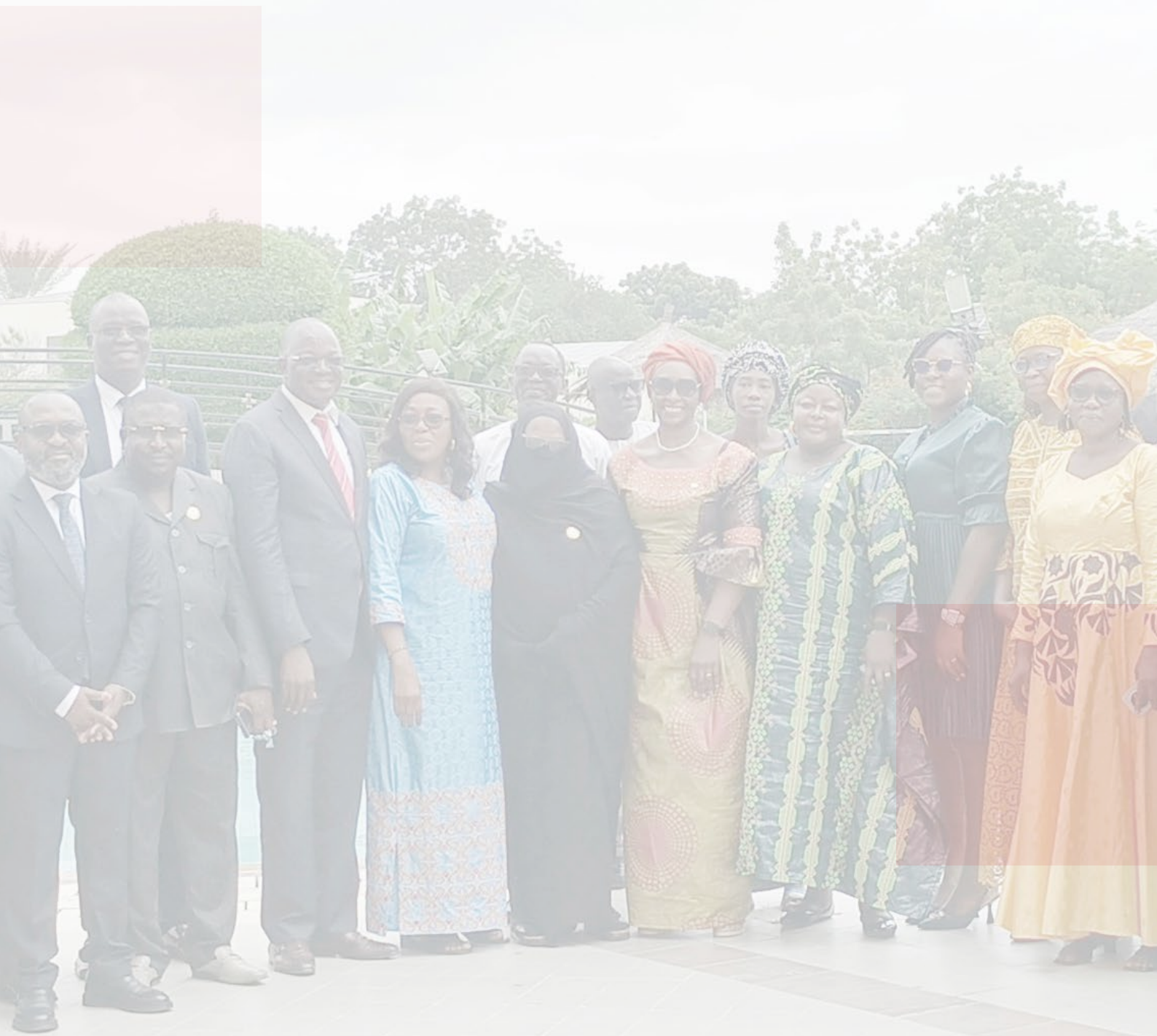
All figures and tables in this report were prepared by the Convention Secretariat, based on data received during the 2025 reporting cycle, unless stated otherwise. Percentages shown in figures reflect the proportion of affirmative responses among all reporting Parties (n=129), unless stated otherwise.

Exact quantitative data on the implementation of various measures are available in a separate supplementary document available on the WHO FCTC website. For graphs and narrative text, rounded values were used: values of 0.50 and above were rounded up to 1, and values below 0.50 were rounded down to 0.

All case studies included in the report were reviewed and verified by WHO FCTC focal points in the respective countries.

Photographs used in the Global Progress Report were either submitted by Parties for publication purposes, sourced from their 2025 implementation reports or identified by the Convention Secretariat among several contributors. Acknowledgements are provided for all photographs in the report.

During the elaboration of this report, Copilot M365 was used to review responses to selected open-ended questions from the Parties and to suggest categories of reported actions, which were then refined by the authors. Additionally, Copilot assisted in editing certain parts of the text for grammar and clarity. In both cases, the final content was carefully reviewed by the authors.



Participants in the stakeholder meeting during the needs assessment mission for the implementation of the Protocol in Chad, 9 September 2025.
Photo courtesy of WHO Tchad country office.

2 Prevalence of tobacco use and tobacco-related mortality

Key observations

- The prevalence of current tobacco use among people aged 15 years or older, averaged across all Parties, is estimated to have reduced from 26.2% in 2005 to 17.4% in 2024.
- Trends that are evident from surveys completed by Parties, with projections to 2025, show that most Parties need to accelerate their implementation of the WHO FCTC to achieve the voluntary target of the *WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020* (also used in the WHO FCTC's *Global strategy to accelerate tobacco control*), which is to reduce tobacco use by 30% between 2010 and 2025.
- The 35 million children aged 13–15 years who report current use of tobacco products point to an urgent need to strengthen measures to prevent youth access and initiation. In one in four Parties, the prevalence of tobacco use among girls is the same or higher than among boys.

For a broad examination of progress towards global targets to reduce tobacco use and premature mortality from noncommunicable diseases (NCDs), the following sections of the report present the estimates of prevalence trends produced by WHO.

WHO collated data on the prevalence of tobacco use from all Parties to the WHO FCTC that have completed a national population survey since 1990 and released the results before 28 February 2025. WHO applied a statistical model to these data to calculate underlying trends and to project rates of tobacco use for men and women for each country.[5] The model attempts to overcome issues concerning comparability between national surveys arising from the variety of indicators and age ranges of surveys. The results are age-standardized using the WHO World Standard Population.[6] WHO conducted a country consultation in March–May 2025 and published the results in the *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030*.[7]

5 The WHO World Standard Population is a construct published by WHO for allowing standardization of country data against an average world population age-structure which then allows comparability of data across countries. (https://cdn.who.int/media/docs/default-source/gho-documents/global-health-estimates/gpe_discussion_paper_series_paper31_2001_age_standardization_rates.pdf)

6 Bilano V, Gilmour S, Moffiet T, d'Espaignet ET, Stevens GA, Commar A et al. Global trends and projections for tobacco use, 1990-2025: an analysis of smoking indicators from the WHO Comprehensive Information Systems for Tobacco Control. Lancet. 2015;385(9972):966–76 (https://doi.org/10.1016/S0140-6736(15)60264-1).

7 https://www.who.int/publications/i/item/9789240116276

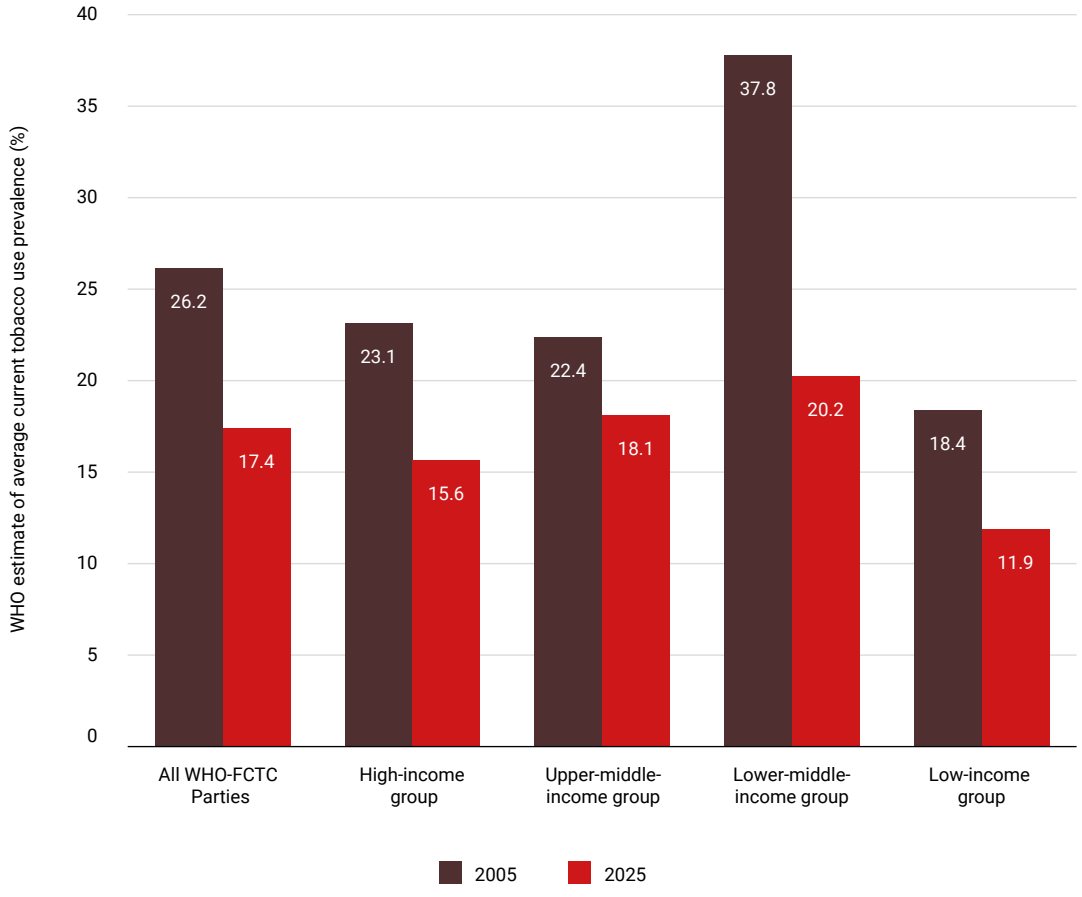
Prevalence trends

Since the publication of the *2023 global progress report on implementation of the WHO FCTC*, a total of 100 Parties have released new national surveys reporting the prevalence of tobacco use. Data from these surveys were combined with earlier surveys dating back to 1990; also, WHO estimates of trends in tobacco use prevalence were recalculated using the complete set of surveys.

"Tobacco use" includes use of smoked and/or smokeless tobacco products, according to the varieties commonly used in, and surveyed by, each Party. "Current use" means either daily or occasional use at the time of the survey.

Based on these data, the prevalence of current tobacco use among people aged 15 years or older, averaged across all Parties, is estimated to have reduced from 26.2% in 2005 (40.6% among males and 11.7% among females) to 17.4% in 2024 (29.1% among males and 5.8% among females) (**Fig. 1**).

Fig. 1. Current prevalence of tobacco use among adults in 2005 and 2024 among WHO FCTC Parties, by World Bank income groups



The average adult prevalence of current tobacco use declined in all World Bank income groups of Parties between 2005 and 2024 (**Fig. 1**). In 2005, lower-middle-income Parties collectively had the highest tobacco use prevalence at 37.8%, but achieved the largest relative reduction, decreasing to 20.2% by 2024. The slowest progress occurred among the upper-middle-income Parties, with an overall reduction from 22.4% in 2005 to 18.1% in 2024. The lowest prevalence group in 2005 was the low-income group of Parties with a level of 18.4%; this group remained the lowest in 2024 with a level of 11.9%. The high-income group reduced at a similar pace to the low-income group, but with higher levels of use, falling from 23.1% in 2005 to 15.6% in 2024.

Regarding tobacco use among young people, the majority of Parties are monitoring prevalence among adolescents over time, particularly among those aged 13–15 years. A total of 157 Parties completed a national school-based survey between 2014 and 2024 that measured current tobacco use or current cigarette smoking in this age group. Together, these surveys covered 86% of the total population aged 13–15 living in a Party to the WHO FCTC.

Using data from these surveys, the average prevalence of tobacco use among children aged 13–15 was 9.7% overall (11.8% for boys and 7.4% for girls). In 73% of Parties, the proportion of boys using tobacco was higher than the proportion of girls. Looking only at cigarette smoking reported in these surveys, the average prevalence among children aged 13–15 years was 4.7% overall (6.0% for boys and 3.2% for girls). In 75% of Parties, the proportion of boys smoking cigarettes was higher than the proportion of girls.

Translating the prevalences into an estimate of the number of children aged 13–15 years across all Parties (using the same population source) who are currently using some form of tobacco yields a total of 35 million children, among whom 17 million are smoking cigarettes. The number of boys using tobacco is estimated at 22 million, of whom 11 million smoke cigarettes, while the number of girls using tobacco is estimated at 13 million, of whom 6 million smoke cigarettes.

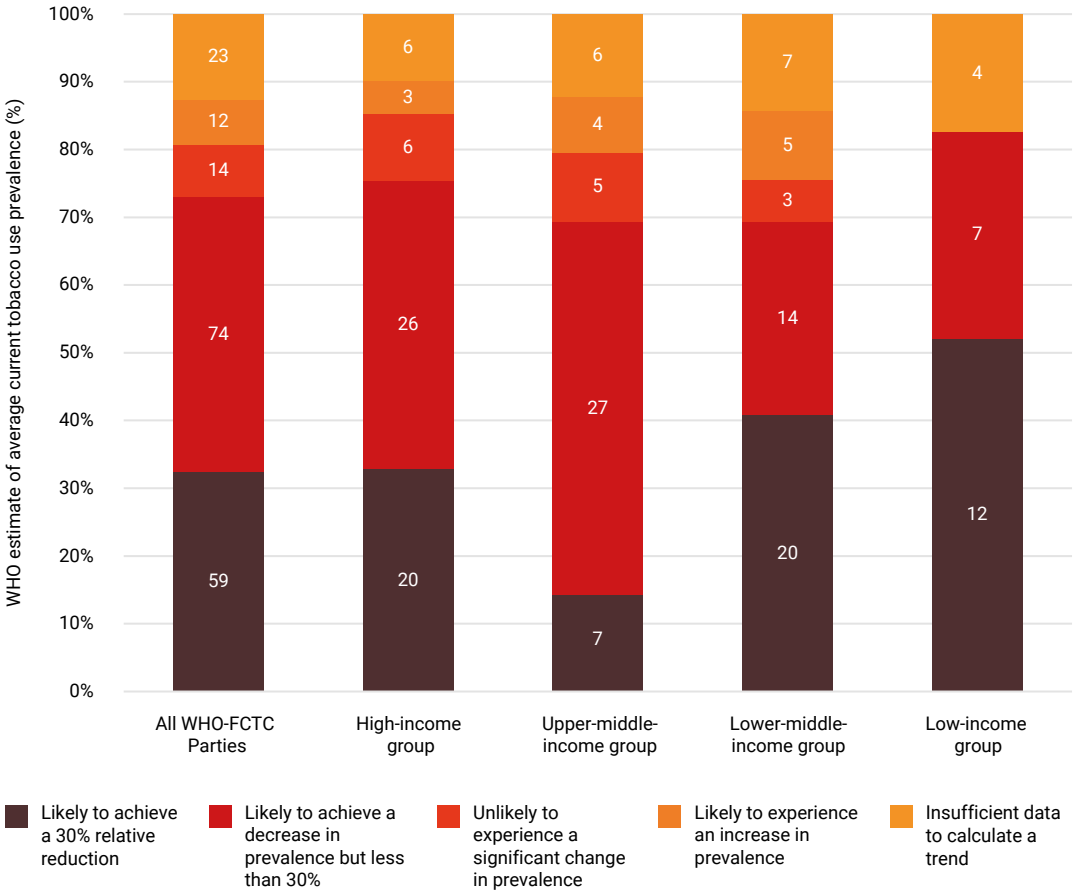
Projections on achieving the tobacco prevalence reduction target by 2025

Given that no national surveys completed in 2025 were available when the estimates for 2025 were calculated, all such estimates are projections. Also, given the time it typically takes for survey results to be released, final target achievement results may not be known for some years.

Using the same results that produced the trend lines in **Fig. 1**, WHO estimates show that 59 Parties,[8] or one third of Parties, are likely to achieve the global NCD target to reduce tobacco use by 30% between 2010 and 2025 (**Fig. 2**). In an additional 74 Parties, rates are reducing but more slowly than needed to meet the 30% reduction target. Of note, 14 Parties are expected to experience no decrease in smoking prevalence, and another 12 Parties can expect tobacco use rates to increase unless effective policies are urgently put in place. Trends are unknown in 23 Parties where insufficient nationally representative surveys have been reported. In summary, most Parties need to accelerate tobacco control activities to achieve the target of the *WHO global action plan for the prevention and control of noncommunicable diseases 2013–2020*.

8 As compared with 55 Parties in 2022. See paragraph 11 of the supplementary information document from COP10: https://fctc.who.int/resources/publications/i/item/fctc-cop-10-contribution-and-impact-of-implementing-the-who-fctc-on-achieving-the-noncommunicable-disease-global-target-on-the-reduction-of-tobacco-use

Fig. 2. Parties' prevalence trends in relation to the 30% reduction target, by World Bank income group



Among World Bank income groups of Parties, the best progress towards the target is being made in the low-income group, where over 80% of Parties are on decreasing trends, among whom 50% are currently on track for the target. The upper-middle-income group is making the slowest progress, with under 70% of Parties on decreasing trends and only 15% of Parties currently on track to meet the target. The 14 Parties on flat trends and the 12 Parties with prevalence continuing to rise are evenly spread across the high-income, upper-middle-income and lower-middle-income groups.

These trend estimates reflect the effects of tobacco control actions already implemented by the Parties before conducting their most recent survey. Where no survey has been conducted since a policy was implemented, the effects of the new policy will not be seen until the next survey is conducted. Hence, these projections reflect only what has been captured in surveys to date and will be subject to recalculation as new surveys are released.

Complementary information from the Global Burden of Disease study

The Global Burden of Disease (GBD) study is the most extensive effort to measure health loss across more than 190 countries.[9] It measures deaths, years of life lost (YLL), years lived with disability (YLD) and disability-adjusted life years (DALY) attributable to tobacco use and exposure to second-hand smoke.

Tobacco use is classified as a Level 2 behavioural risk and includes various forms of smoking (cigarettes, cigars, pipes, bidis, kreteks and waterpipes), smokeless tobacco products (e.g. chewing tobacco, snuff, snus, gutka and paan with tobacco), and exposure to second-hand smoke.

Health outcomes of tobacco use in different forms and exposure to second-hand tobacco smoke have been studied as part of the GBD. The *Health effects associated with smoking: a burden of proof study* systematically and comprehensively evaluated the dose–response relationship between smoking and a diverse range of health outcomes.[10] The study found strong or very strong evidence of harm for eight outcomes, moderate to weak evidence for 21, and no association for seven.

According to the latest GBD data, tobacco use was the third-leading Level 2 risk factor for deaths and the fourth for DALYs in 2021. That year, tobacco use was responsible for 7.25 million deaths globally – 5.68 million among men and 1.57 million among women – accounting for 15.1% of all male deaths and 5.2% of female deaths. The study also estimated 168 million YLL, 26.3 million YLD and 195 million DALYs attributable to tobacco use. Further details are presented in **Table 2**.

Table 2. Deaths, YLL, YLD, and DALYs attributable to tobacco in 2021

	Deaths (million)	YLL (million)	YLD (million)	DALY (million)
Total	7.25	168	26.30	195
Female	1.57	33.7	8.31	42
Male	5.68	135	18	156

According to GBD 2021 data, China had the highest number of tobacco-attributable deaths globally, with about 2.67 million deaths. India followed with 1.04 million deaths, and the United States with 360 000. The countries with the highest and lowest tobacco-attributable death rates in 2021 are presented in **Table 3** and **Table 4.** A visual representation of tobacco-attributable death rates globally is available on the GBD website.[11]

9 Institute for Health Metrics and Evaluation https://www.healthdata.org/research-analysis/gbd
10 https://pubmed.ncbi.nlm.nih.gov/36216941/
11 http://ihmeuw.org/73q5

Table 3. The 10 countries with the highest tobacco-attributable death rates per 100 000 population in 2021

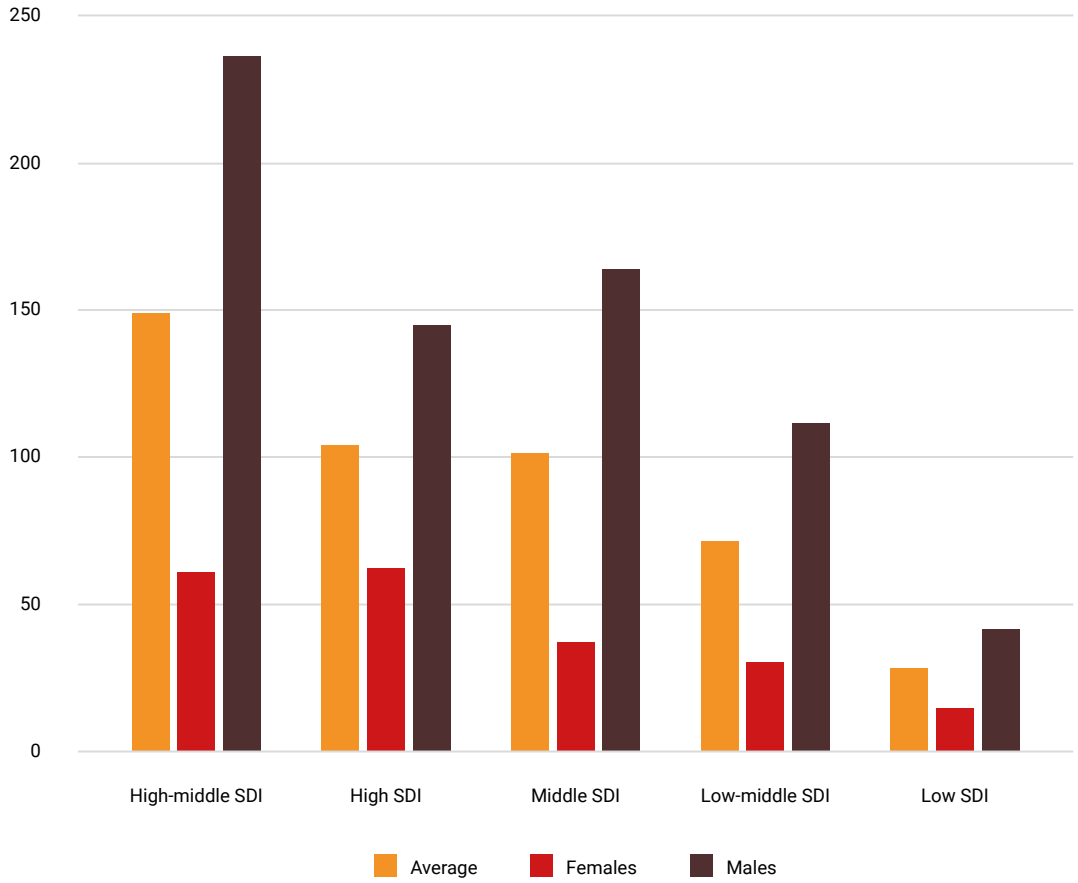
	Deaths/100 000
Montenegro	214.39
Belarus	212.29
Bulgaria	207.97
Croatia	207.56
Bosnia and Herzegovina	202.8
Serbia	198.85
Monaco	196.02
Greece	195.13
North Macedonia	190.49
China	187.46

Table 4. The 10 countries with the lowest tobacco-attributable death rates per 100 000 population in 2021

	Deaths/100 000
Nigeria	6.89
Ethiopia	7.71
Niger	8.99
Benin	9.50
Liberia	12.08
Uganda	12.20
Qatar	13.47
Cameroon	14.26
São Tomé and Príncipe	14.58
Burkina Faso	22.50

Analysis of tobacco-related disease burden by Sustainable Development Index (SDI) – which reflects a country's progress towards the Sustainable Development Goals (SDGs) – shows that age-standardized tobacco-attributable death rates are highest in high-middle SDI countries, reaching 148 per 100 000 population (236 per 100 000 for males and 60.9 per 100 000 for females). In contrast, low SDI countries report the lowest average mortality rate at 28 per 100 000 (42 per 100 000 for males and 14.7 per 100 000 for females). These rates are summarized in **Fig. 3**.

Fig. 3. Tobacco-attributable deaths per 100 000 population, by SDI level in 2021



Conclusion

The burden of disease attributable to tobacco consumption and exposure to second-hand tobacco smoke is still very high. Tobacco use is decreasing globally; however, a decrease in the burden of disease attributable to tobacco will take years or even decades to be observed.

3 Implementation of the Convention by provisions

The status of the implementation of the Convention was assessed based on key indicators identified under each substantive article (in line with the new reporting instrument of the WHO FCTC) and on data collected by WHO for selected articles. The complete list of indicators is presented in separate supplementary document available on the WHO FCTC website, and the implementation rates of the key indicators per article are presented in the following chapters.

The status described in this report derives from implementation reports submitted by the Parties in the 2025 reporting cycle, which had a cut-off date of 18 May 2025.

An additional analysis was conducted of the articles prioritized under Strategic Objective 1.1 of the Global Strategy – namely Article 5 (General obligations), Article 6 (Price and tax measures to reduce the demand for tobacco), Article 8 (Protection from exposure to tobacco smoke), Article 11 (Packaging and labelling of tobacco products) and Article 13 (Tobacco advertising, promotion and sponsorship) – to assess the comprehensiveness of measures taken by the Parties. The comprehensiveness analysis was done both globally and regionally, among all Parties, using the dataset provided by WHO. A summary of the comprehensiveness analysis of the various Articles is presented here (**Fig. 4**).

As seen in **Fig. 4**, still, some Parties do not have a comprehensive approach to the articles of the Convention, let alone the time-bound ones.

- In 2024, the most advanced and comprehensive implementation could be seen in **Article 11**, where 60% of Parties had implemented large health warnings with a series of characteristics required under the Convention;[12] this was an increase from 57% in 2022.
- Under **Article 8**, 42% of Parties reported that they had all public places smoke-free in 2024; this was a slight increase from 40% in 2022.
- Under **Article 13**, just over a third (36%) of Parties had prohibited all forms of direct and indirect advertising in 2024; this was little changed from 35% in 2022.

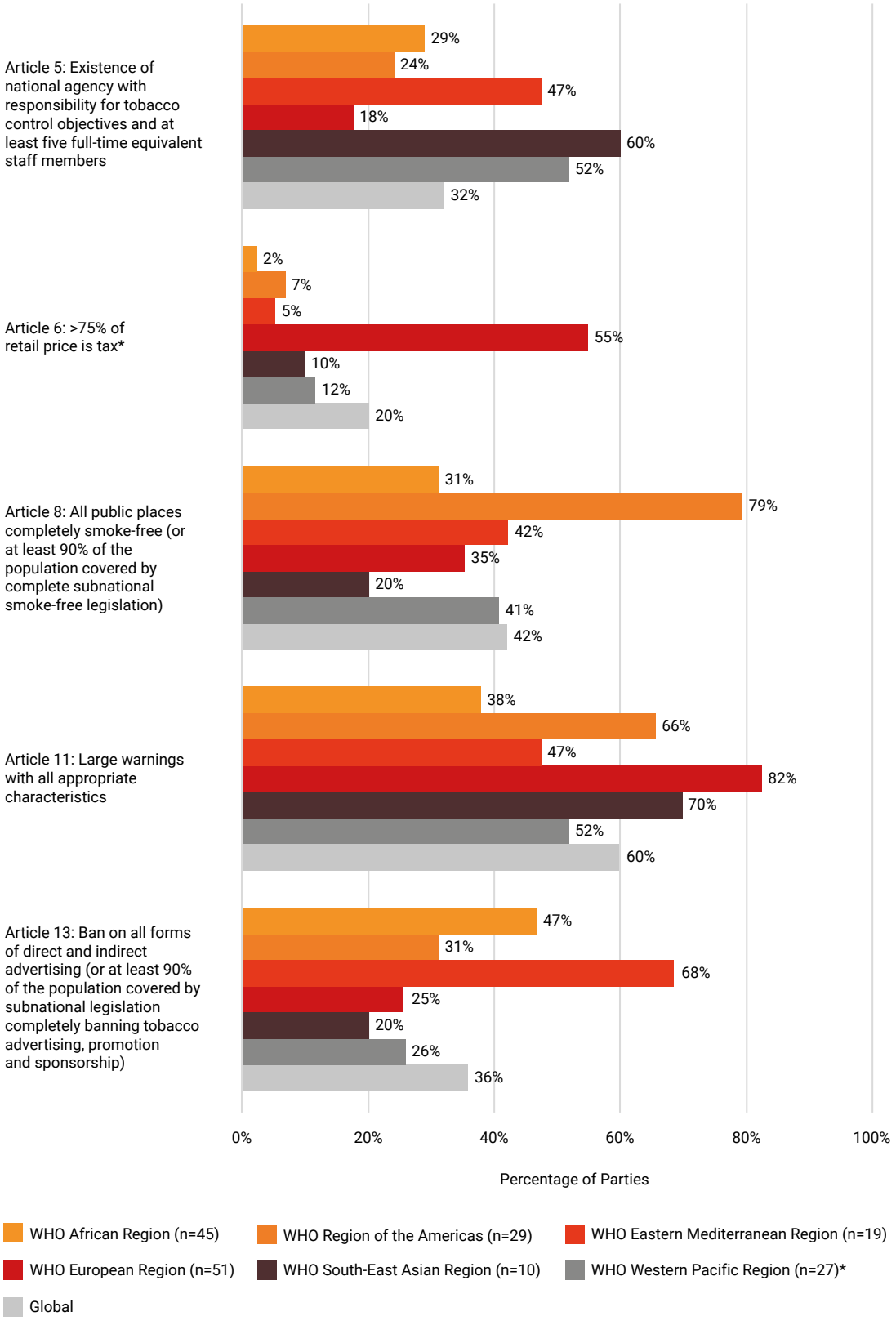
With respect to the two other measures reflected under Strategic Objective 1.1 of the Global Strategy,

- Under **Article 5**, almost a third (32%) of Parties had a national agency with responsibility for tobacco control objectives and at least five full-time equivalent staff members; this was the same as 2022.
- Comprehensive policies were weakest under **Article 6**, where in 2024, only one in five (20%) of Parties reported having a total tax that represents 75% or more of the retail price of tobacco, which is considered a high level of achievement for tobacco tax policy in the *WHO report on the global tobacco epidemic*. In this measure, the implementation actually weakened from 21% in 2022.

See **Fig. 4** for more details, including a regional breakdown of available data.

12 The WHO data were available for analysis from 181 Parties, with the exception of Article 6, where data were available from 180 Parties.

Fig. 4. Parties with comprehensive policies under WHO FCTC Articles 5, 6, 8, 11 and 13,[13] by WHO region, n=181, 2024



Note: The * indicates that data was missing from one Party from the WHO Western Pacific Region for the analysis of Article 6 data, so that n=26 for these indicators.

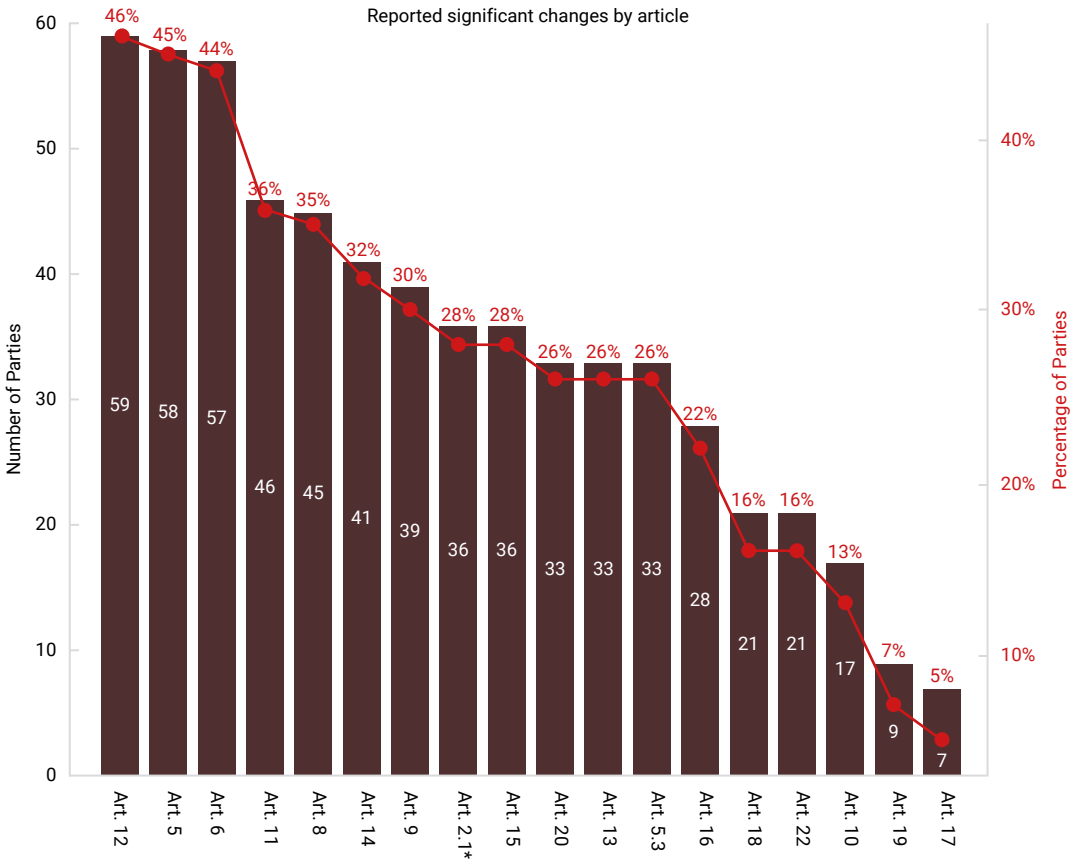
13 Details of the indicators and grouping are available from Technical Note I, WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Each of the subsequent sections includes quantitative analysis on the indicators that provide a sense of progress in their implementation, complemented in some cases by summary information from official external data sources, as follows:

- GBD study by the Institute for Health Metrics and Evaluation (under the section on Prevalence of tobacco use and tobacco-related mortality);
- domestic tobacco growing: FAO (under the section on Article 17);
- labour force in tobacco-related activities: ILO (under the section on Article 17);
- tobacco trade – imports and exports of raw tobacco and manufactured tobacco products: UN Comtrade Database (under the section on Article 17); and
- recent global trends in the manufacturing of tobacco products: UNIDO (under the section on Article 17.

Under each article, Parties were asked in the reporting instrument if there had been any significant changes in the implementation of the respective article. Where there had been a significant change, Parties were then asked to briefly describe that change. **Fig. 5** provides the number (and the percentage) of Parties that reported significant changes in the 2025 reporting cycle.

Fig. 5. Parties reporting any significant change, by WHO FCTC article, n=129



*The figures related to Article 2.1 should be considered with caution, as further analysis of the progress reported by the Parties in relation to this article revealed that in some cases the measures reported are in fact requirements of the Convention, and not measures beyond those.

As shown in **Fig. 5**, even among the most frequently reported articles, less than half of reporting Parties indicated any significant changes in relation to Article 12 (Education, communication and public awareness), Article 5 (General obligations, including Article 5.3) and Article 6 (Price and tax measures to reduce the demand for tobacco).

More than one in four reporting Parties responded that they have implemented forward-looking tobacco control measures that could be said to be contemplated within the scope of Article 2.1 of the WHO FCTC.

At the other end of the scale, with about one in 10 or even fewer Parties reporting any changes in the articles, are Article 10 (Regulation of tobacco product disclosures), Article 19 (Liability) and Article 17 (Provision of support for economically viable alternative activities).

Relationship between this Convention and other agreements and legal instruments (Article 2)

Implementation of forward-looking tobacco control measures that could be said to be contemplated within the scope of Article 2.1 "measures that go beyond this Convention and its protocols"

Key observations

- A total of 36 Parties (more than one in four that reported) considered that some of their actions on tobacco control were forward-looking measures that could be said to be contemplated within the scope of Article 2.1 of the WHO FCTC.
- After a thorough analysis of the details provided on those actions, only less than half of those Parties have indeed engaged in "measures beyond those required by this Convention and its protocols"; most of them were simply implementing the requirements of the Convention.
- The most reported forward-looking measures were tobacco-free generation policies, mostly birthdate-based sales restrictions, and bans related to the sale and use of novel tobacco products and nicotine products.
- More advanced measures will be discussed under the description of progress in other articles to the Convention.

More than one in four Parties that submitted their implementation report indicated that they had implemented, since the submission of their previous report, forward-looking tobacco control measures that could be said to be contemplated within the scope of Article 2.1 of the WHO FCTC: "measures beyond those required by this Convention and its protocols".

Several Parties reported **tobacco-free generation policies**, either enacted or currently being considered. These Parties included Belgium, the European Union (EU), France, Maldives, Norway, Slovenia and the United Kingdom of Great Britain and Northern Ireland (United Kingdom). For example, Belgium adopted the *Inter-federal strategy for a tobacco-free generation 2022–2028* in December 2022 and started implementing it in 2023. Also, among other measures, the country implemented a prohibition on disposable vaping products, with or without nicotine, from 1 January 2025.

In the EU, a major step towards achieving a tobacco-free generation in Europe by 2040 (announced earlier in 2021), has been the adoption of the "Council Recommendation of 3 December 2024 on Smoke- and Aerosol-Free Environments" in 2024. Furthermore, between 2021 and 2024, the EU-funded Joint Action on Tobacco Control 2 project (JATC-2) featured a specific work package on a tobacco endgame strategy (WP9: "*Best practices to develop an effective and comprehensive tobacco endgame strategy*"), with the following objectives: to identify and assess tobacco endgame strategies and forward-looking tobacco control policies for the EU; to explore best national practices in developing, implementing, and evaluating tobacco endgame strategies and forward-looking tobacco control policies;

President of the Maldives, Dr Mohamed Muizzu, at the signing ceremony of the amendment of the Maldives' Tobacco Control Act on 21 May 2025. Photo courtesy of the President's Office, Republic of Maldives.

and to promote best national practices and facilitate the development of national tobacco endgame strategies in Europe. The final report of this work package and other useful materials, including a tobacco endgame toolkit, are available on the project's website.[14]

France's National Tobacco Control Programme (2023–2027) aims for children born since 2014 to become the first generation of non-smokers (achieving a smoking rate of <5%). In the Maldives, a new law prohibits access to tobacco and nicotine products for those born on or after 1 January 2007 (effective 1 November 2025), while the Norwegian Government's new national tobacco control strategy, adopted in March 2023, aims to achieve a tobacco and nicotine-free generation for children born in 2010 and beyond.

In 2022, the Slovenian Government adopted the *Strategy for reducing the consequences of tobacco use: towards a tobacco-free Slovenia 2022–2030*. The Strategy stipulates the effective implementation of legislation and contains proposals for advanced measures, including to reduce the affordability of tobacco and related products, and activities to prevent the initiation of use and cessation of use of tobacco and related products. It includes a long-term vision of a tobacco-free Slovenia by 2040 (the proportion of the population aged ≥15 years using tobacco, related products and other nicotine products not registered as nicotine replacement therapy will not exceed 5%).

The United Kingdom's Tobacco and Vapes Bill, introduced to Parliament, aims to create a smoke-free generation by gradually phasing out the sale of tobacco products across the country. The Bill makes it an offence to sell tobacco products, herbal smoking products and cigarette papers to anyone born on or after 1 January 2009.

14 https://jaotc.eu/useful-material-jatc-2/

Several Parties reported having introduced a ban on novel tobacco products and/or nicotine products, including Belgium, Brazil, Costa Rica, Kyrgyzstan, Mexico, Nauru and Palau. In the Netherlands, a ban on online sales of tobacco and related products (e.g. ENDS), including a cross-border distance sales ban, was introduced on 1 July 2023, while a ban on sales of tobacco and related products in supermarkets, night shops and hospitality industry establishments was introduced on 1 July 2024, and a ban on non-tobacco oral nicotine products on 1 January 2025.

In Kenya, the shisha ban remained in place after being challenged in court by tobacco companies. In brief, Kenya introduced a ban on the manufacturing, importation, sale and use of shisha in 2017, as part of the amendments to the Public Health Act, becoming the fourth African country to do so. The ban, which has faced legal challenges since then, was finally upheld by the High Court and later reaffirmed by the Court of Appeal on 23 December 2024. The Court ruled that public health concerns must take precedence over commercial interests. The Ministry of Health, along with other government agencies, has pledged to enforce the ban and called on law enforcement to strengthen surveillance and step up against violators. Actions to carry out crackdowns against illegal shisha outlets have taken place since then.

In Mexico, an earlier ban on the import of novel tobacco products and nicotine products was later the subject of a constitutional reform. On 3 and 11 December 2024, the Plenary of the Chamber of Deputies and the Senate, respectively, approved a constitutional reform on health matters and included a ban on vapes, electronic cigarettes, analogous electronic devices and other toxic substances. This reform and the new Constitution, approved by the State Congresses by majority, were published in the Official Gazette of the Federation on 17 January 2025, and came into effect on 18 January 2025. The reform adds a fifth paragraph to Article 4 and a second paragraph to Article 5 of the Political Constitution in relation to health protection. The amendment of Article 4 establishes that, to guarantee the protection of people's health, “the production, distribution, commercialization, and sale of electronic cigarettes, vapes, and other analogous electronic systems or devices as specified by law are prohibited…”. Meanwhile, Article 5 now states that “the profession, industry, domestic or foreign trade, labour, or any other activity related to the production, distribution, and sale” of the aforementioned devices and substances is prohibited.

Additional measures relevant to this chapter are discussed under other articles of the WHO FCTC, including those on smoke-free environments, packaging and labelling, advertising and youth access.

The Eleventh session of the COP will consider an agenda item on forward-looking tobacco control measures (in relation to Article 2.1 of the WHO FCTC), where a report of the Expert Group established by the COP in February 2024 will be presented.[15]

15 The COP11 documentation page can be found at https://fctc.who.int/convention/conference-of-the-parties/sessions/eleventh-session-of-the-conference-of-the-parties

High-level meeting to strengthen tobacco control in Timor-Leste, 2025.
Photo courtesy of the Secretariat of the WHO FCTC.

General obligations (Article 5)

Key observations

- Just over half of the reporting Parties have a national tobacco control plan or strategy in place, but only about one in three Parties reported that those plans or strategies are fully funded.
- Two thirds of the Parties reported having a national multisectoral coordinating mechanism for tobacco control in place, but less than half of those Parties reported that their mechanism is financed.
- There has been a clear trend of acceleration in the adoption or revision of national tobacco control laws, legislation and regulations over the past three years.
- Almost three quarters of the Parties reported that they have dedicated enforcement mechanisms/infrastructures for the three time-bound articles.
- An increasing number of Parties have novel and emerging tobacco and nicotine products available in their national markets, and many also have regulations to address these products.

Almost half of the reporting Parties indicated that there had been a significant change in their implementation of this article, and many Parties provided details on their implementation of various measures required under this article.

National tobacco control plan or strategy (Article 5.1)

In respect of Article 5.1, new or recent national strategies and action plans were reported by Australia, Brunei Darussalam, Cook Islands, Czechia, Finland, France, Georgia, Ghana, Iran (Islamic Republic of), Jordan, New Zealand, Palau, the Republic of Moldova, Slovenia, Spain, Togo and Tonga.

For example, Australia released the *National tobacco strategy 2023–2030*, following endorsement by all Australian health ministers in May 2023. The strategy outlines a national policy framework for the government and nongovernmental organizations to work together to improve health by reducing tobacco use. Cook Islands' *Tobacco control action plan 2023–2031* is a comprehensive national strategy developed by the Te Marae Ora Ministry of Health to reduce tobacco use and its associated health burdens. It was drawn upon and supports the broader *NCD action plan 2021–2025*. Ghana's five-year *National tobacco control strategy 2023–2027* was launched in 2023; it was developed collaboratively by the Ministry of Health, the Food and Drugs Authority (FDA), WHO and the United Nations Development Programme (UNDP) as part of Ghana's broader efforts carried out under the FCTC2030 Project, supported by the Convention Secretariat. Elements of the strategy include strengthening enforcement mechanisms, addressing illicit trade in tobacco products and enhancing stakeholder coordination.

Jordan reported the launch of its *National strategy for tobacco and smoking control 2024* and the national plan emanating from that strategy in June 2024. Examples of the activities included in the strategy and plan are awareness-raising and educational campaigns, tax increases, intensification of enforcement of the public health law aimed at preventing smoking in public places (including in schools, with the involvement of the Ministry of Education) and training of medical professionals to provide smoking cessation assistance in smoking cessation clinics.

In Spain, the *Comprehensive plan for the prevention and control of smoking* was approved in 2024. The nationwide plan is based on five pillars: preventing the initiation of tobacco and related product use; encouraging smoking cessation and providing support for it; reducing exposure to emissions from tobacco and related products, and reducing their ecological footprint; promoting applied research and the monitoring and control of smoking; and strengthening coordination for the implementation of programmes.

Status of Parties' current national tobacco control plan or strategy

The reporting instrument demanded that Parties report on the status of their current national tobacco control plan or strategy. Among the 125 Parties that responded to this question, 52 reported that a plan or strategy has been in place for several years and is currently being implemented; 21 reported that a new plan or strategy is being developed, and seven reported that they are developing their first-ever plan or strategy; 17 reported that there is a newly adopted plan or strategy in place; and 17 indicated that they do not currently have a plan. The remainder responded that either this matter does not apply to them or another scenario is in place.

Collaboration with civil society organizations

A total of 71% of reporting Parties indicated that since their previous report, they have included civil society members who are not affiliated with the tobacco industry in the development and implementation of national tobacco control approaches.

Costed and funded plan or strategy

Among 129 reporting Parties, 51 indicated that their national plan or strategy is "costed". Of these 51 Parties, 27 provided a copy of their plan or strategy, but less than half (22 Parties) reported that their plans or strategies are fully funded.

Sources of funding for tobacco control activities

Parties were asked, in relation to Article 26.2, Article 6 and its Guidelines for implementation, where the financial resources for funding their tobacco control activities are coming from. The answers given are summarized in **Table 5**. Parties might have chosen more than one mechanism from a given list.

Table 5. Sources of funding for tobacco control activities, "n" varies, 2025

Source of funding	No. of Parties
Licence fees for tobacco retailing, distribution, etc.	22
Tobacco product registration fees	24
Fines for non-compliance with tobacco control measures	35
Designated tobacco taxes (earmarking)	41
Other fees, including those laid on the tobacco industry	12

Infrastructure for tobacco control (Article 5.2(a))

In relation to Article 5.2(a), 94% of reporting Parties reported having a focal point for tobacco control, but only 67% indicated having a national multisectoral coordinating mechanism for tobacco control. A total of 44% of Parties reported that their multisectoral coordinating mechanism included civil society organizations not affiliated with the tobacco industry.

Several Parties reported establishing, reorganizing or reactivating their national multisectoral committees or bodies for tobacco control: Algeria, Armenia, Brazil, Brunei Darussalam, Cabo Verde, Cook Islands, Ethiopia, Malawi, Marshall Islands, Montenegro, Mozambique, Palau, the Republic of Moldova, Romania, the United Arab Emirates and Zimbabwe.

Several Parties provided details on the operation of their national multisectoral coordinating mechanisms for tobacco control. This section presents some examples from Parties where the coordinating mechanisms were reorganized or reactivated, or underwent recent changes. Brazil's national coordination mechanism for tobacco control is the "National Commission for the Implementation of the Framework Convention on Tobacco Control and its Protocols" (CONICQ); it was created by decree in 2003 and updated by Decree No. 11,672 in August 2023. It is an intersectoral body coordinated by the Minister of Health, and the National Cancer Institute acts as the Executive Secretariat of the Commission. In Ethiopia, in June 2025, a joint memorandum of understanding (MoU) was signed between the Ethiopian Food and Drug Authority (EFDA) and member institutions of the National Tobacco Control Coordinating Committee. The Authority, operating under its legal mandate, coordinates the National Tobacco Control Committee, which has been restructured and is expected to address previous coordination gaps, strengthen shared responsibility and ensure more effective implementation of tobacco control regulations.

Palau's "National Coordinating Mechanism for NCDs", established by a Presidential executive order, manages the "Noncommunicable Disease Fund", which is financed by appropriation of 10% of revenues generated from taxes on alcohol and tobacco, and provides funding for local actions on NCDs aligned with the NCD Strategic Plan. Based on a self-assessment in 2022, the Coordinating Mechanism found the need for the following key actions to enhance its impact: promoting a larger role for civil society, engaging a dedicated full-time secretariat, applying a more systematic approach to capacity development, and strengthening community leadership and engagement around a holistic focus on health and wellness. In Togo, the National Committee for Tobacco Control was established in April 2023 and is led by the Secretary General of the Ministry of Health.

Many other Parties also provided details about the composition and operation of their national coordinating mechanisms that were established earlier. Some Parties reported having a separate coordinating mechanism for matters related to *illicit trade in tobacco products*. For example, Panama has an operational "Inter-institutional Commission for the Implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products", which comprises seven permanent members (representing seven different entities relevant to the work of the Commission) and is led by the General Directorate of Public Health.

Some Parties reported the operation of multisectoral mechanisms where the tobacco portfolio is included in the *broader-scope national coordinating mechanisms* (e.g. NCDs, addictions or health promotion). These Parties included Algeria, Benin, Brunei Darussalam, Cook Islands, Czechia, Jamaica, Lithuania, Palau, the Republic of Moldova, the Republic of Korea, Saint Lucia, Tonga, Türkiye and Ukraine.

Operation of national multisectoral coordinating mechanisms for tobacco control

Of the 87 Parties (67%) that reported having a national multisectoral coordinating mechanism in place, less than half (41 Parties; 32%) of the Parties reported that their mechanism is *financed*, but almost all (77 Parties; 60%) reported that their mechanism is still functional, despite many of them not receiving any financial support for their operation.

Adopting and implementing effective legislative, executive, administrative and/or other measures (Article 5.2(b))

Among the reporting Parties, 90% indicated that they have a comprehensive set of national laws, legislation or regulations that specifically address tobacco control. Of that 90%, in 2023 and 2024, at least 79 Parties had adopted new or amended existing tobacco control laws or regulations. In their reports, the following Parties reported on their amendments of laws or regulations as progress under Article 5.2(b): Australia, Belgium, Bulgaria, Chile, Colombia, Ecuador, Eswatini, the EU, Germany, Kenya, Malaysia, Malta, New Zealand, Peru, Serbia, Seychelles, Tonga, Ukraine and Venezuela (Bolivarian Republic of). A few other Parties (e.g. Afghanistan, Seychelles, the United Kingdom and Vanuatu) indicated that they are in the process of adopting new or amended existing tobacco control laws or regulations.

The reporting instrument demanded that Parties report on the status of their current comprehensive set of national legislation, laws or regulations on tobacco control since their previous report. Parties had to select one of the answer options provided in the reporting instrument. Among the 129 Parties that submitted a report in the 2025 reporting cycle, 111 responded to this question. The answers given are included in the **Table 6**.

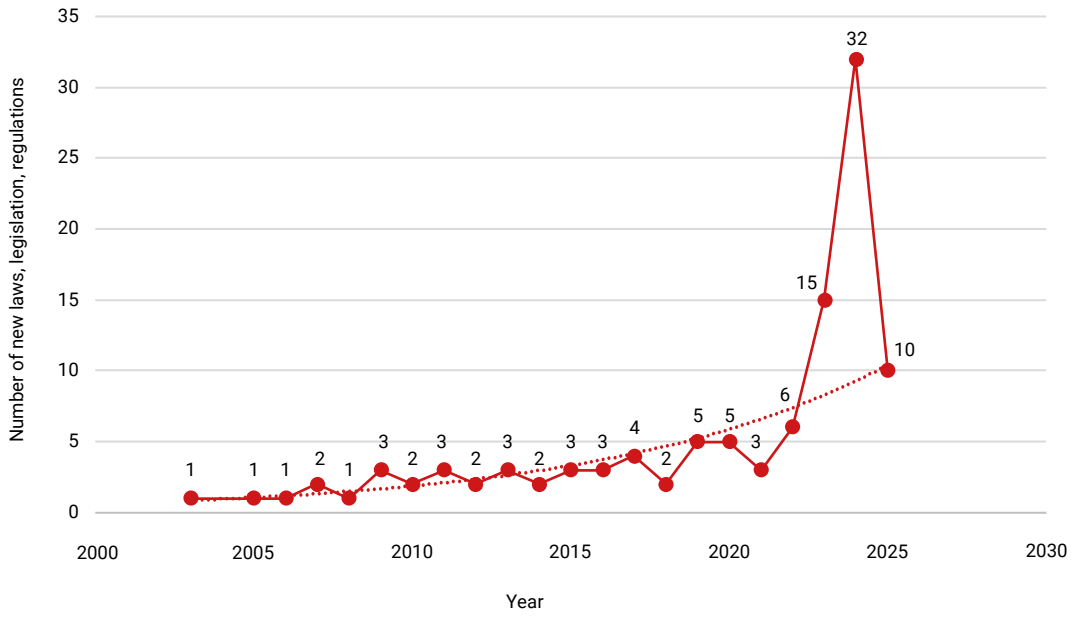
Table 6. Status of Parties' legislation, laws and regulations on tobacco control, "n" varies, 2025

Status	No. of Parties
Policy changes are being discussed	13
A draft law is being developed	9
Draft legislation has been developed and is currently being consulted on	7
Draft legislation is currently pending in the national legislature	11
There is a new, comprehensive law in place	10
Regulations are being developed	7
The law is being implemented	41
Other	7

Date of most recent legislation

Parties were asked to indicate the year their most recent tobacco control law or regulation was adopted or amended. A total of 109 Parties responded, with dates ranging from 2003 to 2025. **Fig. 6** shows a clear acceleration in the adoption or revision of national tobacco control laws, legislation and regulations over the past three years.

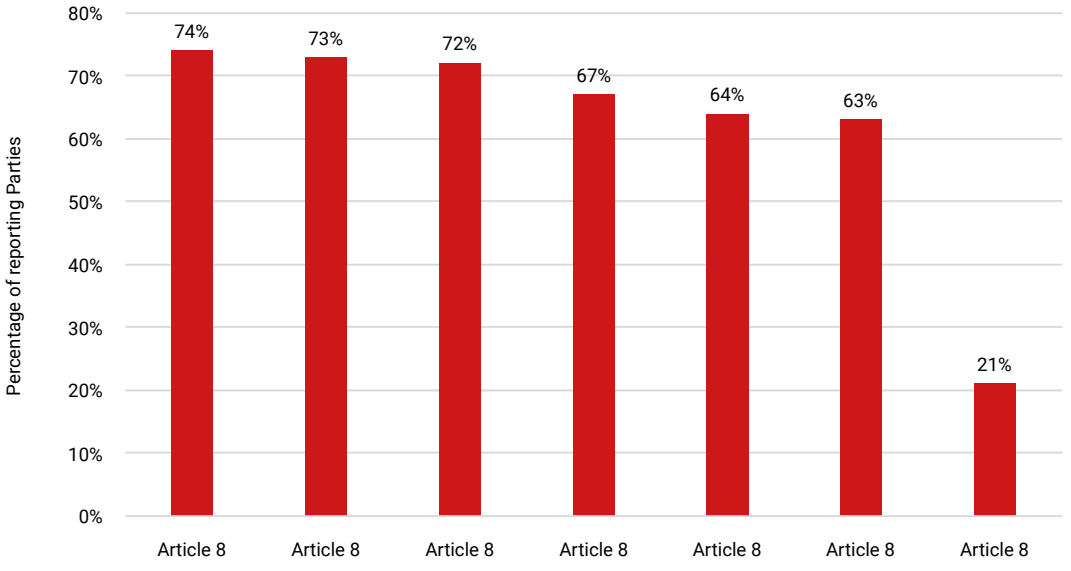
Fig. 6. Status of Parties' legislation, laws and regulations on tobacco control, "n" varies, 2025



Mechanism/infrastructure for enforcement

To enhance the focus on enforcement, the 2025 version of the reporting instrument required Parties to indicate whether their national tobacco control measures under various WHO FCTC articles include specific enforcement mechanisms/infrastructure. Parties could select multiple response options. **Fig. 7** presents the aggregated responses by article. Notably, the three time-bound articles show the highest proportion of measures with dedicated enforcement structures.

Fig. 7. Parties (n=129) with existence of a mechanism/infrastructure for enforcement, by WHO FCTC article, 2025



Availability and regulation of products

Under Article 5, Parties were given a list of tobacco and nicotine products and asked to indicate whether these products are legally available on their national market (response options were: “yes, they are available”; “no, they are not available”; “no, they are banned”). The responses received are presented in **Fig. 8.**

Fig. 8. Availability and regulation of selected tobacco and nicotine products, "n" varies, by product, 2025

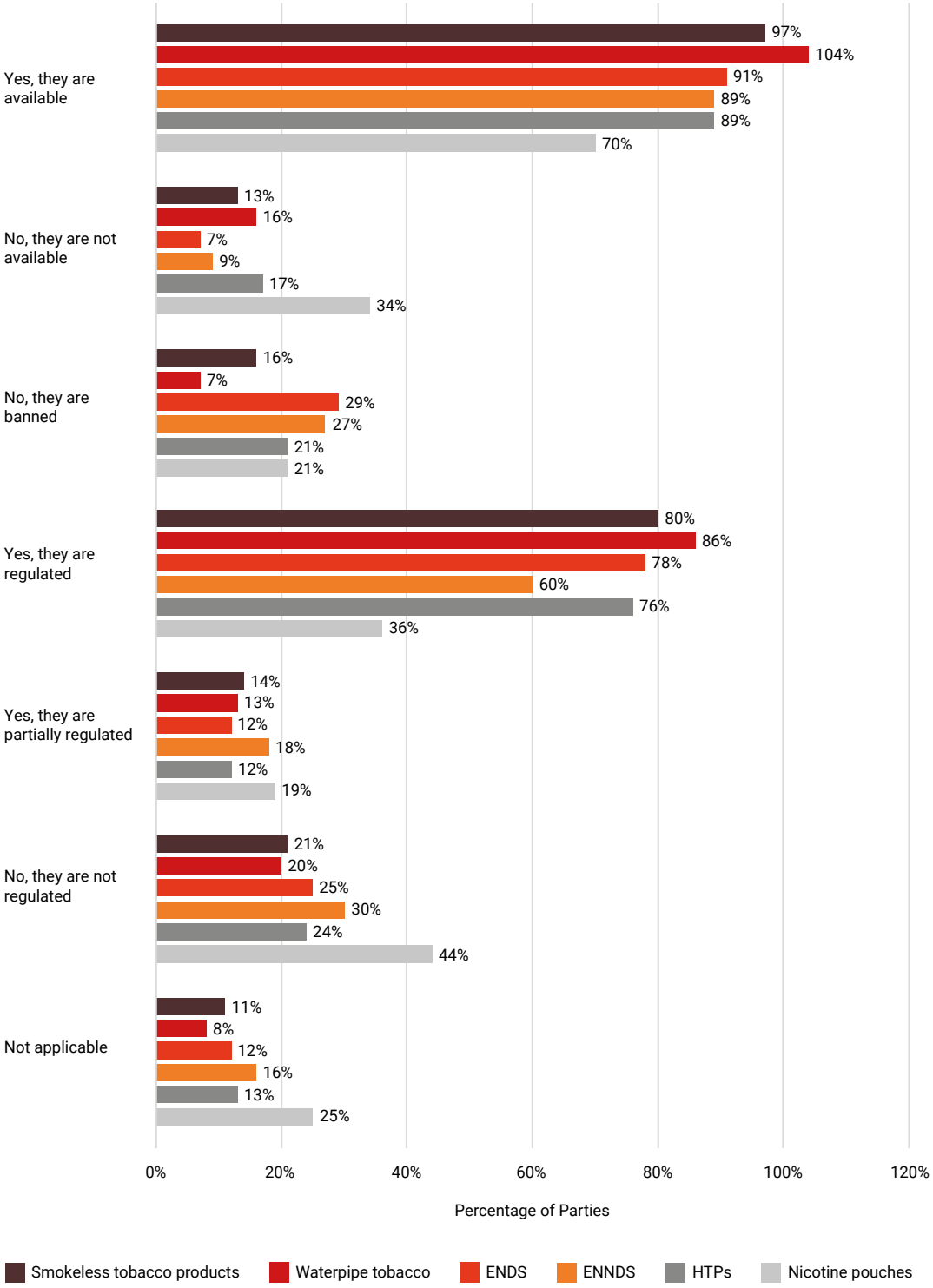


Fig. 8 also shows that, among Parties reporting on tobacco products, 104 reported that waterpipe tobacco was available, followed by smokeless tobacco products (97 Parties) and heated tobacco products (HTPs) (89 Parties). Conversely, bans were reported by 21 Parties on HTPs, 16 Parties on smokeless tobacco products and seven Parties on waterpipe tobacco.

In relation to regulations for tobacco products, the number of Parties that reported having regulated them was 86 for waterpipe tobacco, 80 for smokeless tobacco products and 76 for HTPs. Fewer than 15 Parties reported having implemented a partial regulation for each of these products.

Of those reporting on nicotine products, 91 Parties said that electronic nicotine delivery systems (ENDS) were available, followed by electronic non-nicotine delivery systems (ENNDS), which were available in 89 Parties. A total of 70 Parties reported that nicotine pouches were available. Other Parties reported having adopted bans on these products: 29 Parties on ENDS, 27 on ENNDS and 21 on nicotine pouches.

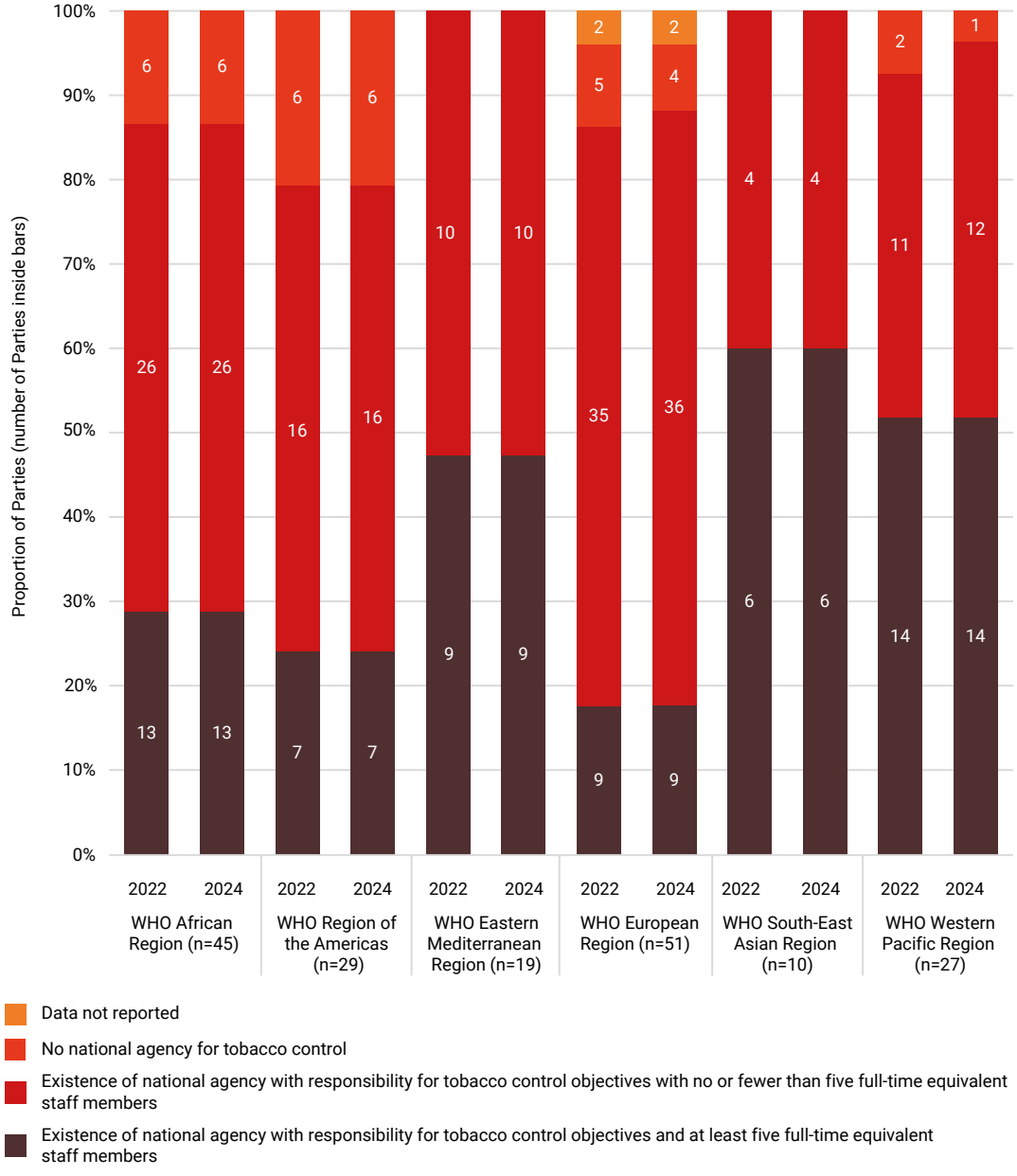
In regard to regulations for nicotine products, the number of Parties that reported having regulated them was 78 Parties for ENDS, 60 for ENNDS and 36 for nicotine pouches. Similar to the situation with tobacco products, fewer than 20 Parties per category reported having adopted partial regulation of these products.

> “To protect future generations, we must fully implement the WHO FCTC, including measures such as plain packaging with pictorial health warnings, and comprehensive bans on flavours and advertising that make tobacco products appealing to youth. Only through strong global implementation and consistent enforcement can we prevent future generations from inheriting a world where cancer and addiction remain avoidable burdens. Parliamentarians in all countries share a responsibility to advance this collective goal.
>
> **Dr Najat A. Saliba, member of the Parliament of Lebanon and director of the American University of Beirut's Nature Conservation Center**

Complementary information deriving from WHO data

Progress under Article 5 is assessed by WHO as the existence of national tobacco control programmes. In 2024, the majority of WHO FCTC Parties in all WHO regions had a national agency with responsibility for tobacco control, but with variation in the level of staffing (**Fig. 9**). As compared with 2022, two Parties more in 2024 (one in the WHO European Region, the other in the Western Pacific Region) reported that they now have a national agency with responsibility for tobacco control objectives. In 2024, three WHO regions (African Region, Region of the Americas and European Region) each still had six Parties that had no national agency for tobacco control (or did not report data on such an agency).

Fig. 9. National agencies for tobacco control among the WHO FCTC Parties assessed by WHO,[16] by WHO region, 2022 vs 2024



16 Details of the indicators are available from Technical Note I, WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025.

Protection of public health policies from commercial and other vested interests of the tobacco industry (Article 5.3) and related challenges

Key observations

- 79% of reporting Parties have implemented at least one measure aligned with the Article 5.3 Guidelines; however, only 25% reported any significant changes since their previous submission.
- 91% of Parties reported efforts to raise public awareness about the addictive and harmful nature of tobacco products.
- 66% of Parties reported that they have established conflict-of-interest policies for government personnel and contractors. Nearly half also prohibit tobacco industry or front-group representatives from participating in COP delegations, and restrict officials from accepting gifts, payments or services from the industry.
- 44% of Parties reported having adopted at least one measure to limit interactions between public officials and the tobacco industry, including the use of codes of conduct.

The questions regarding Article 5.3, and thus the indicators used to assess the implementation of this article by the Parties, have changed significantly when compared with the previous reporting framework. The new reporting instrument enables the collection of more detailed information on this cross-cutting article, which is critically important for making further progress in the global implementation of the Convention. The influence of advanced implementation of this article extends across many other areas of the Convention, because interference by the tobacco industry remains one of the most significant constraints and barriers to implementing the Convention.

Significant changes in the implementation of Article 5.3

When Parties were asked whether there had been any significant change in the implementation of this article, one quarter of the reporting Parties responded affirmatively. Several Parties (Canada, Czechia, the EU, Oman, Panama, Spain, Ukraine and the United Kingdom) reported having taken measures to increase transparency and disclosure of interactions with the tobacco industry. A few other Parties (Cook Islands, Ethiopia, Kenya, Kyrgyzstan, Peru and Slovenia) included measures concerning Article 5.3 of the Convention in their national legislation. More details on some of these measures are provided below under the respective indicators.

Implementation of measures under Article 5

The following paragraphs summarize the Parties' responses regarding the implementation of the recommendations outlined in the *Guidelines for implementation of Article 5.3 of the WHO FCTC*, which were adopted by the COP at its third session in 2008.

Raising awareness on matters related to the tobacco industry and tobacco industry interference

A total of 91% of the 129 Parties that submitted reports in this reporting cycle responded that they raised awareness **among the public** about the addictive and harmful nature of tobacco products, but only 57% had done so about the tobacco industry's interference with tobacco control policies. Less than half of the reporting Parties (47% and 43%, respectively) reported having raised awareness among the public on the tobacco industry's practice of using individuals, front groups and affiliated organizations to act on their behalf and further their interests, and the true purpose and scope of activities performed by the tobacco industry that were described as socially responsible.

In Palau, May 2024 was declared by the President as "tobacco industry interference awareness month", in line with the theme of WHO's World No Tobacco Day ("Protecting Youth from Tobacco Industry Interference"). In collaboration with civil society, the Ministry of Health and Human Services held two workshops for a wide range of government branches and the executive branch, among others, to raise awareness about tobacco industry interference that threatens the implementation of effective tobacco control efforts in Palau and to discuss ways to improve existing policies to prevent such interference.

Among **government branches**, 53% of reporting Parties indicated that they had undertaken efforts to raise awareness about the addictive and harmful nature of tobacco products in at least one branch of government, while only 30% reported doing so across all branches. In other areas, awareness-raising efforts among government branches were even less common compared with those targeting the general public. For instance, only 44% of Parties reported raising awareness in any government branch regarding tobacco industry interference in tobacco control policies, and just 22% did so across all branches. These findings highlight a clear need to strengthen awareness-raising initiatives within government institutions, particularly initiatives concerning the tactics and influence of the tobacco industry.

A number of Parties (e.g. Bahrain, Botswana, Cambodia, Ghana, Malta, Montenegro, Nigeria, Palau, the Republic of Korea and Türkiye) reported having carried out various communication and awareness-raising efforts.

Limiting unnecessary interactions between government bodies and persons working for these bodies with the tobacco industry

Of the Parties that submitted reports, 44% indicated having established measures to limit unnecessary interactions. Further, 51 Parties (40%) reported that they had engaged in interactions with the tobacco industry necessary for effective regulation of the industry and its products since the submission of their previous report. Of those 51 that had "necessary" interactions with the industry, 22 reported that they conducted interactions in public, such as through public hearings; 25 reported providing public notice of interactions; and 21 reported that they disclosed the records of interactions to the public, such as posting (records or minutes) of meetings on a government website.

Some Parties – Brazil, Finland (concerning the Finnish Institute for Health and Welfare [THL]), Malta, Montenegro and the Republic of Korea – reported having put in place codes of conduct or internal guidance for public officials concerning interactions with the tobacco industry.

Rejecting the partnerships or arrangements offered by the tobacco industry

Overall, only a small proportion of reporting Parties (2–4%) indicated that they had received offers of partnerships or arrangements from the tobacco industry since submitting their previous report. These offers included non-binding or non-enforceable agreements, voluntary arrangements, industry participation in youth or public education initiatives related to tobacco control, and other forms of collaboration. However, one type of offer stood out: proposed tobacco control legislation or policy drafted by, or in collaboration with, the tobacco industry. This was reported by 13 Parties (10%). Although the majority of Parties rejected such offers – regardless of their nature – two Parties reported that they accepted legislation or policy developed by or in cooperation with the tobacco industry.

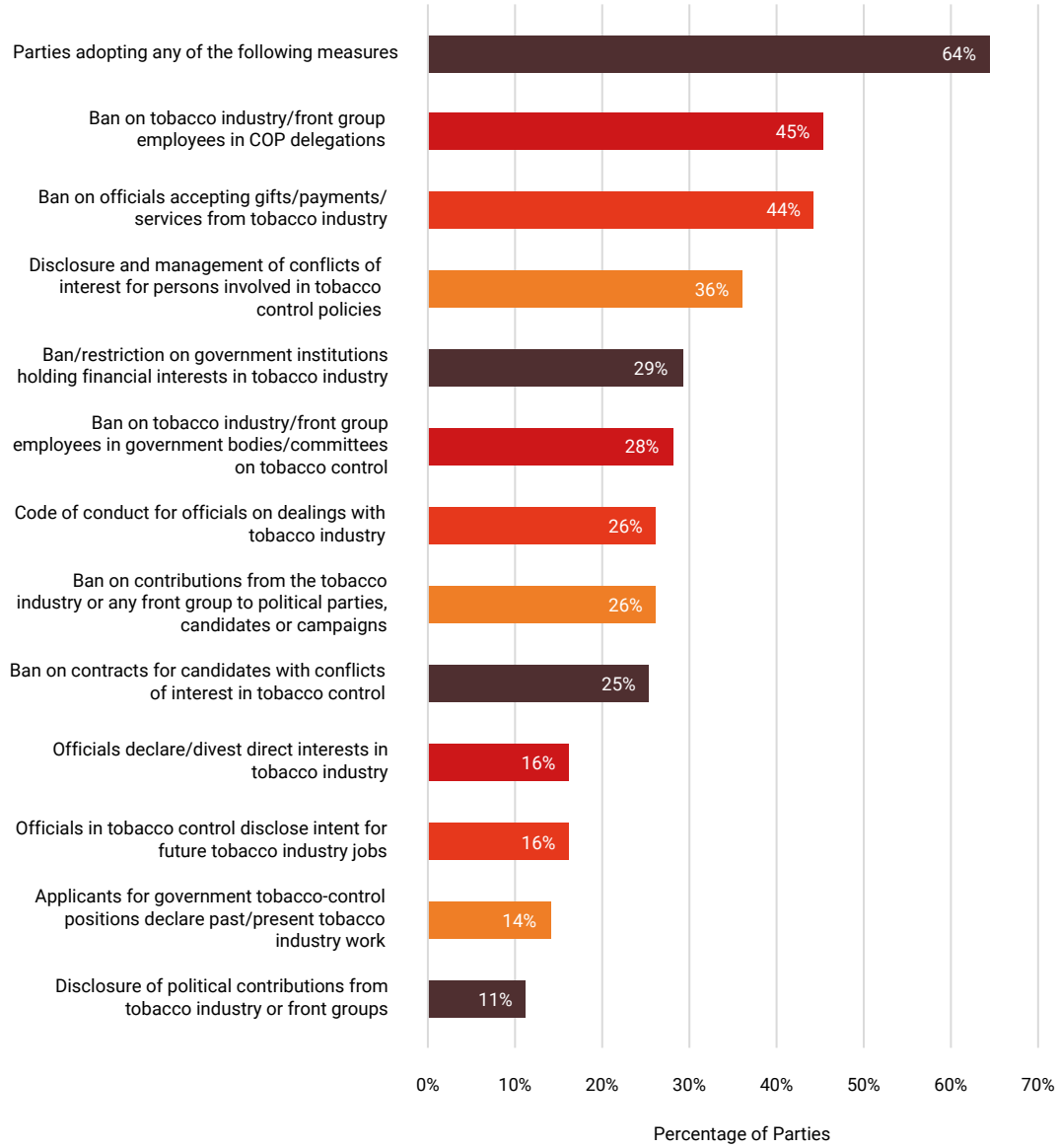
Tonga reported on a case when the Honorable Minister of Health, Dr Siale 'Akau'ola, and the health authority rejected the request and engagement of a high-profile public figure with links to a local tobacco industry person, in the amendment of Tonga's tobacco control act. The text of the amendment was eventually drafted under the leadership of the Ministry of Health, in collaboration with WHO and the Pacific Community (SPC).

Measures to avoid conflicts of interest

Parties were presented with a list of measures aimed at preventing conflicts of interest involving government officials, employees, consultants and contractors. They were asked to indicate whether these measures had been adopted and were currently in place. As shown in **Fig. 10**, the most commonly implemented measure was the prohibition of tobacco industry employees or their front groups from serving on delegations to the COP or its subsidiary bodies. This was followed by the prohibition of public officials and government employees from accepting payments, gifts or services – whether monetary or in-kind – from the tobacco industry. Each of these measures was reported by more than 40% of Parties.

A total of 33 Parties (26%) reported that they prohibit contributions from the tobacco industry or its front groups to political parties, candidates or campaigns. Among the remaining 96 Parties (74%) – that is, those that either do not ban such contributions or did not respond to the question – only 14 reported requiring full disclosure of contributions made to political entities. In contrast, 51 of these 96 Parties explicitly stated that they do not require such disclosure.

Fig. 10. Parties adopting measures to avoid conflicts of interest, n=129, 2025



Brazil reported that it is developing a protocol for interaction between federal civil servants and representatives of the tobacco industry. Canada reported that in 2024, Health Canada finalized the *Guidance for federal public service representatives and employees: interacting with the tobacco industry pursuant to Article 5.3 of the WHO FCTC*. The purpose of the Guidance is to provide steps and direction to policy-makers and decision-makers on how to identify ties to the tobacco industry and how to interact with the tobacco industry pursuant to Canada's obligations under Article 5.3 of the WHO FCTC in the furtherance of the principles of openness, transparency and accountability. In the EU, in 2024, the Commission adopted two new decisions (Commission Decisions (EU) 2024/3081 and 2024/3082) on transparency measures concerning meetings held between the Commission and interest representatives. These two legal acts, applicable as of 1 January 2025, require all Members of the Commission and/or members of their Cabinet and all Commission staff holding management functions to meet only with interest representatives who are registered in the Transparency Register and to publish information on all such meetings, as well as minutes of such meetings, within two weeks of the date of the meeting.

In Finland, THL adopted an internal code of conduct on corporate collaboration in February 2024. This code explicitly prohibits collaboration with companies that produce health-damaging products, such as tobacco. In June 2023, the United Kingdom issued guidance to support compliance with Article 5.3 of the WHO FCTC. The guidance outlines how the government restricts interactions with the tobacco industry, in alignment with the obligations under Article 5.3. Panama reported that several government entities – including the National Tobacco Control Commission, the National Council for Tobacco-Free Health, and the Inter-Institutional Commission for the Implementation of the Protocol for the Elimination of Illicit Trade in Tobacco Products – require their members to sign a declaration of non-conflict of interest upon assuming office.

Periodic submission of information to relevant authorities

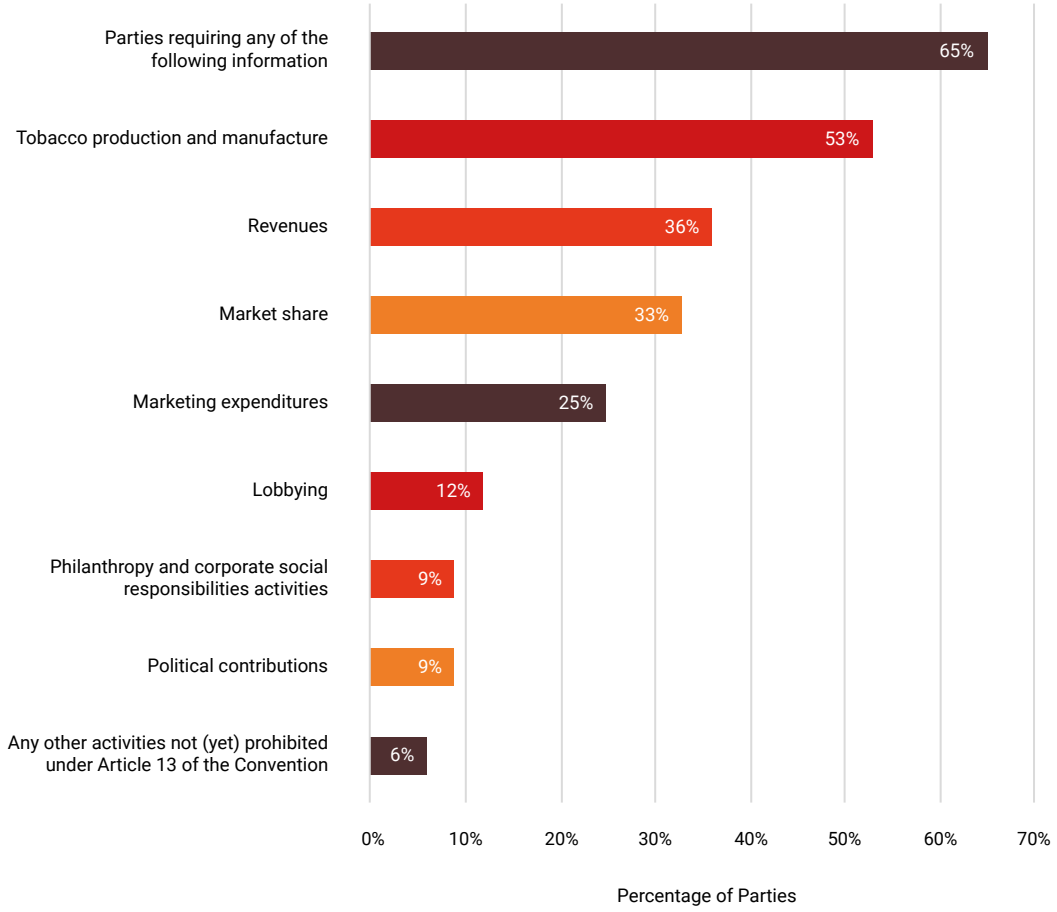
When asked which types of information must be periodically submitted to relevant authorities, the type that Parties most commonly reported requiring was data on tobacco production and manufacturing. This was followed by information on revenues and market shares. In contrast, fewer than one in 10 Parties reported requiring disclosure of philanthropy and corporate social responsibility activities, political contributions or other activities not currently prohibited under Article 13 of the Convention (see **Fig. 11**). For instance, Thailand reported amending the rules of submission of information by manufacturers and importers.

Regarding disclosure to authorities or registration, half of the reporting Parties require tobacco industry entities to be registered, but only slightly more than one in five Parties require the registration of organizations affiliated with the tobacco industry or individuals acting on its behalf, including lobbyists. Half of the Parties reported that their governments are required to impose penalties on the tobacco industry if they issue or communicate false or misleading information to the government or the public.

Public access to a wide range of information on tobacco industry activities

When Parties were asked whether they adopted measures to ensure public access to a wide range of information on tobacco industry activities, such as in a public repository (e.g. a dedicated webpage or an open-access website) only 18% of reporting Parties responded affirmatively. Several Parties reported taking such measures; they included Canada, Czechia, the EU, Oman, Panama, Spain, Ukraine and the United Kingdom.

Fig. 11. Parties requiring the tobacco industry to periodically submit information, n=129, 2025



Granting of incentives, privileges, benefits or preferential tax exemptions

About one in three Parties reported that they have taken any action to remove or prohibit the granting of incentives, privileges, benefits or preferential tax exemptions to the tobacco industry. For instance, Kyrgyzstan prohibited government partnerships with or subsidies to the industry under the national health law.

State-owned tobacco industry

Of the 129 reporting Parties, 19 indicated that a wholly or partially State-owned tobacco industry operates within their jurisdiction. Among these, 12 Parties reported that they treat State-owned tobacco companies the same as non-State-owned companies in relation to the development and implementation of tobacco control policies. However, only nine Parties reported that they separate the functions of setting and implementing tobacco control policy from those of overseeing and managing the tobacco industry; also nine Parties reported prohibiting representatives of State-owned tobacco companies from participating in delegations to meetings of the COP and its subsidiary bodies.

Monitoring and enforcing the implementation of Article 5.3

A total of 26% of reporting Parties indicated that they monitor the tobacco industry (e.g. through a database on tobacco industry monitoring). One in five Parties reported providing “whistleblower” protection in code of conduct or staff regulations. Gambia reported that it strengthened and increased the membership of the tobacco industry monitoring team.

Applying measures and actions under Article 5.3 to the ENDS/ENNDS industry

A growing number of Parties reported extending the scope of Article 5.3 measures to the ENDS or ENNDS industry. A total of 37% of Parties reported that they applied all measures to these industries, while 21% reported only applying some measures. For instance, Kenya reported that its new Tobacco and Nicotine Control (Amendment) Bill of 2024 (see below) expanded protections explicitly to ENDS.

New laws and regulations embedding measures under Article 5.3

In Cook Islands, the Tobacco Products Control Amendment Act of May 2024 – which otherwise introduces a ban of manufacturing of tobacco products and imitation tobacco products in Cook Islands – stipulates that an importer or manufacturer of tobacco products or imitation tobacco products, or any other person who works to further the interests of the manufacturer or importer, must not offer or make a contribution of any nature (whether money, goods, services or any other form of in-kind contribution) to any event, activity, cause or person; furthermore a distributor, seller or any other person who is involved in the supply or sale of tobacco products or imitation tobacco products must not offer the same kind of contributions described above in a way that promotes a tobacco product or encourages the use of a tobacco product. Ethiopia's Food and Medicine Administration Proclamation of February 2019 contains a section on preventing tobacco industry interference; it calls for several measures aligned with the recommendations of the Article 5.3 Guidelines, including limiting interactions with the industry and transparency of interactions that occur. In Kenya, the Tobacco and Nicotine Control (Amendment) Bill, 2024 seeks to update the 2007 Tobacco Control Act to address emerging products and further insulate public health policies from the influence of the tobacco industry by preventing conflicts of interest. Kyrgyzstan reported that its "Law No. 121 of September 2021 on the Protection of the Health of the Citizens of the Kyrgyz Republic from the Effects of Tobacco and Nicotine Consumption and from Exposure to Ambient Tobacco Smoke and Aerosol" calls for a series of measures under Article 5.3 in its Articles 7 and 8. In Peru, Chapter V of "Law No. 32159 on the Consumption Control of Tobacco and Nicotine Products, or their Substitutes, for the Protection of Life and Health" of November 2024 introduces measures to limit interactions with and ensure transparency in dealings with the tobacco industry.

A few other Parties (e.g. Ecuador, Slovenia and Ukraine) reported on new laws of more general scope that could apply to preventing tobacco industry interference.

> "Despite growing and aggressive interference from the tobacco industry and facing various challenges, many Parties are making remarkable strides in implementing Article 5.3 of the WHO FCTC.
>
> **Dr Nuntavarn Vichit-Vadakan, Director, WHO FCTC Knowledge Hub for Article 5.3**

Ethiopia

Progress in embedding Article 5.3 of the WHO FCTC in the national legislative framework

Case study

Since ratifying the WHO FCTC on 25 March 2014, Ethiopia has endeavoured to put in place and implement legislative measures to fulfil its treaty obligations. In 2019, the EFDA, under the Ministry of Health, issued the Tobacco Control Proclamation (No. 1112/2019), which provides a comprehensive framework for tobacco control in line with the WHO FCTC. The Proclamation establishes a comprehensive 100% smoke-free environment in public places and workplaces, prohibits designated smoking areas and requires businesses to post "no smoking" signs to prevent tobacco use. It also bans tobacco advertising, promotion and sponsorship (TAPS), mandates large health warnings on packaging, bans flavoured tobacco and e-cigarettes/HTPs, and restricts tobacco sales to those aged under 21.

In relation to Article 5.3 of the WHO FCTC, Article 51 of Ethiopia's Proclamation No. 1112/2019 includes provisions aimed at preventing tobacco industry interference. These provisions reflect several recommendations from the Article 5.3 Guidelines, such as limiting interactions with the tobacco industry and ensuring transparency in any interactions that do occur.

One of the most notable measures to prevent conflicts of interest among government officials and employees – outlined in detail in the *Guidelines for implementation of Article 5.3* – is explicitly incorporated into Proclamation No. 1112/2019. The Proclamation prohibits government representatives from receiving support or entering into any form of partnership with the tobacco industry. It also regulates interactions with the industry, stipulating that any engagement must be strictly necessary for the effective implementation and enforcement of tobacco control regulations. Furthermore, all essential interactions must be fully transparent, with detailed records maintained. The Proclamation also bans all forms of financial and in-kind contributions from the tobacco industry to government officials involved in tobacco control.

Although Ethiopia established the National Tobacco Control Coordination Committee (NTCCC), which includes the Tobacco Industry Monitoring and Response Team, to support enforcement and promote a multisectoral response, challenges persist. Notably, tobacco industry interference continues to affect ministries beyond the Ministry of Health.

Building on the 2019 Proclamation, the EFDA issued Tobacco Control Directive No. 771/2021, which expands tobacco control measures, including those aimed at preventing industry interference. The Directive introduces additional requirements aligned with the *Guidelines for implementation of Article 5.3*, such as mandatory transparency in interactions with the tobacco industry, measures to prevent conflicts of interest, and reporting obligations for tobacco companies regarding their operations.

Ethiopia's efforts to prevent tobacco industry interference have continued to evolve. A significant milestone was reached in June 2025 when the country addressed a key challenge: implementing Article 5.3 across non-health sectors. To this end, the EFDA and members of the NTCCC signed a landmark MoU. The MoU introduces a robust code of conduct that is designed to prevent unnecessary interactions with the tobacco industry, thereby enhancing accountability and transparency across all government sectors. This proactive measure not only formalizes the NTCCC's structure and responsibilities under Proclamation No. 1112/2019, but also strengthens efforts to safeguard public health policies from the commercial and vested interests of the tobacco industry – an essential principle of Article 5.3 of the Convention.

Photo courtesy of Oromia Regional State, Health Products Regulatory Office.

Members of NTCCC sign the MoU in June 2025. Photo courtesy of EFDA.

Measures relating to the reduction of demand for tobacco

Price and tax measures to reduce the demand for tobacco (Article 6)

Key observations

- Almost half of reporting Parties reported at least one significant change in their implementation of Article 6 since the submission of their previous report.
- Many Parties, from all WHO regions, reported having increased their excise taxes on smoked tobacco products.
- The specific tax system is the most common tobacco excise tax structure implemented globally; this is a change compared with 2023, when the mixed tax structure was the most prevalent.
- Four of the six WHO regions reported an increase in the median total tobacco tax burden. However, as in the previous reporting cycle, only the WHO European Region has a median tobacco tax burden that represents 75% or more of the retail price of tobacco, which is considered a high level of achievement for tobacco tax policy in the *WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco*.[17]
- Several Parties reported having introduced excise taxes on novel and emerging tobacco and nicotine products and/or having increased the excise tax rates applied to them.

The information related to Article 6 of the WHO FCTC is presented here in two parts. The first part presents the information derived from the Parties' implementation reports submitted in the 2025 reporting cycle. The second part, designed to complement the information received in the Party reports, presents data collected by WHO as part of its data collection for the Global Tobacco Control Report; these data were made available to the Convention Secretariat.

Significant changes in the implementation of Article 6

In response to the question about any significant change in the implementation of this article, 44% of the Parties (57) that submitted their reports responded positively. The changes fall into four broad categories: new, increased tax rates on smoked tobacco products (including HTPs); extending taxation or increasing tax rates for novel and emerging tobacco and nicotine products; introducing a new excise tax structure for various products; and changes concerning excise stamps.

Many Parties, from all WHO regions, reported having *increased their excise taxes on smoked tobacco products*, some of them incrementally; others reported having approved a change for the coming years. The WHO European Region had the highest number of Parties reporting such increases (18 Parties),[18] followed by the African Region (8 Parties)[19] and the Region of the Americas (5 Parties).[20]

17 https://www.who.int/publications/i/item/9789240112063
18 Azerbaijan, Belgium, Czechia, Denmark, Finland, Georgia, Ireland, Israel, Kyrgyzstan, Lithuania, the Netherlands, Poland, Republic of Moldova, Romania, Serbia, Slovenia, Sweden and Ukraine.
19 Cabo Verde, Côte d'Ivoire, Ethiopia, Ghana, Kenya, Madagascar, Senegal and South Africa.
20 Antigua and Barbuda, Canada, Grenada, Peru and Uruguay.

While several Parties (e.g. Brazil, Cook Islands, Eswatini, Japan and Nauru) did not report actual excise tax increases in the past two years, they reported considering such increases for the future. In Japan, the adopted increases would first apply specifically to novel and emerging tobacco products, such as HTPs (in 2026), to eliminate the tax burden gap between cigarettes and HTPs; the increases would then apply to the national tobacco tax covering all tobacco products (in three steps between 2027 and 2029).

Several Parties from across four WHO regions – the African, Americas, European and Western Pacific regions – reported *extending the application of tobacco taxes or increasing tax rates for novel and emerging tobacco and nicotine products*. Belgium, Malta and Spain reported that they had introduced a new excise tax on electronic cigarettes/e-liquids. For example, Spain's Law 7/2024, enacted on 20 December 2024 and effective from 1 January 2025, introduced a comprehensive tax reform; as part of that reform a new excise duty has been introduced on liquids for electronic cigarettes and other tobacco-related products, including vaping devices.

Eleven Parties from the WHO European Region (Azerbaijan, Czechia, Georgia, Israel, Kyrgyzstan, Republic of Moldova, Poland, the Russian Federation, Slovenia, Sweden and Ukraine), two from the African Region (Kenya and South Africa), and one each from the South-East Asia Region (Maldives), the Region of the Americas (Peru) and the Eastern Mediterranean (Jordan), reported that they had increased their excise taxes on ENDS/e-liquids.

Three Parties in the WHO European Region (Czechia, Greece and Finland) reported that they had introduced excise taxes on nicotine pouches.

A few Parties reported that they had *changed their tobacco excise tax structure*. For example, Cambodia and Ghana reported that they had introduced a specific tax component to their pure ad valorem tax structures; hence, they now have a mixed excise tax system. A more detailed analysis of tobacco excise tax structures based on the dataset received from WHO can be found in the section ”Complementary information deriving from WHO data” of this chapter.

Although not related to the excise tax structure, some Parties reported introducing other types of taxes on tobacco products. For example, Sri Lanka reported that they implemented value added tax on tobacco products. Brazil reported introducing a new selective tax on tobacco products as part of its broader consumption tax reform. The Selective Tax (Imposto Seletivo) is one of the new taxes introduced by Complementary Law No. 214/2025 of January 2025, which targets products considered harmful to health or the environment, including tobacco products, alcoholic beverages, sugary drinks, vehicles and certain mineral goods. Its primary objective is to discourage consumption of these products by making them more expensive, aligning this policy with public health goals. The transition to the new tax system starts in 2026, but the Selective Tax will apply from 2027 as part of the full implementation of the reform. Exact rates have not yet been defined; they will be set by a separate law in 2025.

Two Parties reported *changes concerning excise stamps*. Of these, Bahrain had introduced new legislation requiring tax stamps on tobacco products, and Azerbaijan had implemented a tracking and tracing system for excise-stamped goods, including tobacco products.

Four additional Parties reported that they have been considering tax increases. Conversely, three Parties reported that they have *reduced taxes on some products*: Georgia had reduced the tax on snuff by 50%, New Zealand had reduced the excise tax rate for HTPs by 50% and Sweden had reduced the tax on snus by 20%.

Tax and price policies contributing to health objectives

Of the 129 Parties that submitted reports, 101 (78%) indicated they have tax policies and, where applicable, price policies on tobacco products aimed at reducing consumption. This compares with 152 Parties (84%) reporting the same in 2023.

Specific mechanism/infrastructure for enforcement in relation to measures implemented at the national level for Article 6

In the 2025 reporting instrument, under the section on "Comprehensive national laws, legislation, or regulations on tobacco control", in reference to Article 5.2(b), Parties were asked whether their price and tax measures implemented at the national level provide for a specific mechanism/infrastructure for enforcement. A total of 64% (83) of the 129 reporting Parties responded affirmatively to this question; over one third of them were in the WHO European Region, and almost one in five were in the African Region. Among these Parties, 57 provided additional details about their enforcement and compliance mechanisms. Such mechanisms are typically prescribed by national tobacco control or tax laws, whereas entities such as ministries of finance, health, tax revenue authorities and customs authorities are responsible for monitoring and enforcing measures that fall under Article 6 of the WHO FCTC.

Designated tobacco taxes (earmarking)

Each Global Progress Report examines the Parties that dedicate tobacco tax revenues to tobacco control programmes and other actions, as outlined in the *Guidelines for implementation of Article 6* of the Convention. Among the 129 Parties that responded, 41 (32%) reported that they use designated tobacco taxes (earmarking) to fund tobacco control activities.

Among the several Parties that reported using fiscal measures to support tobacco control, Palau continues to allocate tobacco tax revenue to health promotion and NCD prevention, and Viet Nam reported on the continued operation of the Vietnam Tobacco Control Fund.

Senegal and Vanuatu reported that they are in the process of establishing dedicated funds, with Vanuatu planning to allocate 2% of tobacco excise taxes to a health promotion fund. Burkina Faso's 2024 Finance Act introduced a special 5% levy on certain products, including tobacco, as part of efforts to raise funds for peace and national security. This tax is officially known as "Special levy on the consumption of certain products and services", but the funds collected are not directly used for financing health.

In the 2023 reporting cycle, based on the reporting instrument in use at that time (which had a slightly different question) 36 Parties (20% of those for which information was available) responded affirmatively to having tobacco tax earmarking in place.

Photo courtesy of the Institute for Public Health, Federation of Bosnia and Herzegovina.

Cabo Verde

Leveraging a regional directive to strengthen tobacco taxation

Case study

Cabo Verde provides a compelling example of how regional directives can promote progress in tobacco taxation. As a Party to the WHO FCTC and a member of the Economic Community of West African States (ECOWAS), Cabo Verde has implemented tobacco excise tax rates that are beyond the minimum requirements set by the customs union. This case study illustrates the importance of annually increasing specific excise tax rates to account for inflation and income growth, to reduce consumption. It further demonstrates how success in tobacco taxation can be extended to other unhealthy products, such as alcohol and sugar-sweetened beverages.

ECOWAS comprises 15 West African countries and one of its goals is harmonizing tobacco excise taxes, which brought the adoption of a directive in 2017. The directive requires member states to implement a minimum specific tax of US$ 0.40 (about 39.12 Cabo Verde Escudo [CVE]) per pack of 20 cigarettes,[21] and an ad valorem tax of 50%, based on the cost, insurance and freight (CIF) value of imported cigarettes, or the ex-factory value of domestic cigarettes.[22]

Cabo Verde has a mixed excise tax system on cigarettes, comprising a specific tax and an ad valorem tax. In 2019, Cabo Verde started implementing the directive by introducing a specific tax of 20 CVE per pack and increasing the ad valorem tax from 30% to the required minimum threshold of 50%. Although the ad valorem component met the directive's threshold, the specific tax was below the minimum threshold set by the ECOWAS directive **(Fig. 12).**

Aiming to strengthen its implementation of the WHO FCTC, Cabo Verde was selected as one of the 15 initial countries to participate in the FCTC 2030 project. As part of that project, in January 2020, the WHO Country Office and the WHO FCTC Knowledge Hub on Tobacco Taxation assisted Cabo Verde to develop a five-year plan to increase tobacco excise taxes.[23]

This support resulted in Cabo Verde prioritizing specific excise taxes and starting to increase them annually four years later. Between 2020 and 2024, specific taxes increased from 20 CVE to 120 CVE per pack of 20 cigarettes (**Fig. 12**), well above the minimum set by the ECOWAS Directive. This approach aligns with the international best taxation practices, as recommended in the *Guidelines for implementation of Article 6 of the WHO FCTC* and the WHO tobacco taxation manual.[24] Specific taxes are easy to administer, are less susceptible to manipulation by the tobacco industry and provide a stable source of revenue for the government.

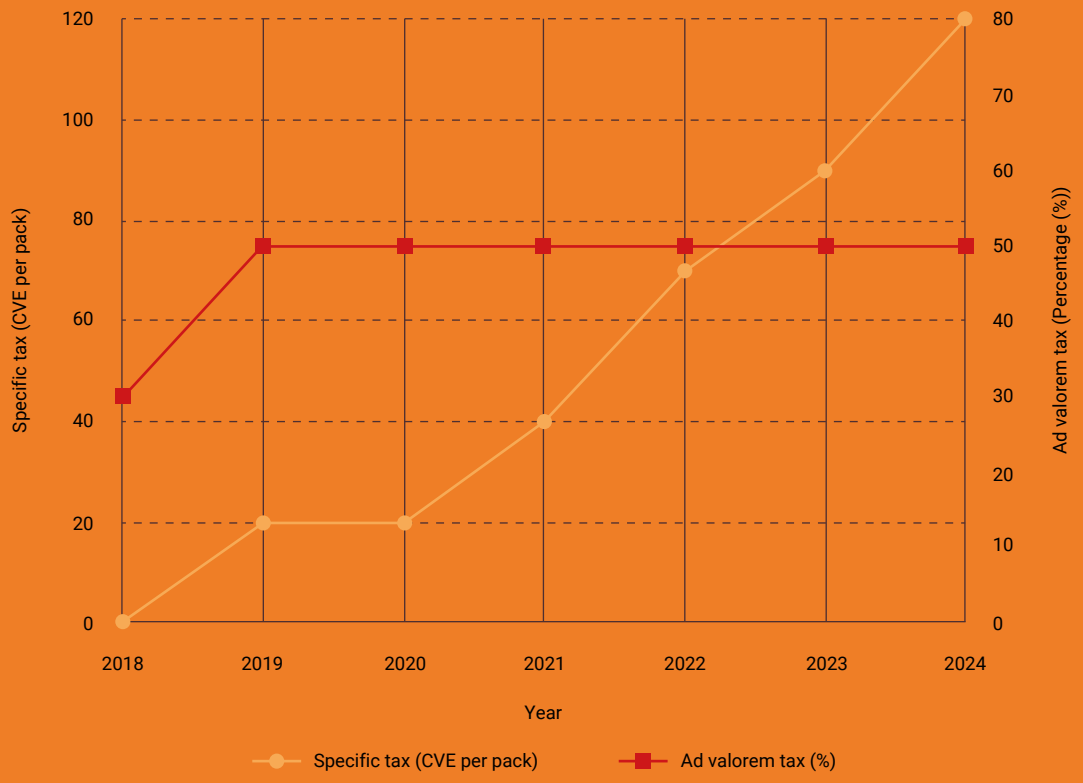
21 This corresponds to about 39.12 CVE in current 2017 prices using 1 US$ = 97.81 CVE from the World Bank Development Indicators data.

22 ECOWAS Directive 2017. https://extranet.who.int/fctcapps/sites/default/files/2023-04/sierra_leone_2018_annex-5_ECOWAS_directive_tobacco_2017.pdf

23 REEP (2020). Cabo Verde Tobacco Tax Workshop – Cabo Verde. Newsletter #5, January 2020. https://mailchi.mp/3c20cba8ebf5/newsletter-3-sept-12174193?e=[UNIQID]#Cabo%20Verde

24 World Health Organization 2021. WHO technical manual on tobacco tax policy and administration. https://www.who.int/publications/b/56603

Fig. 12. The evolution of cigarette excise tax rates in Cabo Verde, 2018–2024



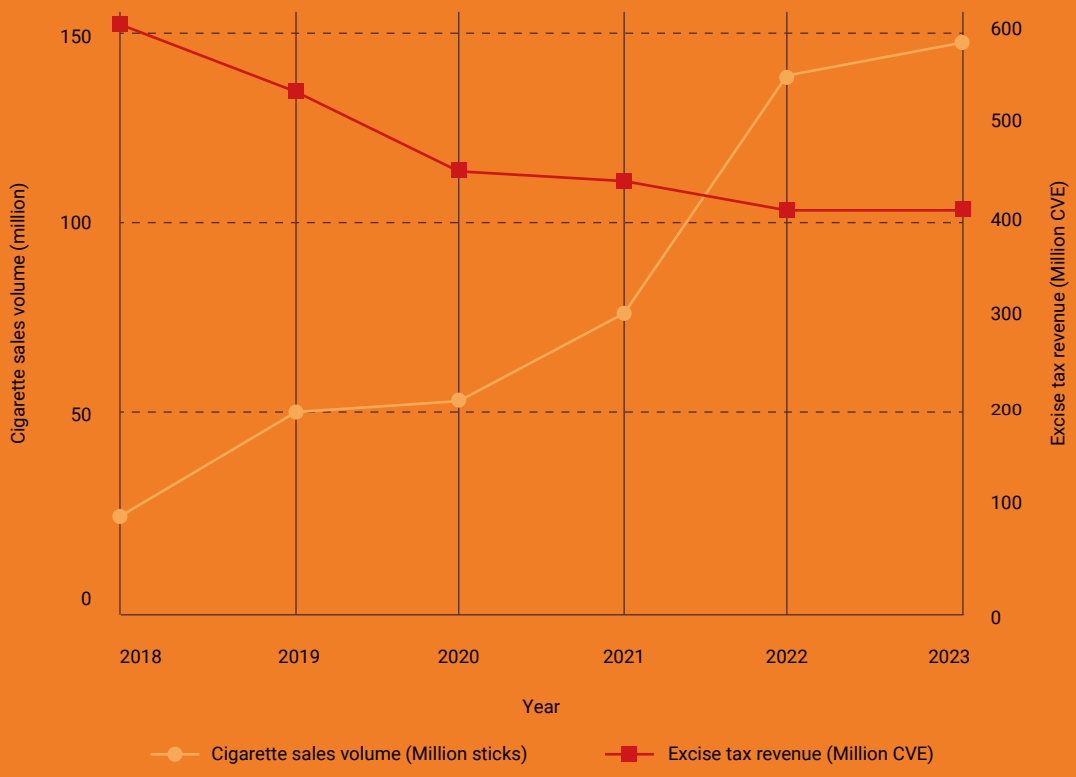
Source: World Bank (2025).[25]
Notes: Ad valorem tax is levied as a percentage (%) of the CIF value or the ex-factory value.

The regular increases in specific taxes resulted in improvements in both public health and fiscal outcomes. Between 2018 and 2023:

- cigarette consumption decreased by 24%, from 135 million to 102 million cigarettes (**Fig. 13**);
- the prevalence of tobacco use among adolescents fell from 13.4% in 2007[26] to 10.5% in 2024;[27]
- the prevalence of tobacco use among adults decreased from 9.6% in 2020[28] to 7.4% in 2022;[29] and
- revenue from tobacco excise taxes (in nominal terms) increased nearly sixfold (**Fig. 13**).

25 World Bank (2025). Cabo Verde – Public Finance Review: Enhancing Fiscal Sustainability in the Face of Shocks. World Bank Group. https://documents1.worldbank.org/curated/en/099052025110538652/pdf/P500479-a6f919f0-36b7-47fe-8e2d-7fa6395edcfe.pdf
26 Global Youth Tobacco Survey (GYTS) 2007 Fact Sheet – Cabo Verde. https://extranet.who.int/ncdsmicrodata/index.php/catalog/119/related-materials
27 GYTS 2023 Fact Sheet, updated 2024 – Cabo Verde. https://drupal.gtssacademy.org/wp-content/uploads/2024/12/Cape-Verde-GYTS-2023-Factsheet-Ages-13-15-Final508.pdf
28 Cabo Verde STEPS Survey 2020. https://www.who.int/publications/m/item/2020-steps-fact-sheet-cabo-verde
29 The Tobacco Atlas. Country Fact Sheets – Cabo Verde. https://tobaccoatlas.org/factsheets/cabo-verde/

Fig. 13. Evolution of excise tax revenue and sales volume in Cabo Verde, 2018–2023



The successful implementation of this tax reform had a positive impact on the taxation of alcohol. Although the ECOWAS directive does not mandate specific taxes on alcohol, Cabo Verde introduced them in 2022. The specific taxes for wine and other spirits were doubled, indicating the country's commitment to reducing the consumption of other harmful products.

In December 2024, Cabo Verde again engaged the WHO FCTC Knowledge Hub on Tobacco Taxation to assist with simulation modelling to increase further its excise taxes on tobacco. The continuation of this collaboration underscores the value of sustained technical support in advancing evidence-based fiscal policies.

The experience of Cabo Verde provides some key insights. Regional directives (in this case from ECOWAS; other examples include those of the EU and Southern African Customs Union) can be highly effective in accelerating action on excise taxes across a number of countries, although they should be set as a minimum rather than a maximum threshold. This approach allows individual country members to see such directives as a base, not a target, with the understanding that they can go beyond the tax level set by the respective legislation. Cabo Verde's approach also reinforces the fact that annual increases in specific excise taxes are essential to maintain the positive public health impact of taxation. Furthermore, this experience underscores the value of international collaboration and technical assistance in building capacity and sustaining any reforms over time. Finally, it is a reminder that successful tobacco taxation stories can encourage the expansion of fiscal measures to other unhealthy products.

> We sought support from the WHO FCTC Knowledge Hub on Tobacco Taxation for three key reasons: our initial reform fell short of expectations; we needed a deeper, behaviour-changing approach; and we aimed to align with international best practices. Thanks to their assistance, our strategy became more integrated and multisectoral – leading to a 540% increase in tobacco excise tax revenue between 2017 and 2023.
>
> **Gustavo Moreira, Ministry of Finance, Cabo Verde**

Complementary information deriving from WHO data[30]

As part of data collection for the Global Tobacco Control Report, WHO collects data on tobacco taxes. The indicators covered in WHO's data collection were introduced to Parties in document FCTC/COP/10/13; they are also included in a separate supplementary document available on the WHO FCTC website.

Total tax burden on cigarettes

Such a calculation could only be done for cigarettes. **Table 7** presents the total tax burden as a share of the retail price of the most sold cigarette brand, by WHO region. Based on the WHO data, the median global total tax burden is 56%; this is an increase from 55.2% in 2022. It is not a significant change, but this global figure reflects a mixed regional picture of the changes. The WHO European Region continues to be the only region where the median tax burden is over 75%, but the South-East Asia Region improved significantly and made good progress. Other than the WHO African and Eastern Mediterranean regions, all other regions experienced an increase in the total tax burden, with the most significant improvement coming from the South-East Asia Region. The WHO African Region has the lowest median total tax burden (41.8%); this was a decrease from 42.4% in 2022. Similarly, a negative change in the median total tax burden was detected in the WHO Eastern Mediterranean Region, where the median tax burden dropped by six percentage points between 2022 and 2024. Overall, in 2024, only 36 Parties (20.5%) reached a total tax that represents 75% or more of the retail price of tobacco; this is considered a high level of achievement for tobacco tax policy in the *WHO report on the global tobacco epidemic*, compared with 37 Parties (21.5%) in 2022.

Table 7. Median total tax burden by WHO region, and global total tax burden average and median, 2022 vs 2024

Median total tax burden[31]

WHO region	2022 % (No. of Parties with data)	2024 % (No. of Parties with data)
African	42.4% (41)	41.8% (47)
Americas	45.7% (29)	49.0% (29)
Eastern Mediterranean	67.1% (16)	60.9% (17)
European	76.0% (51)	76.2% (51)
South-East Asia	41.6% (10)	65.0% (9)
Western Pacific	51.1% (25)	53.2% (23)
Global total tax burden		
Average total tax burden	54.6%	54.4%
Median total tax burden	55.2%	56.0%
Total Parties included in the calculation	**172**	**176**

30 The following analysis is based on the dataset received from WHO. The dataset includes 181 WHO FCTC Parties, but does not include the EU (which is represented by its individual Member States in this analysis) and Nicaragua. Furthermore, it includes 2024 as well as 2022 data, which allows for a comparison between these two years. For some indicators in each year (2022 or 2024), data are not available from some Parties, owing to "no response" or "information not available". For each indicator, only the Parties with data were included in the analysis; hence, the total number of Parties included for each specific indicator differs from 181. Values are given with one decimal place; this makes it possible to show more subtle changes.

31 The distribution of the total tax burden does not follow a normal distribution; hence, the "median" was computed. The median is useful for a skewed distribution and denotes the value that lies at the midpoint of that distribution.

Cigarettes prices

Table 8 presents, by WHO region, the lowest and highest reported nominal prices for a pack of 20 cigarettes of the most widely sold brands, based on the WHO data for 2022 and 2024. These prices are in US dollars (US$) at purchasing power parity (PPP). The ratio of the highest to lowest prices within each region is also presented to show price dispersion between the lowest and the highest priced brands. The higher the ratio, the higher the price gap or dispersion, and vice versa.

When compared with 2022, all WHO regions except for the Region of the Americas experienced an increase in the highest prices. The WHO South-East Asian Region reported a substantial increase in the highest prices, making it the region with the highest prices of the most widely sold brands of cigarettes. Similarly, all WHO regions except for the Western Pacific Region experienced an increase in the lowest prices. Overall, in four of the six WHO regions, the ratio of the highest price to the lowest price was lower in 2024 than in 2022, indicating a decrease in the gap between the lowest and highest prices, which is a positive development.

Table 8. Lowest and highest reported prices of the most sold pack of 20 cigarettes in US dollars at PPP, by WHO region, 2022 vs 2024

2022

WHO region	Lowest (US$)	Highest (US$)	Ratio	Total reporting Parties
African	1.20	16.22	13.52	41
Americas	1.13	16.35	14.47	24
Eastern Mediterranean	1.14	13.31	11.68	13
European	2.19	32.30	14.75	51
South-East Asia	3.31	20.93	6.32	9
Western Pacific	1.52	23.20	15.26	24
Global	**1.13**	**32.30**	**28.58**	**162**

2024

WHO region	Lowest (US$)	Highest (US$)	Ratio	Total reporting Parties
African	1.40	17.08	12.2	47
Americas	1.35	15.34	11.36	29
Eastern Mediterranean	1.26	14.51	11.52	16
European	4.56	33.76	7.41	51
South-East Asia	3.37	34.38	10.20	9
Western Pacific	1.51	26.19	17.34	21
Global	**1.26**	**34.38**	**27.29**	**173**

Prices and tax burdens of HTPs and e-liquids

Globally, among Parties with sufficient data, the median nominal price (at PPP) of a pack of 20 sticks of HTPs was US$ 8.41 in 2024. Prices ranged from US$ 4.10 (in Kuwait) to US$ 40.77 (in Lebanon). For e-liquids (per 10 mL), the median price was US$ 7.52, but the range was much higher, from US$ 1.71 (in Kuwait) to US$ 185.25 (in Côte d'Ivoire). In 2024, the global median total tax burden of e-liquids (47.8%) and heated tobacco (45.1%) was lower than that of traditional cigarettes (56%). Interestingly, 7% and 19% of the reporting Parties with data met the 75% minimum tax burden threshold for HTPs and e-liquids, respectively.

Table 9. Average and median prices and the total tax burden of HTPs and e-liquids, 2024

Price (US$ PPP)

Emerging products	Median (average)	Total reporting Parties
HTPs (per pack of 20 sticks)	8.41 (9.38)	56
E-liquids (10 mL)	7.52 (12.73)	47

Total tax burden (%)

Median (average)	Total reporting Parties
45.1 (45.5)	56
47.8 (44.8)	47

Affordability of cigarettes

Affordability of the most sold cigarette brand is measured using the relative income price (RIP), which is the percentage of gross domestic product (GDP) per capita required to buy 2000 cigarettes in a year. The lower the RIP value, the more affordable cigarettes are, and vice versa. Table 10 shows that, in 2024, the RIP ranged from 2.0% (WHO European Region) to 7.5% (African Region). This indicates that cigarettes were more affordable in the WHO European Region than in other regions. Similarly, cigarettes were less affordable in the WHO African Region than in other regions. In 2022, the RIP ranged from 1.9% (WHO European Region) to 9.4% (African Region). Between 2022 and 2024, cigarettes became more affordable in the WHO South-East Asia Region, but somewhat less affordable in the other five regions (Table 10).

Table 10. Median RIP of cigarettes, by WHO region, 2022 vs 2024

Median RIP (%)[32]

WHO region	2022 % (No. of reporting Parties)	2024 % (No. of reporting Parties)
African	7.1% (41)	7.5% (47)
Americas	3.2% (28)	3.3% (28)
Eastern Mediterranean	2.1% (16)	2.8% (16)
European	1.9% (51)	2.0% (51)
South-East Asia	9.4% (9)	7.1% (9)
Western Pacific	4.4% (24)	4.5% (22)
Global median RIP		
Global median RIP	3.5%	3.6%
Total Parties included in the calculation	**169**	**173**

Tobacco excise tax structures

In recent WHO reporting, 178 Parties provided data on their tobacco tax structures. **Table 11** shows that the most common tobacco excise tax structure globally is the specific tax. This applies to all WHO regions except for the Eastern Mediterranean Region (where the preference is for a pure ad valorem structure) and the European Region (where the preference is for a mixed excise tax [both ad valorem and specific taxes]). Three Parties from the WHO Eastern Mediterranean Region (Iraq, Kuwait and Libya), two from the Western Pacific Region (Marshall Islands and the Federated States of Micronesia) and one from the South-East Asia Region (Maldives) reported that they do not have any tobacco excise taxes in place.

Table 11. Tobacco tax regimes, by WHO region, 2024

Type of excise tax

WHO region	Specific only (%)	Ad valorem only (%)	Both ad valorem & specific (%)	Total excise (%)	No excise tax (%)	Total reporting Parties
African	18 (40%)	14 (31%)	13 (29%)	45 (100%)	0	**45**
Americas	16 (55%)	7 (24%)	6 (21%)	29 (100%)	0	**29**
Eastern Mediterranean	3 (17%)	9 (50%)	3 (17%)	15 (83%)	3 (17%)	**18**
European	10 (20%)	2 (4%)	39 (76%)	51 (100%)	0	**51**
South-East Asia	4 (44%)	2 (22%)	2 (22%)	8 (89%)	1 (11%)	**9**
Western Pacific	18 (69%)	4 (15%)	1 (4%)	23 (88%)	3 (12%)	**26**
Overall	**69 (39%)**	**38 (21%)**	**64 (36%)**	**171 (96%)**	**7 (4%)**	**178**

32 We computed the median as opposed to the mean because the distribution of the values of RIP is not normally distributed and the averages are sensitive to outliers.

Protection from exposure to tobacco smoke (Article 8)

Key observations

- Many Parties reported that they had passed new laws or amended existing ones to strengthen or expand smoke-free policies.
- Parties also reported targeted measures to protect vulnerable populations, particularly children and youth, from exposure to tobacco smoke. These included bans, for example, on smoking in vehicles, near schools and in recreational areas.
- Some Parties are strengthening enforcement mechanisms and empowering subnational and local authorities to implement smoke-free policies.

About one third (35%) of the Parties that submitted reports indicated a significant implementation change. The reported changes focus broadly on further expansions of the smoke-free areas to environments not covered previously or commonly used by children and adolescents, expanding the scope of smoke-free regulations to new product categories, and strengthening enforcement and penalties for non-compliance.

Significant changes in the implementation of Article 8

Legislative reforms towards comprehensive protection

Many Parties reported having passed new laws or amended existing ones to strengthen or expand smoke-free policies. For example, the Cook Islands' Parliament had passed the Tobacco Products Control Amendment Act in May 2024 and strengthened anti-tobacco communication and community engagement as part of the Smoke-free Islands Campaign. Kenya reported having introduced a total ban on shisha in the official gazette in December 2024. Latvia reported having banned smoking in gambling venues and casinos from January 2025, eliminating the last remaining exception in entertainment venues. In Malaysia, all the smoke-free and non-smoking areas have been specified in the Control of Smoking Products for Public Health Act 2024. The Maldives reported having strengthened smoke-free legislation in public places and workplaces. Slovenia reported having removed exemptions for designated enclosed smoking rooms as of 31 December 2025.

Extending the scope of products covered by smoke-free legislation

Several Parties reported progress in integrating new product categories into their smoke-free laws. For example, in Denmark, new legislation on smoke- and vapour-free environments had entered into force in April 2025, aligning the existing rules on smoke-free environments to also include the use of ENDS, ENNDS and HTPs. Germany amended its Federal Non-Smoker Protection Act to include these products. In Slovenia, electronic cigarettes, refill containers and herbal smoking products were added to a new definition of "related products" under the 2024 Act,[33] and they are prohibited from use in any enclosed public places or workplaces, as well as in all vehicles (including private cars) in the presence of persons under 18.

Chile and Peru reported amending legislation to include e-cigarette use in the existing smoking bans, and Colombia also included aerosols produced by tobacco substitutes and imitators, including HTPs. The Netherlands reported bringing nicotine products without tobacco under the smoking ban. In the EU, an updated Council Recommendation on Smoke- and Aerosol-free Environments was adopted in December 2024. It specifically calls on the EU Member States to extend their smoke-free policies to HTPs and e-cigarettes. The United Kingdom introduced in late 2024 the Tobacco and Vapes Bill to extend smoking bans to ENDS and HTPs.

33 https://assets.tobaccocontrollaws.org/uploads/legislation/Slovenia/Slovenia-TC-Amendment-Act-2024.pdf

Protecting children and adolescents from tobacco smoke

Several Parties reported progress in introducing or strengthening measures specifically aimed at protecting minors from tobacco exposure in both indoor and outdoor environments. For example, Belgium and the Republic of Moldova reported that they now prohibit smoking in sports venues, playgrounds, amusement parks and zoos. In Belgium, smoking was also prohibited within 10 m of the entrances and exits of several public buildings, including public libraries, schools, care centres, nursing homes and hospitals. Similarly, the Republic of Korea reported having expanded smoke-free perimeters from 10 m to 30 m around kindergartens, and having newly designated similar regulations for schools; also, Slovenia has banned smoking in private vehicles when minors are present.

In the EU, the updated Council Recommendation on Smoke- and Aerosol-free Environments calls EU Member States to extend the coverage of smoke-free policies to key outdoor areas, including outdoor recreational areas for children such as public playgrounds, amusement parks and swimming pools, as well as public buildings and transport stops and stations. The United Kingdom's Tobacco and Vapes Bill, which is in process, aims to strengthen existing smoke-free laws by granting powers to extend smoking bans to outdoor public spaces such as playgrounds, school grounds and hospital entrances.

Subnational and local initiatives

A few Parties have implemented smoke-free policies at subnational levels or empowered local authorities to act. South Australia reported having created smoke-free zones around schools, hospitals, sporting venues and beaches through state-level legislation. The Australian Capital Territory reported having implemented a smoke-free policy in correctional facilities. Denmark reported having granted municipalities the authority to ban smoking in playgrounds. The Federation of Bosnia and Herzegovina reported that new legislation has been implemented since 2023 that prohibits smoking in all closed public spaces and workplaces, in public transport and in private means of transport in which minors are present.

Enforcement and penalties

Some Parties reported having intensified enforcement efforts and introduced stricter penalties to ensure compliance with smoke-free laws. In Austria, two Administrative Court rulings clarified that smoking bans apply around the clock (i.e. even outside of opening hours and regardless of whether, for example, guests are present or not) and that penalties apply even if no one is directly caught smoking but the circumstances suggest that smoking has taken place. Further, an amendment to the legislation was undergoing parliamentary review to provide for the possibility of sanctioning the smoking ban in private vehicles through administrative penal orders. Greece reported having launched sustained enforcement campaigns with random inspections across various public venues. Türkiye reported a new Administrative Fines Access and Registration Project for tracking and penalizing violations; the process includes joint inspections with the involvement of Provincial and District Health Directorate officials.

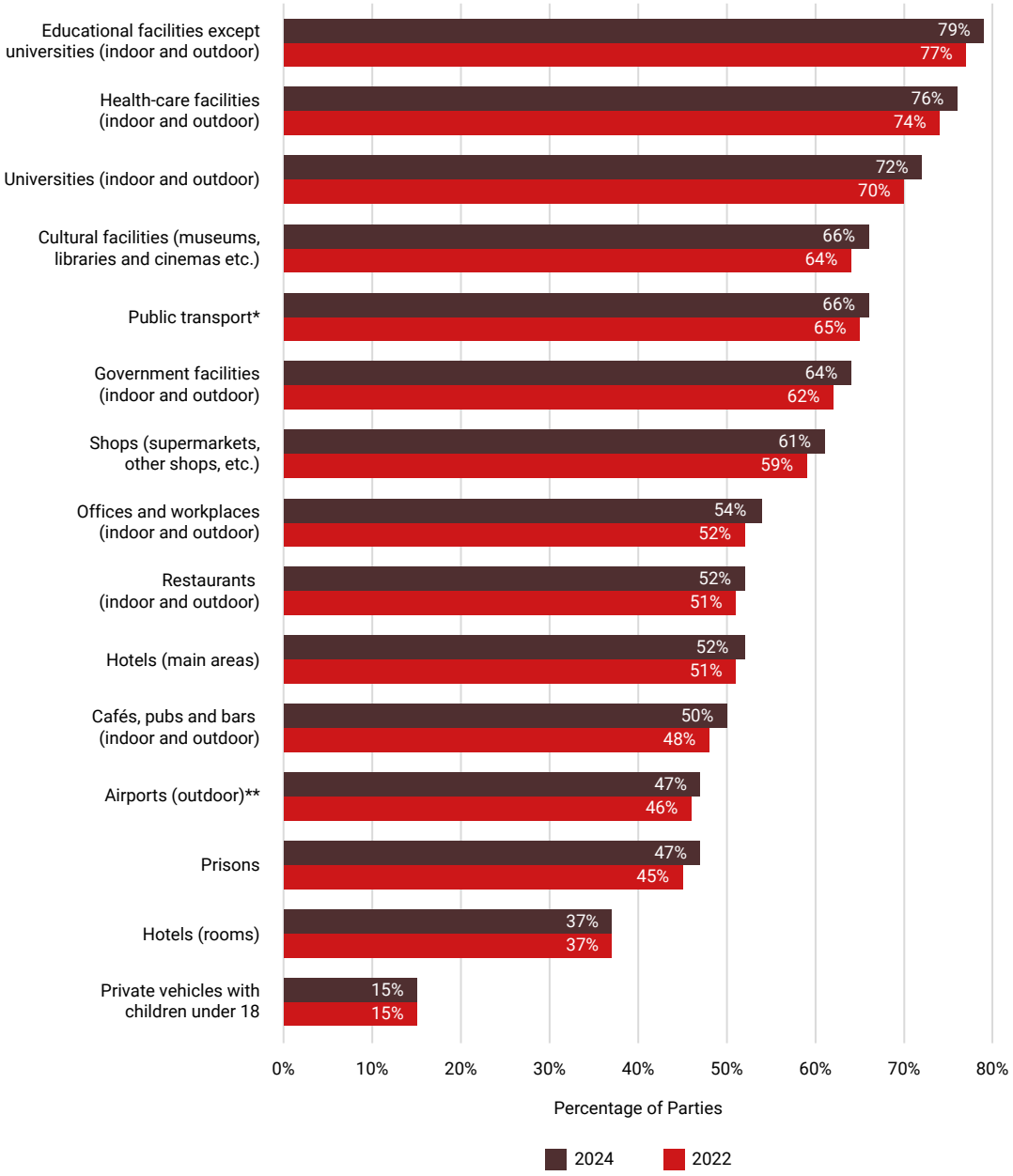
India reported having issued directives and advisories to local authorities and having engaged youth through social media to promote compliance. The Maldives reported having increased the penalties for violations. Other Parties (e.g. Bhutan, Egypt, Jordan, Kenya, Nigeria and Senegal) also reported having enhanced enforcement for smoke-free regulations. In the EU, the Commission reported supporting Member States in the implementation of the Council Recommendation through an upcoming Joint Action project to be funded under the EU4Health 2024 work programme on health promotion and disease prevention. The project will also work on policies related to smoke and aerosol-free environments.

Complementary information deriving from WHO data

Smoke-free laws, their enforcement and penalties for violations

Among Parties for which WHO data are available (n=181), in 2024, the majority (79%) have complete smoke-free laws in place in educational facilities except universities, health care facilities (76%) and universities (72%) (**Fig. 14**). Only about half of Parties have complete smoke-free laws in offices and workplaces, restaurants, main areas of hotels, cafés, pubs and bars, airports and prisons. Complete smoke-free laws are least common for hotel rooms and for private vehicles carrying children. Between 2022 and 2024, there was a small but consistent increase in complete smoke-free laws in most settings.

Fig. 14. Settings covered by smoke-free laws, n=181, 2022 vs 2024



*Public transport includes land transport (trains, taxis, buses, metros and trams), air transport (planes), water transport (boats, ferries and vessels), airports (indoor), indoor waiting areas of public transport (e.g. stations and platforms) and outdoor waiting areas of public transport (e.g. stations, platforms and bus stops).

**Indoor areas of airports are included in the public transport group.

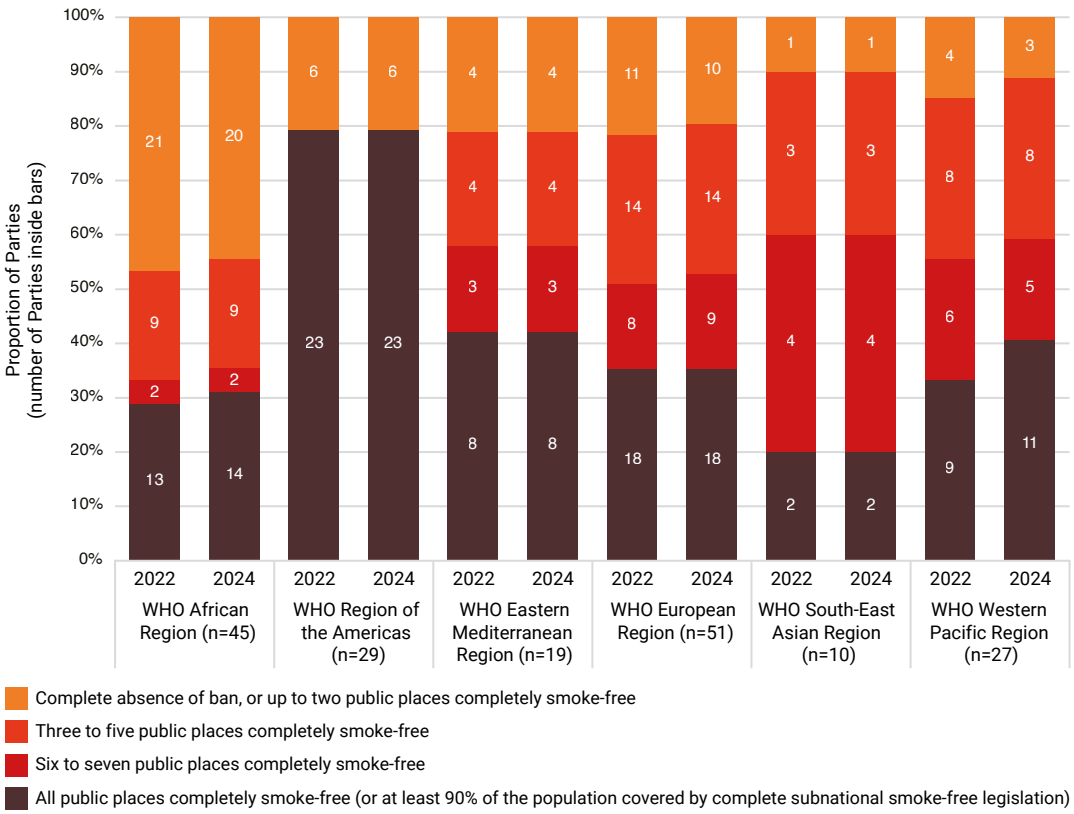
In 2024, almost one third of Parties (31%) reported having funds dedicated to the *enforcement* of smoke-free laws. Almost half of Parties (49%) have a complaint system that requires an investigation after a complaint. Also, the majority (80%) of Parties require non-smoking signs in smoke-free places.

In most Parties (90%), national law requires *fines for violations*. Among these Parties, fines are most commonly levied on the person for smoking where prohibited, and on the establishment for not requiring a person to stop smoking where prohibited or for not posting the required non-smoking signs.

Comprehensiveness of smoke-free legislation

WHO assesses overall progress in comprehensive implementation of smoke-free laws through the number of complete smoking bans in public places. In 2024, comprehensive protection from tobacco smoke was best achieved among Parties in the WHO Region of the Americas, where almost 80% of Parties had all public spaces completely smoke-free (**Fig. 15**). All the other regions fall clearly behind in this aspect. The weakest protection (i.e. complete absence of ban or existence of very few completely smoke-free public places) was most common in the WHO African Region, where almost half of the Parties belonged to this group. Between 2022 and 2024, one Party in the WHO African Region and two Parties in the Western Pacific Region joined the group with the most comprehensive level of protection.

Fig. 15. Comprehensiveness of smoke-free legislation among WHO FCTC Parties assessed by WHO,[34] by WHO region, 2022 vs 2024



34 The public places in the assessment of complete smoke-free laws include the following: health care facilities; educational facilities other than universities; universities; governmental facilities; indoor offices and workplaces not considered in any other category; restaurants or facilities that serve mostly food; cafés, pubs and bars or facilities that serve mostly beverages; and public transport (by land, air and water). Details of the grouping are available from Technical Note I in WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Regulation of the contents of tobacco products (Article 9) and regulation of tobacco product disclosures (Article 10)

Key observations

- Less than one third of the Parties that reported in the 2025 reporting cycle noted any significant changes in their implementation of Article 9 since the submission of their previous report, but only a little more than one in 10 Parties reported the same for Article 10 of the WHO FCTC.
- Testing and measuring requirements are more common for cigarettes than for other tobacco products.
- Over half of the Parties that require testing of products reported that they have government-approved laboratories available.
- Bans on menthol, menthol analogues and other flavours are increasingly being adopted, especially for cigarettes and rolling tobacco.
- Regulation of ENDS/ENNDS contents and disclosures remains underdeveloped compared with tobacco products.

Regulation of the contents of tobacco products

Significant changes in the implementation of Article 9

Less than one third of the Parties that submitted reports in the 2025 reporting cycle indicated that there were any significant changes in their implementation of Article 9 since the submission of their previous report. The majority of the Parties that reported the occurrence of any significant changes referred to changes in their regulatory frameworks and legislations – generally in relation to banning flavours or additives, or in relation to product registration and reporting requirements.

As stated in the *Partial guidelines for implementation of Articles 9 and 10 of the WHO FCTC*, tobacco product regulation can contribute to diminishing tobacco-attributable disease and premature death by reducing the attractiveness of tobacco products, reducing their addictiveness (or dependence liability) and/or reducing their overall toxicity. The following text provides examples of measures implemented by the Parties to achieve these objectives.

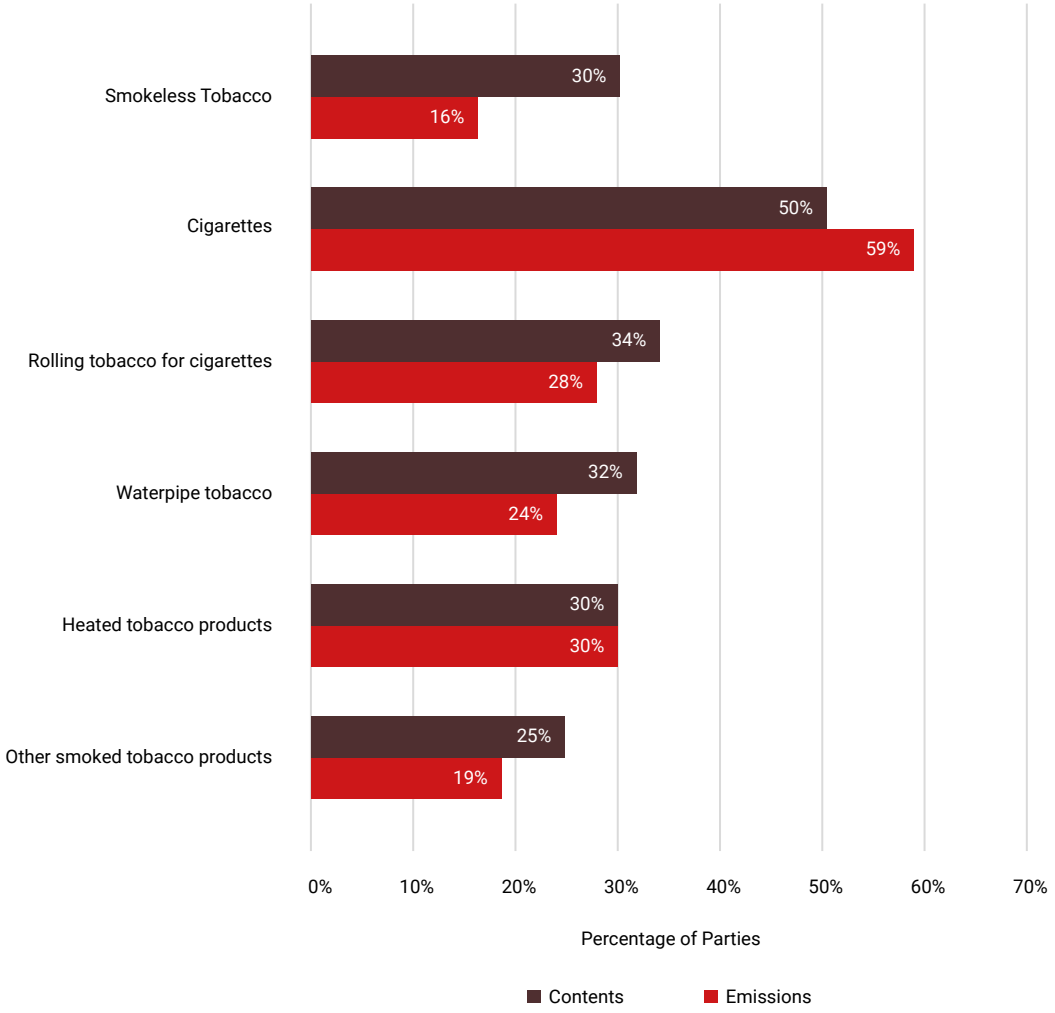
Testing and measuring the contents and emissions of tobacco products

Among the 129 Parties that submitted a report, over half (59%) indicated requiring **testing and measuring of emissions** on cigarettes; however, less than a third of Parties impose the same requirement on HTPs, rolling tobacco for cigarettes and waterpipe tobacco (**Fig. 16**).

Among the Parties that responded that they require the testing and measuring of the emissions of any type of tobacco products listed in **Fig. 16**, 62% require the use of a laboratory approved by the government to proceed with such tests.

Regarding the **testing and measuring of contents**, the highest number of Parties, half of those responding, reported requiring it for cigarettes, followed by rolling tobacco for cigarettes and waterpipe tobacco (**Fig. 16**).

Fig. 16. Parties reporting the testing and measuring of contents and emissions of tobacco products, n=129, 2025



Considering the Parties that indicated they require the testing and measuring of contents of any of the tobacco products listed in **Fig. 16**, 56% require the use of a laboratory approved by the government to run these tests.

Several Parties reported on developing or upgrading their **laboratory testing and analytical capacity**. In 2024 in Gabon, a decree by the Minister of Health designated the national laboratory in the capital as a reference structure with the capacity to test the contents and emissions of tobacco products. Capacity-building has been provided, although the testing of products has not yet begun. India reported the approval by the Ministry of Health and Family Welfare of a fourth national tobacco testing laboratory, established at the National Institute of Mental Health and Neurosciences. Iran reported having fully equipped tobacco control laboratories in two universities of medical sciences in the capital, and Kenya reported having identified several national public health laboratories and being in the process of equipping them to enable product testing.

Regulation of the contents and emissions of tobacco products

Almost half of the responding Parties indicated that they **regulate the emissions** of cigarettes; however, only 9% of Parties reported requiring such regulation for smokeless tobacco, while the other smoked tobacco products fell somewhere in between these values, with just above one in 10 Parties regulating them.

Over half of the reporting Parties (58%) confirmed **regulating the contents of tobacco products**. In relation to banning *menthol*, 31 Parties have banned it in cigarettes, 25 Parties have banned it in rolling tobacco for cigarettes, 19 Parties in HTPs and 16 in waterpipe tobacco. Fewer than 10 Parties implement this ban on other types of tobacco products. Other Parties have banned menthol as a characterizing flavour only; this action has been applied on cigarettes by 15 Parties, on rolling tobacco by 14 Parties, on HTPs by 13 Parties, on waterpipe tobacco by five Parties and on smokeless tobacco by four Parties.

Regarding *menthol analogues, precursors and derivatives*, up to 26 Parties apply this measure on cigarettes, followed by 21 Parties doing so for rolling tobacco for cigarettes; however, fewer than 10 Parties have such measures for other types of tobacco products. When looking at *other flavours or flavouring agents*, 22 Parties have adopted a complete ban on these additives on cigarettes, followed by 17 Parties on rolling tobacco. Fewer than 10 Parties reported having implemented such a ban on other tobacco products. In relation to *other ingredients that may be used to increase the attractiveness/palatability or that may be used to mask tobacco harshness*, up to 23 Parties reported having implemented a complete ban on cigarettes, while 20 Parties reported such a ban on rolling tobacco. Fewer than 15 Parties reported a similar measure for the other categories of tobacco products.

A number of Parties provided details on their adoption of **new laws, amendments or directives to regulate the contents of tobacco products**. Among them, new bans on characterizing flavours or other additives that enhance attractiveness and/or addictiveness have been introduced or entered into force in several Parties. Examples are provided below.

Australia's Public Health (Tobacco and Other Products) Act, in force since April 2024, includes measures to reduce tobacco product attractiveness and palatability by restricting the use of additives. Specifically, it bans flavoured tobacco products, defined as those with a taste or smell other than tobacco. A prohibition is also in place for products with features that allow the consumer to alter the taste or smell (e.g. crush balls or flavour beads).

Bahrain reported a partial ban on flavours and flavouring agents in waterpipes, citing clause 21.4 of the Gulf Technical Regulation No. GSO 1415:2021, which prohibits the use of the following flavours: spices, alcohol, candy, chewing gum, vanilla, coffee, cocoa, tea and cola. However, at the same time, fruit flavours, oils, aromatic extracts or a mixture thereof “may be used”. The Federation of Bosnia and Herzegovina adopted the Law on the Control and Restricted Use of Tobacco, Tobacco Products, and Other Smoking Products in 2022, effective from May 2023. Among other provisions, the Law prohibits the use of flavours, fragrances and other additives in tobacco products.

The Democratic People's Republic of Korea reported that they define the limit of harmful tobacco substances (including nicotine and tar); they also prohibit the sales of tobacco that go beyond the limits and regularly conduct inspections on these products.

The EU reported that in 2022 the European Commission adopted the Delegated Directive (EU) 2022/2100 on the withdrawal of certain exemptions in respect of HTPs, and that this Directive was implemented in 2023. The Directive prohibited the placing on the market of HTPs with a characterizing flavour and flavourings in any of their components, and established stricter labelling requirements for HTPs. The EU Member States had to transpose the provisions of the Delegated Directive into their national law by July 2023 and apply those provisions from October 2023. The adoption of this Delegated Directive came as a response to the substantial increase of the sales volumes of HTPs registered in the EU.

Amendments to the national tobacco law entered into force in Latvia in August 2024, prohibiting the use of additives that facilitate inhalation or nicotine uptake, including menthol, its analogues and geraniol. The provisions apply to all tobacco products, including novel tobacco products.

Nigeria and the Syrian Arab Republic reported progress in developing their national standards for tobacco products.

The Russian Federation established requirements in relation to the ingredients of smokeless tobacco, including a ban on substances that increase the attractiveness of these products, as well as a list of substances that increase their addictiveness. Türkiye reported having banned the use of colourants in waterpipe tobacco products.

Regarding the creation of **institutional and technical structures**, India reported having constituted two specialized groups of experts that support evidence-based regulation of tobacco products, providing scientific and regulatory expertise. Senegal confirmed the establishment of a technical committee with representatives from different sectors (National Tuberculosis Control Programme, National Laboratory for Analysis and Control, Senegalese Association for Standardisation, Ministry of Trade and civil society actors), focused on the implementation of Articles 9 and 10.

In relation to **novel and emerging nicotine products**, Hungary reported that the range of products covered has been extended or amended to include refillable bottles, electronic devices that imitate smoking, nicotine-free refillable bottles and herbal products for smoking, HTPs and nicotine-containing products that substitute smoking (e.g. nicotine pouches). In Lithuania, amendments to the national law came into force in November 2024, allowing only the supply of e-cigarette liquids that comply with the list of permitted chemical substances with tobacco taste and smell as approved by the authorities. The country has also introduced a ban on e-cigarettes with sweeteners or sugars in their e-liquids.

Slovenia adopted the Amending the Restriction on the Use of Tobacco Products and Related Products Act, introducing a ban on flavours in nicotine-containing and nicotine-free e-cigarettes and their liquids, except for the taste or smell of tobacco. Additionally, the Regulations on the Reporting of Tobacco and Related Products and Flavours in Electronic Cigarettes and Refill Containers entered into force in Slovenia on 16 November 2024. The regulation allows only 16 substances as flavours in liquids, or any other component of nicotine and nicotine-free e-cigarettes and their liquids.

Regulation of tobacco product disclosures

Significant changes in the implementation of Article 10

Only about one in ten reporting Parties indicated any significant changes to their requirements under this Article.

Regulation of tobacco product disclosures

About two thirds (81) of respondents indicated that they require manufacturers or importers of tobacco products to **disclose information about the emissions** of tobacco products to governmental authorities. Over half (47 Parties) of those 81 Parties require the disclosure of information about the toxic emissions in tobacco products to the public in a meaningful way (i.e. in a way that may be understood by the public).

Regarding the **disclosure of information about the contents** of tobacco products to governmental authorities, slightly more Parties – almost three quarters (72%) of those that reported – indicated having in place such a requirement. Among those 93 Parties, about half (48 Parties) disclose the information reported about the toxic constituents in tobacco products to the public in a meaningful way (i.e. in a way that may be understood by the public).

Several Parties (Australia, Bahrain, Colombia, Kenya, Latvia, the Maldives, Peru and the Republic of Korea) reported new requirements they had put in place requiring manufacturers and importers to provide regular reports disclosing the contents and emissions, as appropriate, of their products to government authorities. The Federation of Bosnia and Herzegovina reported that the Law on the Control and Limited Use of Tobacco, Tobacco Products, and Other Smoking Products mandates manufacturers and importers of tobacco and other smoking products to annually submit detailed ingredient lists, toxicological data, and justifications for all tobacco and related products, including electronic cigarettes, smokeless tobacco products and herbal smoking products. The Federal Health Ministry, in collaboration with the Federal Institute for Public Health, publishes this information online for the public, while safeguarding business secrets. A by-law will be required to further regulate the reporting format and content.

Latvia has adopted legislative amendments, effective from 1 August 2024, to strengthen the implementation of Article 10 of the WHO FCTC. Notifications for tobacco substitute products, including nicotine pouches, must now be submitted via the EU Common Entry Gate (EU-CEG) system with full composition and toxicological data. Herbal smoking products require disclosure of Latin names for all plant ingredients. A harmonized template for submitting toxicological data has also been developed for all product categories (including tobacco products and electronic cigarettes) to ensure consistency and improve public access to ingredient information. In the Maldives, the amendments to the Tobacco Control Act require the registration of new products, and import and vendor licensing requires the submission of a complete list of contents and laboratory analysis of contents and emissions.

Senegal is strengthening the implementation of Article 10 in parallel with Article 9 through a unified technical committee. Key actions include revising the decree establishing the National Committee for Tobacco Control to oversee product composition and emissions standards, designating the National Laboratory for Analysis and Control as a WHO reference laboratory, and equipping that laboratory to fulfil its expanded mandate. Thailand also reported on requiring disclosure to the public.

Some Parties have extended similar requirements on the **disclosure of information about novel and emerging nicotine products**. This is the case in Colombia, which has expanded the obligation to inform about the contents and constituents of, for example, ENDS and ENNDS, and oral nicotine products. Latvia has adopted a harmonized template for ENDS for the submission of minimum toxicological data to the authorities.

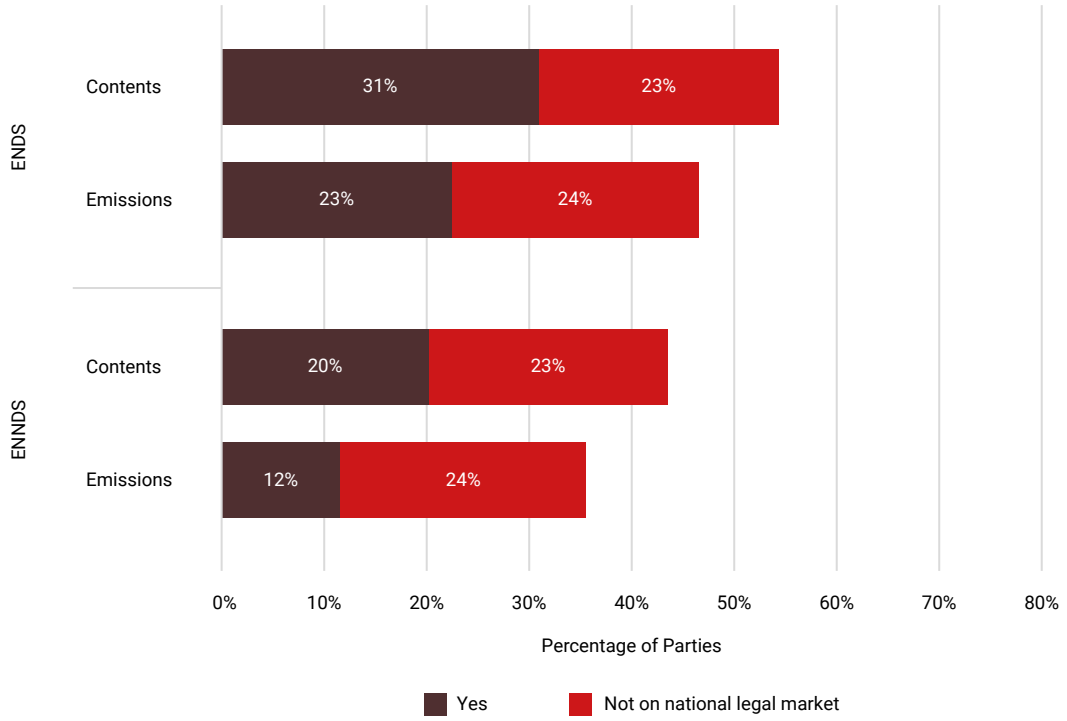
ENDS/ENNDS: regulation of the product contents and product disclosures

Requiring the testing and measuring of the emissions and the contents of ENDS/ ENNDS and disclosures about emissions

The regulation of these aspects of these products still lags behind the regulation of tobacco products.

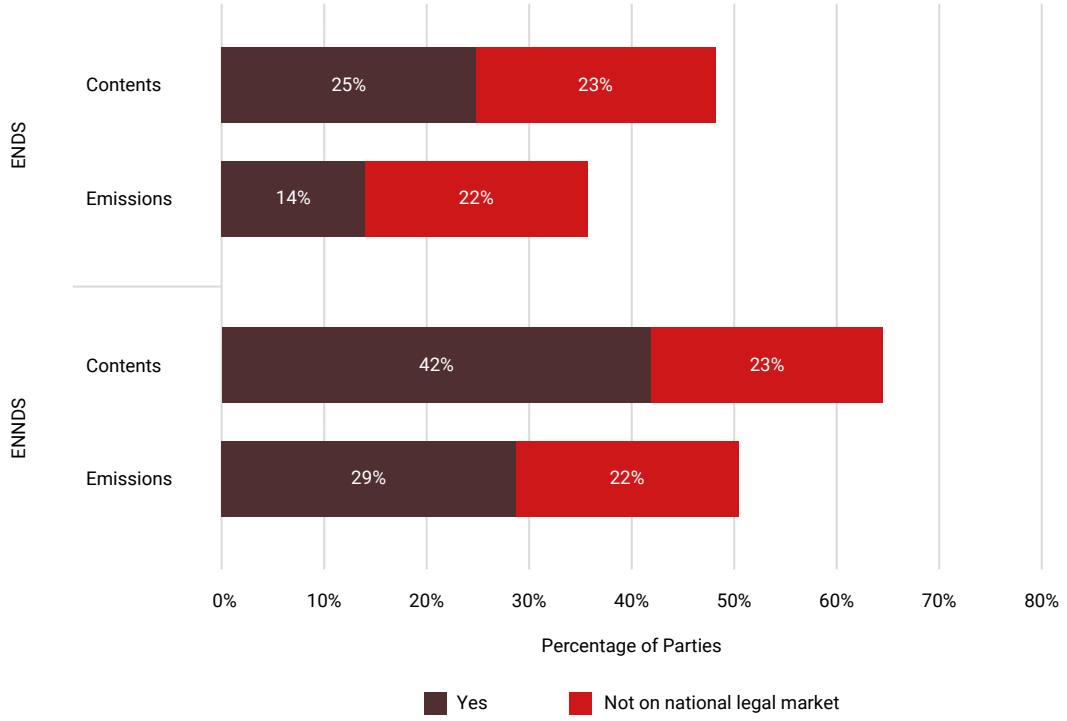
In relation to *testing and measuring*, as seen in **Fig. 17**, among the reporting Parties that responded to these questions, more require the testing and measuring of emissions and contents of ENDS than of ENNDS. About one in four reporting Parties indicated that they do not have these products available on the national market.

Fig. 17 . Parties reporting the regulation of ENDS/ENNDS product contents and emissions, n=129, 2025



In relation to requiring manufacturers or importers of ENDS/ENNDS products to *disclose information about the emissions* to governmental authorities, more Parties require such disclosure for ENDS than for ENNDS, and more Parties require submission of information on the contents than information on emissions (**Fig. 18**).

Fig. 18. Parties reporting the regulation of ENDS/ENNDS product disclosures, n=129, 2025



Packaging and labelling of tobacco products (Article 11)

Key observations

- Several Parties reported progress in increasing the size of health warnings, introducing new sets of rotated warnings, or extending health warning requirements to additional product categories.
- Some Parties adopted innovative approaches, such as mandating health warnings on devices used to consume tobacco or nicotine products, or including health messages directly on the product itself or on inserts in packages.
- Plain packaging continues to attract growing attention and is being extended beyond cigarette packaging to other tobacco and nicotine product types.

About one third (36%) of reporting Parties mentioned developments in the area of packaging and labelling. The progress notes broadly focused on strengthening health warning requirements, and advancing plain packaging and on-product messaging, by both increasing warnings and preventing the presentation of misleading information. In their progress notes, Parties reported on a wide variety of conventional and novel tobacco products and nicotine products, using a variety of terms to describe them, defined in their national legislations; this made the interpretation of such legislation difficult.

Significant changes in the implementation of Article 11

New legislation to strengthen health warnings

Several Parties reported having strengthened their health warning requirements across a range of tobacco and nicotine products. For example, Colombia reported new requirements for health warnings, covering 30% of the main areas of products such as ENDS, ENNDS and oral nicotine products, as well as on their devices.

In the EU, the European Commission adopted Delegated Directive (EU) 2022/2100, which established stricter labelling requirements; in relation to this, a number of Parties that are Member States of the EU reported transposing the provisions of the Delegated Directive into national law. For example, France reported that since 2023, HTPs have had to carry the same graphic health warnings as cigarettes. In India, new rules that had been notified in December 2024 require that the pictorial warnings be placed on both the front and back of tobacco product packages, and on 85% of the principal display areas, and rotated every 12 months. Iraq reported increased pictorial health warnings on the boxes and packages of products to 50% of the area of one of the main areas of the box, with the addition of a written health warning on the other side of the box, also at 50%.

Kyrgyzstan reported that, since 2021, the law has required a combined text and graphic warning in official languages in packaging of tobacco products, including HTPs, naswar and waterpipe tobacco and nicotine products such as ENDS and e-liquids. In March 2023, the provisions mandating 65% health warnings on HTPs, naswar and ENDS came into force.

Peru reported expanding the area of combined text and pictorial health warnings in tobacco product packaging from 50% to 70%, and requiring a textual warning on 30% of each of the package's main sides in nicotine products. Tunisia reported having implemented in 2023 pictorial health warnings in cigarette packs, covering at least 70% of the two main display surfaces, in Arabic and a foreign language, and subject to annual review.

Additionally, Australia, Brazil, Cambodia, Kenya, Nigeria, Paraguay and the Republic of Korea reported having implemented new sets or rotated health warnings to maintain message impact.

In terms of measures that are in progress, Israel reported having adopted legislation for pictorial health warnings, but this has not yet been implemented. Kenya also reported that new pictorial health warnings will be introduced for ENDS and nicotine pouches.

Health warnings on devices

Some Parties were also specifically addressing the device intended for the consumption of tobacco or nicotine products in their health warning regulations. For example, Belgium reported that, from January 2025, packaging units and outer packaging of the devices used for the use of a tobacco product or a herbal smoking product must bear the following health warning: "Consumption of a tobacco product or a herbal smoking product using this device is harmful to your health."

Kyrgyzstan also reported new regulations for waterpipe devices, in force since March 2023. According to these, each device must also contain a health warning in official languages, occupying at least 65% of the main area of the largest part of the device. On waterpipes that entered the market before the effective date of the Law, including those used for their intended purpose in public places, a warning must be applied to a sticker with one-sided waterproof lamination, which is glued to the device in such a way that it covers the main visible part of the device on both sides.

Chile reported having expanded health warning regulations to ENDS and ENNDS devices and their liquids. Colombia reported new health warnings, with 30% area coverage, for tobacco substitutes and imitators including, for example, ENDS, ENNDS and oral nicotine products, and the devices necessary for their operation.

On-product messaging and inserts

Some Parties reported having developed packaging and labelling regulations with specific on-product health messages or health promotion inserts. Among them, Australia and Canada are currently the only two Parties that require health warnings on individual cigarettes. Canada was the first country to put this measure in place. In 2023 in Canada, the Tobacco Products Appearance, Packaging and Labelling Regulations required the display of health warnings directly on individual tobacco products (cigarettes, small cigars with tipping paper and tubes, and cigarettes without tipping paper)[35]. Australia reported that – through regulations adopted in December 2024, with full compliance required from July 2025 – on-product health messages must be printed on the paper covering the filter of a cigarette. Each cigarette must have a message duplicated on opposite sides of the filter.

Czechia reported that the number of the national quit line, instead of a website, has been mandatory in every package since January 2025. The United Kingdom also reported that the government has announced that it will mandate quit-themed pack inserts for cigarettes and hand-rolled tobacco packaging.

Plain packaging

Many Parties reported having introduced or expanded plain and/or standardized packaging requirements. For example, Côte d'Ivoire has adopted a decree that mandates plain packaging and health warnings (entered into force November 2024) for tobacco products, and provides a practical guide on how these should be applied to the products that will eventually facilitate enforcement. In Denmark, a set of new plain packaging regulations entered into force in July 2025. These include standardized packaging for nicotine pouches, and for the devices used with HTPs. In addition, requirements for package sizes for nicotine pouches and chewing tobacco have been established, and the regulations regarding standardized packaging for e-cigarettes have been tightened.

35 A case study on this requirement is available in the WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Finland reported that plain packaging for ENDS and ENNDS entered into force in May 2023; in addition to the packaging, it applies to the appearance of refill containers and nicotine-containing liquids.

In Georgia, plain packaging for cigarette products entered into force in October 2024 after previous postponements. The Lao People's Democratic Republic requires all cigarette packs and cartons sold in the country after December 2024, including in duty-free shops, to have plain, standardized packaging with new health warnings. Norway's regulation on standardized packaging for ENDS and ENNDS was adopted in 2023 and is expected to enter into force in July 2025. Oman reported having implemented plain packaging in April 2024. Panama reported that there has been a national campaign to raise awareness on plain packaging of tobacco products. Slovenia reported that plain packaging for cigarettes and roll-your-own tobacco has been implemented and has been mandatory at the retail level since January 2020. In Syria, plain packaging regulation was reported to be in a drafting stage.

> "We are greatly encouraged by the steady expansion of plain packaging measures globally. It is inspiring to witness the continued global momentum toward standardized packaging – a bold step that protects health, prevents deception, and empowers people with the truth. Seeing this wave of progress reach our Eastern Mediterranean Region is particularly heartening, as it signals a shared commitment to a tobacco-free future and to protecting generations to come.
>
> **Dr Jawad A. Al-Lawati (Oman), Vice-President of the Conference of the Parties**

Other progress in packaging and labelling requirements

Some Parties also reported other progress that prevents the presentation of misleading information on packaging. For example, Australia reported that its new legislation, adopted in December 2024, also prohibits brand or variant names that might imply no harm, reduced harm or positive health effects (e.g. "light" or "organic"). Kyrgyzstan reported that it had introduced comprehensive regulations on misleading information in ENDS, their liquids and HTPs, implemented since March 2023. These included, for example, a prohibition on any word or phrase that creates the idea that the product tastes like a food product or a medicinal product, and any risk-reduction claims.

Some Parties also reported progress in facilitating the *enforcement of regulations*. In Austria, legal position sheets for herbal smoking products and ENDS were developed in 2023–2024 to provide compiled information on the legal requirements for these products, including packaging and labelling.

Benin reported setting up a committee responsible for examining applications for approval; a key document of such applications is a letter validating the packaging designs for tobacco products to be marketed in the country. Hungary reported that the consumer protection authority had been inspecting the labelling of cigarettes and roll-your-own tobacco as part of a thematic investigation.

Complementary information deriving from WHO data

WHO uses additional indicators to assess progress in the implementation of measures that fall under Article 11 of the Convention. The text below presents findings derived from those data.

Health warnings in cigarette packaging[36]

Among Parties for which WHO data are available (n=181), most Parties (91%) require that *health warnings* appear on cigarette packages in their legislation. The majority (>80%) require specific health warnings in their legislation, in the principal language(s) of the country, and on each package and any outside packaging and labelling used in the retail sale of products (**Fig. 19**). Also common are rotated health warnings and having legislation that mandates their font style, font size and colour (providing for warnings that are large, clear, visible and legible). Further, the majority of Parties (85%) required health warnings to be applied to cigarettes whether these are manufactured domestically, imported or for duty-free sale.

Pictorial health warnings, including a photograph or graphic, are required by about two thirds (67%) of Parties. Despite progress in plain packaging in recent years, among all Parties, such requirements remain rare (14%). Over half of Parties require that health warnings not be obscured in any way (also by required markings), and almost half require that the health warnings be placed at the top of the principal display areas of packaging.

Health warnings on packages commonly describe the harmful effects of tobacco use on health (79%). Almost a third (29%) of Parties require the quit line number to be displayed on packaging or labelling.

Between 2022 and 2024, there was a small but consistent increase in the various characteristics of health warnings.

The majority (83%) of Parties require or establish in their legislation fines for violations regarding health warnings on packages.

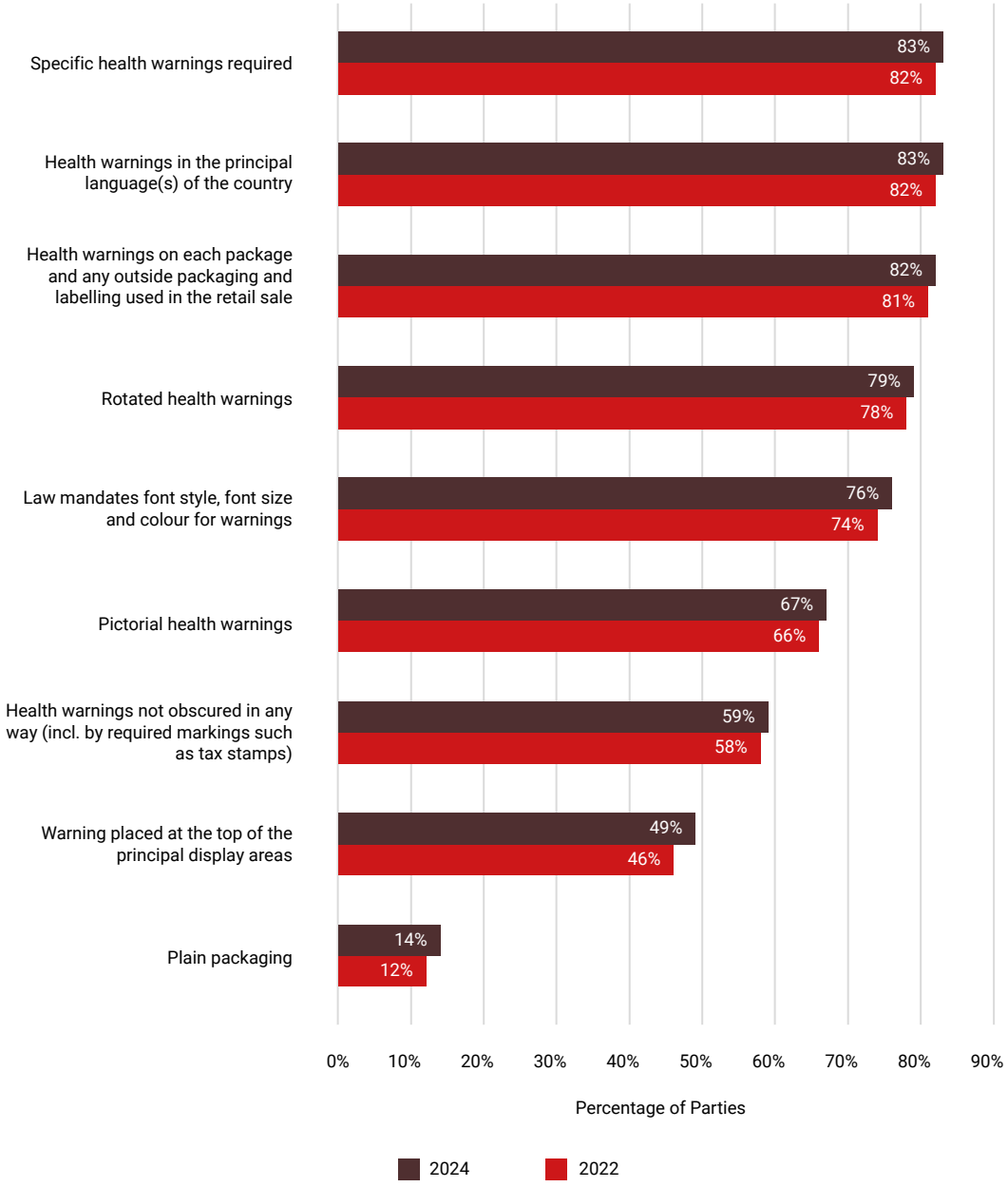
Over two thirds (72%) of Parties required that cigarette packaging and labelling not use misleading terms that imply the product is less harmful than other similar products (e.g. “low tar”, “light”, “ultra-light” or “mild”). Half of the Parties require that cigarette packaging and labelling not use figurative or other signs, including colours or numbers, as substitutes for prohibited misleading terms and descriptors.

Less than a third of Parties (31%) require that cigarette packaging and labelling not use descriptors depicting flavours. Over a third (36%) of Parties ban the display of quantitative information on emission yields (e.g. tar, nicotine and carbon monoxide) on cigarette packaging, including when used as part of a brand name or trademark. The display of qualitative information on relevant constituents and emissions on cigarette packaging is mandated in the law by half of the Parties.

Only 14% of Parties have legislation that prevents the display of expiry dates on cigarette packaging. It also remains uncommon (7%) to state in the legislation that health warnings on packages do not remove or diminish the liability of the tobacco industry.

36 For data on health warnings in other smoked tobacco and smokeless tobacco products, more information is available from p. 75 and Annex 2 of the WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Fig. 19. Health warning characteristics and plain packaging among Parties, n=181, 2022 vs 2024

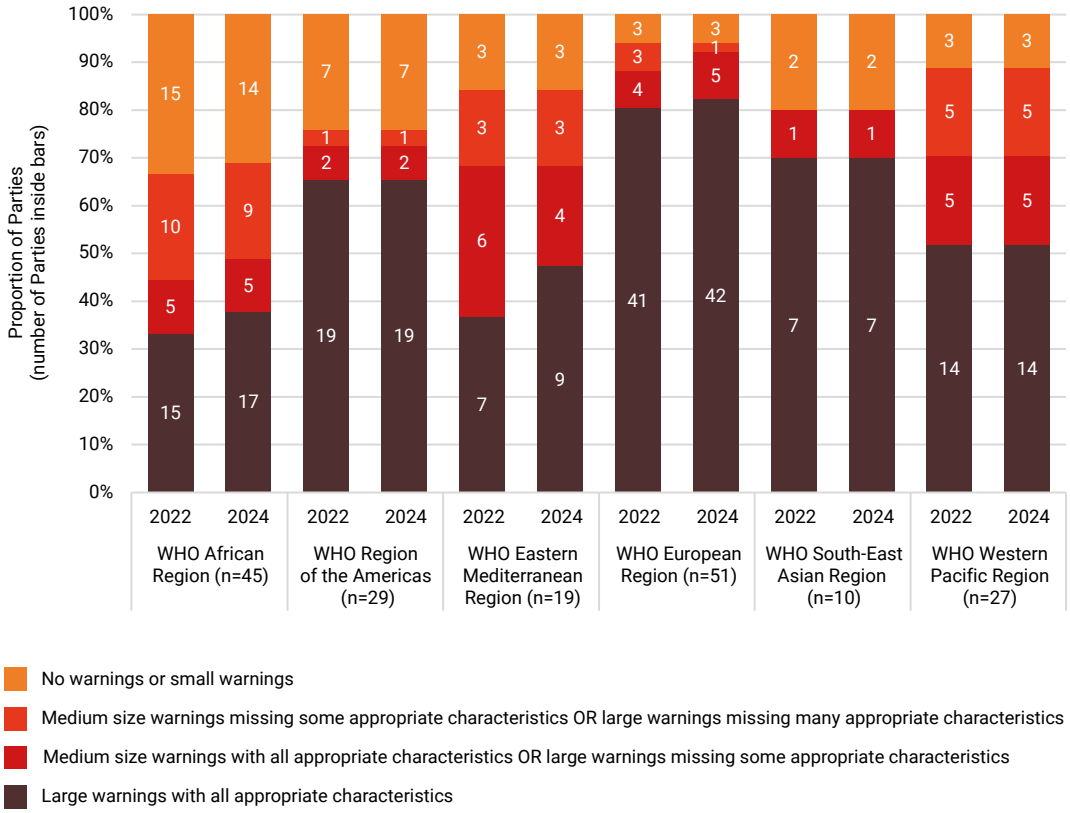


Comprehensiveness of health warning labels in cigarette packages

WHO assesses overall progress in the implementation of effective health warnings through the size and characteristics[37] of health warnings. In 2024, comprehensive large warnings with all appropriate characteristics were adopted by the majority of Parties in the WHO European Region, by about two thirds of Parties in the Region of the Americas and the South-East Asian Region, and by half of the Parties in the Western Pacific Region (**Fig. 20**).

37 The appropriate characteristics in the assessment include whether specific health warnings are mandated; the mandated size of the warnings, as a percentage of the front and back of the cigarette package; whether the warnings appear on individual packages as well as on any outside packaging and labelling used in retail sale; whether the warnings describe specific harmful effects of tobacco use on health; whether the warnings are large, clear, visible and legible (e.g. specific colours and font styles and sizes are mandated); whether the warnings rotate; whether the warnings are written in (all) the principal language(s) of the country; and whether the warnings include pictures or pictograms. Details of the grouping are available from Technical Note I, WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Fig. 20. Comprehensiveness of health warning labels in cigarette packages among WHO FCTC Parties assessed by WHO, by WHO regions, 2022 vs 2024



Between 2022 and 2024, the WHO African and Eastern Mediterranean regions saw improvements in implementing large health warnings with all the required characteristics, with two additional Parties in each region reaching this level. However, many Parties – particularly in the WHO African Region – still lack warnings or use only small ones.

Education, communication, training and public awareness (Article 12)

Key observations

- Nearly half of the reporting Parties indicated having made any significant changes in the implementation of Article 12; also, about half of those that indicated having made changes described the educational and public awareness programmes they had implemented.
- Most Parties that conducted anti-tobacco media campaigns at national or subnational levels focused on health risks, cessation benefits and tobacco addictiveness.
- About half of Parties conducting campaigns used research-based approaches and monitoring, although fewer than one third conducted impact assessments for their campaigns.
- Online media – particularly websites and social platforms – were the primary channels for disseminating messages.

Significant changes in the implementation of Article 12

Since the last reporting period, almost half of the Parties that submitted a report (46%) have reported significant changes in the implementation of Article 12 of the WHO FCTC. Key changes reported include the launch of new communication campaigns, the introduction of educational workshops in schools, and enhanced training for health care professionals. For example, Bulgaria developed a plan to strengthen health education in schools. Several Parties (e.g. Latvia) communicated that they established or improved their quitline services; others (e.g. Denmark) adopted new national plans incorporating education, communication and public awareness components; while others (e.g. Greece) reinforced existing strategies aligned with Article 12.

Some Parties also reported subnational initiatives, including targeted campaigns for specific regions and communities, awareness efforts around smoke-free areas, new school-based activities, and the creation of smoking cessation centres. Belarus highlighted its Healthy Cities and Towns project, which promotes smoke-free zones in administrative territories and conducts outreach in schools and workplaces.

Anti-tobacco media campaigns

Over the past two years, anti-tobacco media campaigns have been conducted on various platforms. The majority of Parties submitting reports (80%) used social media for their campaigns, and about two thirds of Parties (70%) reported that they ran online campaigns on a website. Additionally, over half of Parties reported campaigns in printed media (57%), on radio (57%), on television (52%), and displayed on billboards and other outdoor advertising (50%). A number of Parties also used community activities to communicate about tobacco.

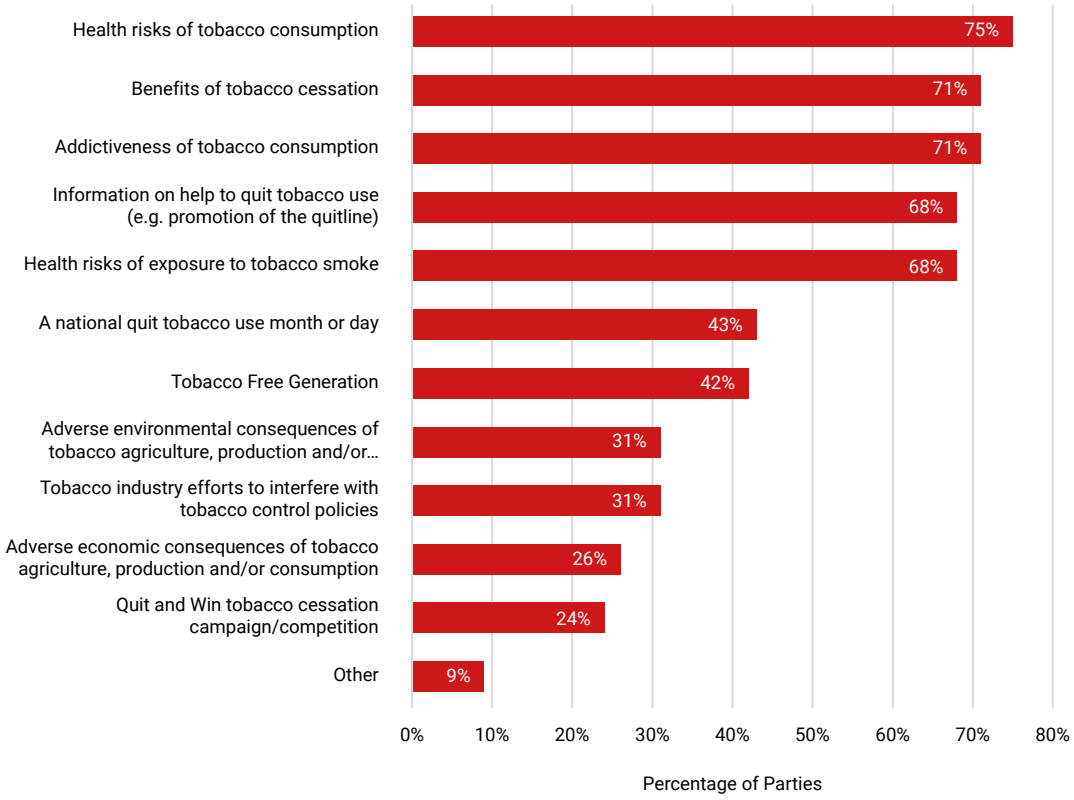
The Republic of Korea implemented the “NODAM campaign” on social media, targeting young people. NODAM is short for “no dambae”, which means “no smoking”, and the campaign used the usual social media code, slang and abbreviations, because it was aimed at teenagers. Individuals were invited to create their own NODAM song; in particular, young people were requested to create a song related to smoking cessation and share it on their social media accounts.

In September 2024, the Ministry of Health and Family Welfare of India launched the second phase of the Tobacco Free Youth Campaign (TFYC 2.0), focusing primarily on

promoting smoke-free environments. The first campaign, launched in 2023, achieved significant national impact (see case study).

The campaigns implemented by the Parties covered various topics (**Fig. 21**). The majority of Parties (75%) reported that they covered the health risks of tobacco consumption; in addition, the benefits of tobacco cessation and the addictiveness of tobacco consumption were each reported by 71% of the Parties.

Fig. 21. Parties reporting having implemented anti-tobacco media campaigns on various topics in the past two years, 2025



Malaysia focused its mass media campaign on protecting children from the tobacco industry and raising awareness at all levels of society about the dangers of smoking. New Zealand chose to focus on Maori and Pacific people with the launch of the “Breakfree to Smokefree” campaign. Kenya reported having conducted a nationwide public awareness campaign focusing on waterpipes.

Photo courtesy of the New Zealand campaign “Breakfree to Smokefree”

Photo courtesy of Luxembourg's "No Smoking Challenge"

Campaign for World No Tobacco Day. Photo courtesy of Brazil

Almost half of the reporting Parties (43%) indicated that they ran campaigns on specific occasions. Among these Parties, 11 (Austria, Botswana, Brazil, Brunei, Cambodia, Czechia, Hungary, Japan, Latvia, Qatar and Türkiye) reported having implemented initiatives specifically for World No Tobacco Day, which continued to be the single most often highlighted communication opportunity reported by the Parties, as in the previous reporting cycles.

About one in four Parties (24%) also organized "Quit and Win" competitions. For example, Luxembourg organized a No Smoking Challenge targeting young people aged 16 to 34. The aim was to motivate them to stop smoking for eight days to win a cheque worth 100 euros to attend concerts. The campaign was mainly conducted on social media.

Almost half of the Parties reported having implemented anti-tobacco media campaigns guided by research (47%) and subject to monitoring (40%), including by measuring reach. However, less than a third of Parties reported having implemented campaigns subject to evaluation to measure impacts on beliefs and behaviour change (29%), and subject to pre-testing (28%).

Among the Parties that reported undertaking research and evaluation, Australia commissioned research to gain a deeper understanding of smoking and vaping behaviours that could inform its strategy for the "Give Up For Good" campaign. The research was carried out among people aged 18–50 years who smoke, vape or both.

Chile conducted focus groups among the target audience for its campaign "Elige-no-fumar", to identify the main topics of interest of the audience and their expectations concerning the information received. This helped in defining impactful messages tailored to the audience. India launched a portal with a specific tab to monitor the "Tobacco Free Youth Campaign"; this facilitated the systematic collection of data from states and districts across the country. These entities had to submit weekly reports to assess the implementation of the campaign according to specific key performance indicators that had been defined in advance. Regular review meetings were held to assess progress and provide support to underperforming states and districts. In addition to quantitative data, social media metrics were analysed to assess the reach of and engagement with the campaign.

Less than a third of Parties (23%) that submitted a report indicated having implemented anti-tobacco media campaigns adapted from campaigns developed in other countries. Among them, Estonia adapted campaign material used in Denmark and translated video clips produced by the WHO on HTPs and ENDS.

In some cases, campaigns were primarily focused on **nicotine products**. On World No Tobacco Day, Brazil ran a campaign focused on electronic smoking devices, to raise awareness of the health and environmental consequences of these products and expose the strategies used by the tobacco industry to target young people.

Another initiative was led by the National Institute of Public Health of Czechia, also for World No Tobacco Day: a campaign ran from 22 April to 7 June 2024, focusing on the harmful effects of nicotine and the manipulative marketing strategies used by the tobacco industry. During the campaign, students were encouraged to participate by creating “antismoking advertisements”. The campaign sought not only to inform students about the health risks but also to empower them to become advocates for a smoke-free lifestyle. By involving students in the creation of their own messages, the campaign fostered a sense of responsibility, thereby reinforcing the impact of the antismoking messages.

For its part, Gabon has focused on young people and teenagers owing to the local market having been flooded with new nicotine products. To raise awareness among this audience, Gabon used several communication channels, including large billboards in strategic locations, banners, posters, and awareness spots on social media and on national television.

Photo courtesy of Dr Renée Enombo, Gabon

Interventions and training programmes to raise awareness

Behavioural change interventions to support tobacco cessation were reported by almost half of reporting Parties (49%), and behavioural change interventions to reduce exposure of non-smokers by half of Parties (50%). Mexico reported implementing behavioural interventions aimed at smoking cessation in clinics; the interventions, based on cognitive-behavioural and contextual approaches, sought to develop skills to incorporate and maintain alternative behaviours to tobacco use.

For its part, Ukraine has implemented a behavioural intervention using a website: the "I'm quitting smoking" service is the first government resource developed to offer free help to quit smoking. On the website, users can read descriptions of methods to quit smoking, complete tests to determine their level of nicotine dependence and identify their reasons for quitting. The results of these tests, along with other information available on the site, are intended to help smokers better understand the nature of their addiction, making it easier for them to quit. The site also offers a personalized step-by-step plan to quit smoking and advice on how to manage nicotine withdrawal.

Over half of the reporting Parties (55%) mentioned having implemented behaviour change interventions to support cessation of tobacco use among a specific population, mainly among young people and health care workers. For example, awareness-raising activities were carried out in educational institutions in Latvia on World No Tobacco Day. As part of this initiative, information emails were sent to schools, accompanied by exercises for students, including an interactive quiz aimed at debunking misconceptions about tobacco. A role-playing game highlighting the tactics of the tobacco industry was also created. A workshop on peer refusal strategies was held, using a diagram and group discussion to develop the skills needed to resist peer pressure to smoke. In addition, messages were posted regularly on social media to commemorate the day and strengthen public engagement and education.

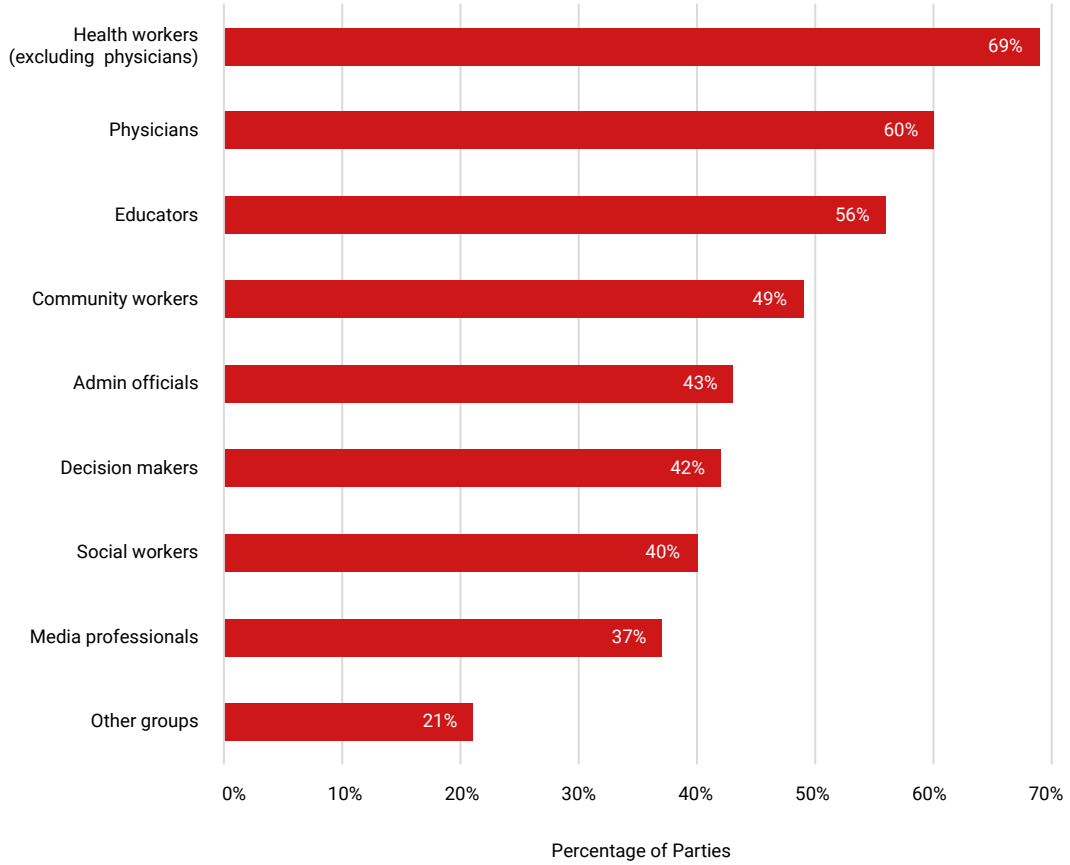
Training and sensitization programmes on tobacco control were provided to various groups by Parties since the last reporting period (**Fig. 22**).

A number of Parties provided examples of programmes aimed primarily at training health professionals on providing cessation support to their patients. For example, in Cambodia, 42 health care professionals acquired knowledge and skills on seven steps to quit smoking. The trained health care professionals were able to assist and provide brief smoking cessation interventions to smokers in their workplace and community; they were also able to promote tobacco-free health centres and health care facilities as part of their routine health care. Lithuania implemented a training programme for 1150 health care professionals, which included training for delivery of brief interventions and smoking cessation services.

Youth, education or other initiatives by the tobacco industry

About one in five reporting Parties (19%) reported that they are aware of any youth, public education or other initiatives organized or promoted by the tobacco industry. Parties were also asked whether they had made any efforts to counter these tobacco industry initiatives. The Parties that responded affirmatively, having made efforts to counter these initiatives through legal instruments or communication efforts (e.g. press releases) were Angola, Cambodia, Colombia, Czechia, Denmark, Estonia, Finland, Hungary, India, Japan, Jordan, Kyrgyzstan, Lithuania, Malta, Mexico, the Netherlands, Republic of Korea, Solomon Islands, South Africa, Spain, Thailand, United Arab Emirates and Ukraine.

Fig. 22. Parties reporting having implemented training programmes for different target groups, n=129, 2025



Complementary information deriving from WHO data

Information from the WHO database provided some additional information about the campaigns that were carried out by the Parties. Notably, efforts in media management have intensified: 45% of reporting Parties engaged in media planning to purchase or secure airtime or advertisement placement in 2024, compared with 41% in 2022. Additionally, 34% of reporting Parties obtained earned media placement or leveraged public relations strategies to promote campaigns at reduced costs, up from 32% in 2022.

Japan

Raising public awareness about the harmful effects of second-hand smoke and related regulations

Case study

To protect people from exposure to second-hand tobacco smoke, and in accordance with Article 8 of the WHO FCTC, Japan revised its Health Promotion Act (HPA) in 2018, prohibiting the use of cigarettes and HTPs in indoor public places such as schools, hospitals, child welfare facilities and government buildings. The revision of the HPA also included restrictions to bars, restaurants, offices and most enclosed public places, except for designated areas with mandatory signage.

For Japan, the challenge was to enforce the new regulations and to raise awareness of the harmful effects of second-hand smoking among the general public. In response to this, the Japanese Ministry of Health, Labour and Welfare launched a comprehensive public awareness campaign in collaboration with municipal governments and affiliated organizations.

A comprehensive range of communication materials and distribution channels

Japan has developed a variety of communication materials to provide information on the regulations and to raise awareness of the harmful effects of exposure for environmental tobacco smoke (see below). The aim of having a variety of materials, disseminated through different channels, was to effectively reach a large portion of the population by adapting to each target audience (e.g. young people or professionals). Much of the material has been made available in an accessible format to both the public and private sectors through a dedicated website, to enable both sectors to broadcast the campaign. Recipients are given a list of rules to follow when using the materials. As part of the initiative, 40 000 posters featuring popular local mascots were produced and were widely distributed throughout the country.

Complete list of developed communication materials

- An institutional website providing information on the law and its practical application (depending on the target audience)
- Communication materials and educational tools: posters, regional posters with regional mascots, leaflets for the general public, leaflets and guides for professionals, and leaflets for secondary school pupils
- Manga comics for young people
- TV reports or interviews
- A website to test people's knowledge of passive smoking (a "mock exam")
- Digital banners with the slogan "なくそう!望まない受動喫煙" ("Let's get rid of second-hand tobacco smoke") displayed on major search engines such as Yahoo! Japan and within the Metaverse platform Roblox
- YouTube videos
- Radio spots
- Collaboration with celebrities for World No Tobacco Day, with extensive media coverage (e.g. television and online news media)

Poster explaining regulations that feature local mascots

A campaign with a strong identity

A specific creative identity was developed for the communication campaign, which unified the many different communication materials. The campaign was embodied by "Kemui-mon", which has been the official character of the Japanese Ministry of Health, Labour and Welfare since 2017. The mascot takes the form of a cloud of tobacco smoke; it was used to make all elements of the campaign easily identifiable.

Kemui-mon, Japanese mascot depicting a cloud of smoke

A multistage evaluation

To evaluate the effectiveness of the campaign, internet-based surveys were conducted both before and after its implementation.

A pre-campaign survey was conducted in the fiscal year 2023, with a sample of 1000 individuals ranging from people in their 20s to their 70s. The objective was to assess people's level of understanding and impressions of the campaign's messaging and design (specifically posters, banner advertisements, radio commercials and video advertisements) among the general public and business operators (who constitute a key target audience). This evaluation allowed for refinement of the campaign materials before their public release; it also enhanced understanding of the target audience.

A comprehensive post-campaign survey was conducted among 1000 respondents, to measure the overall impact of the campaign on public awareness and perception, and to evaluate the process. The results of the survey suggested that the campaign increased awareness and promoted the understanding of the HPA.

Since this campaign, Japan has continued its efforts to further raise public awareness. Japan is now also planning to explore new, more effective methods for conducting its future campaigns, in particular, using different media channels to reach more people.

> "Global implementation of Article 12 shows promising progress, with nearly half of Parties advancing education, communication, and public awareness campaigns. Yet, to fully realize its potential, greater emphasis must be placed on research-based strategies, impact evaluation, and the widespread adoption of best practices – ensuring that every campaign not only reaches audiences but drives meaningful, lasting change.
>
> **Justine Avenel, Director, WHO FCTC Knowledge Hub for Public Awareness**

India

Tobacco-Free Youth Campaign

Case study

In September 2024, the Ministry of Health and Family Welfare under the Government of India, launched the second phase of the Tobacco-Free Youth Campaign (TFYC 2.0), reaffirming the country's commitment to protecting young populations from tobacco exposure. The campaign aimed to educate and empower youth to resist or quit tobacco use, in alignment with Article 12 of the WHO FCTC.

The first phase of the Tobacco-Free Youth Campaign (TFYC 1.0) was launched on World No Tobacco Day, 31 May 2023, with the objective of protecting young people from the harmful effects of tobacco. The campaign adopted four key strategies:

- Raising public awareness
- Promoting Tobacco-Free Educational Institutions (ToFEI)
- Strengthening enforcement of the Cigarettes and Other Tobacco Products Act, 2003 (COTPA, 2003) and the Prohibition of Electronic Cigarettes Act, 2019 (PECA, 2019)
- Creating tobacco-free villages

The campaign achieved remarkable nationwide participation, with nearly 150 000 educational institutions and over 12 000 villages declared tobacco-free, while enforcement drives led to the collection of over 10 million Indian Rupee in fines. By mobilizing schools, colleges, and community groups, TFYC 1.0 built strong public momentum and laid the foundation for a youth-driven tobacco control movement across India.

Building on this success, TFYC 2.0 expanded its scope and outreach through youth-centric social media campaigns designed to counter the perception of tobacco use as a "fashion statement" and to promote healthy, tobacco-free lifestyles as integral to national development. The campaign also encouraged rural communities to declare their villages tobacco-free, not only by regulating the sale and use of tobacco products, but also by promoting smoke-free homes, public spaces and community events. This grassroots approach empowered local leaders, health workers, and youth groups to champion tobacco-free norms, organize awareness activities, and monitor compliance. Simultaneously, the campaign strengthened adherence to ToFEI guidelines, ensuring that schools and colleges remained tobacco-free environments.

A distinguishing feature of TFYC 2.0 was its whole-of-government approach, bringing together eight ministries beyond health — including Education, Electronics and Information Technology, Information and Broadcasting, Panchayati Raj, Rural Development, Youth Affairs and Sports, Tribal Affairs, and Home Affairs — to ensure coordinated action across sectors. The campaign integrated direct engagement with students and youth volunteers, celebrity advocacy and multimedia strategies. To facilitate implementation, new guidance materials were developed, including the Health Worker's Guide, Guidelines for Law Enforcers, and Standard Operating Procedures for Villages to be Tobacco-Free.

TFYC 2.0 achieved substantial nationwide impact, with 340 449 Information, Education and Communication (IEC) activities conducted across districts, fostering widespread community engagement. As a result, 28 952 villages and over 180 000 educational institutions were declared tobacco-free. Enforcement efforts were also intensified, leading to the issuance of 178 300 fines and the collection of fines exceeding 10 million Indian Rupee. At the national level, influencer-led social media campaigns significantly amplified visibility, generating 47 million views and an overall reach of 479 million. The campaign hashtag #TFYC2 also trended as the number one topic on Twitter (now X) on the day of its launch, reflecting the strong public resonance of its message. To further strengthen awareness, three educational videos were released for nationwide use across schools, promoting consistent anti-tobacco messaging among students.

By focusing on young people and reinforcing both institutional and community-level interventions, TFYC 2.0 has strengthened India's capacity to create sustainable tobacco-free environments and prevent youth initiation into tobacco use. Together, the two phases of the campaign illustrate how phased, multi-sectoral and evidence-based approaches can advance compliance with Article 12 of the WHO FCTC, positioning youth health at the center of India's national tobacco control efforts.

Tobacco advertising, promotion and sponsorship (Article 13)

Key observations

- Novel and emerging tobacco and nicotine products are increasingly being regulated under the same TAPS restrictions as conventional cigarettes, closing regulatory loopholes.
- Regulation of advertising in digital and streaming media is gaining more attention in Parties' regulatory frameworks.
- On 31 May 2023, by amending the Tobacco-Free Films and Television Rules (introduced in 2012) India became the first country in the world to apply tobacco control regulations specifically to digital streaming content.

About a quarter (26%) of reporting Parties mentioned progress in the implementation of Article 13 of the Convention. Reported progress focuses broadly on expanding bans on TAPS to new media, and to novel and emerging tobacco and nicotine products; it also focuses on strengthening the enforcement to reduce the visibility and appeal of tobacco.

Expansion of TAPS bans

Several Parties reported extending their regulations on TAPS to novel and emerging tobacco and nicotine products, which are defined under various names in the Parties' legislations and regulations, as mentioned earlier under the section on Article 11. For example, Australia reported that its new consolidated legislation expanded the tobacco advertising regulations to ENDS and banned any form of communication or activity that directly or indirectly promotes the use of these products. Belarus reported having amended its advertising regulations in 2024 to cover ENDS and ENNDS. Colombia reported a TAPS ban covering novel products, including ENDS, ENNDS and the devices necessary for their operation, as well as oral nicotine products. In Cook Islands, the definitions were amended to include both tobacco products and novel products as part of a comprehensive TAPS ban in 2024, which prohibited all direct and indirect advertising of these products.

Kyrgyzstan reported having introduced a total ban on sponsorship, direct and indirect advertising, publicity and promotion of tobacco and nicotine products. Slovenia reported that heated herbal products and novel nicotine products were added under the definition of "related products", for which a total ban on advertising, promotion and sponsorship is in place (see also the sections of this report covering Articles 8 and 9). Venezuela (Bolivarian Republic of) reported having prohibited advertising and promotion of ENDS in 2023; also, Peru's new TAPS ban applies to tobacco products, including novel tobacco products, and includes a partial ban for ENDS.

In addition to the examples given above, strengthening of existing TAPS regulations was reported by Bhutan, Cambodia, the Maldives, Ukraine and (at the subnational level) the Federation of Bosnia and Herzegovina and the province of Saskatchewan in Canada.

Some Parties specifically mentioned introducing a **display ban at points of sale**. For example, Belgium introduced a display ban that became effective in April 2025, and Lithuania in January 2025. In addition, Lithuania reported that its display ban covers the devices intended for the consumption of ENDS and ENNDS. The Maldives reported that regulations from 2024 now require that tobacco products be concealed at vendor locations and during transportation. Belarus and Czechia reported new regulations prohibiting free distribution of tobacco products, ENDS, ENNDS and e-liquids. Czechia also reported having prohibited promotional discounts when selling or in connection with the sales of these products.

Regulation of digital and online advertising

Some Parties reported advances in regulating digital and online advertising of tobacco and related products. Brazil reported that measures were taken by the National Secretariat of the Consumer (Senacon), which is part of the Ministry of Justice and Public Security, against five major digital platforms: YouTube, Instagram, TikTok, Enjoei and Mercado Livre. The platforms were asked to remove all content that promotes or sells electronic cigarettes and tobacco-related products that are prohibited for sale in the country. In the EU, the Digital Services Act of 2022 introduced obligations for online platforms to remove illegal content, including tobacco advertising, supporting national enforcement strategies.

India reported that it had announced on 31 May 2023, on World No Tobacco Day, the Cigarettes and Other Tobacco Products Amendment Rules. These amendments extend the Tobacco-Free Films and Television Rules introduced in 2012 and enacted under Section 5 of the Cigarettes and Other Tobacco Products Act (COTPA) to over-the-top streaming platforms, making India the first country to enforce such measures in the digital streaming domain. Key provisions of the 2023 Amendment Rules include:

- Health spots: Anti-tobacco health spots lasting at least 30 seconds must be shown at both the beginning and middle of any programme displaying tobacco products or their use.
- Static warnings: A clear, static anti-tobacco health warning must be displayed at the bottom of the screen whenever tobacco products or usage appear.
- Audiovisual disclaimers: A disclaimer on the harms of tobacco use lasting at least 20 seconds must be presented at the start and midpoint of the content.

Preventing advertising and promotion in entertainment media

Some Parties reported measures specifically targeting movies, broadcasting and media production. For example, Gambia reported that associations of health journalists and film producers have been sensitized and involved in efforts to control tobacco advertising. Nigeria reported that the National Film and Video Censors Board passed a regulation prohibiting the promotion and glamorization of tobacco and nicotine products in entertainment media, including movies, musical videos and skits.[38] The Republic of Korea reported on the development and dissemination of the *Media production and broadcasting guidelines*, which address tobacco promotion in various media environments.

Strengthening enforcement and penalties

Some Parties reported having strengthened enforcement mechanisms or penalties related to TAPS violations. In India, an online portal for reporting violations was developed in 2024. Panama emphasized the key role of the health regions, which are responsible for monitoring and ensuring that tobacco-related advertising campaigns and sponsorship events do not take place in the media, public or private spaces, especially in places intended for minors.

Constitutional principle(s) precluding a comprehensive ban

Among the Parties that submitted a report in the 2025 reporting cycle, 26 (20%) reported that they were not in a position to undertake a comprehensive TAPS ban owing to their constitution or constitutional principles; however, 21 of these 26 reported that they apply restrictions on all TAPS.

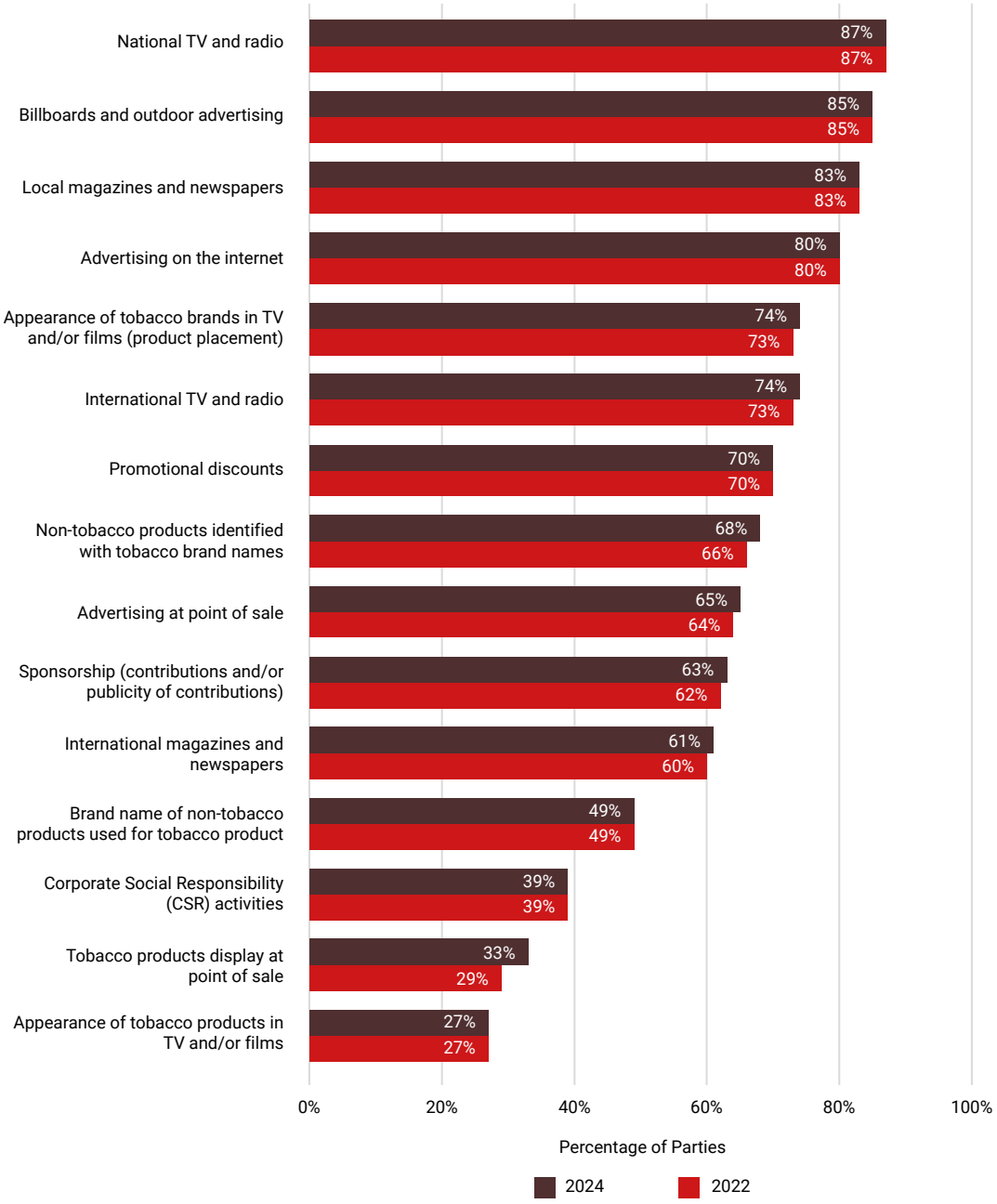
38 https://extranet.who.int/fctcapps/node/19411

Complementary information deriving from WHO data

Coverage of TAPS bans

In 2024, a large number of Parties reported that they covered all traditional media in their TAPS bans, including advertising on the internet (**Fig. 23**). About two thirds of Parties reported that they ban advertising at the point of sale, but only 33% reported banning display of tobacco products at the point of sale. Almost two thirds (63%) reported that they ban sponsorship, but only 39% reported covering corporate social responsibility activities in their TAPS bans. Although direct product placement in TV or films is prohibited by 74% of Parties, the appearance of tobacco products (depiction) was the measure implemented the least, by only 27% of Parties. Between 2022 and 2024, the implementation of display bans at points of sale increased, but for the most part the implementation of other assessed measures remained at similar levels.

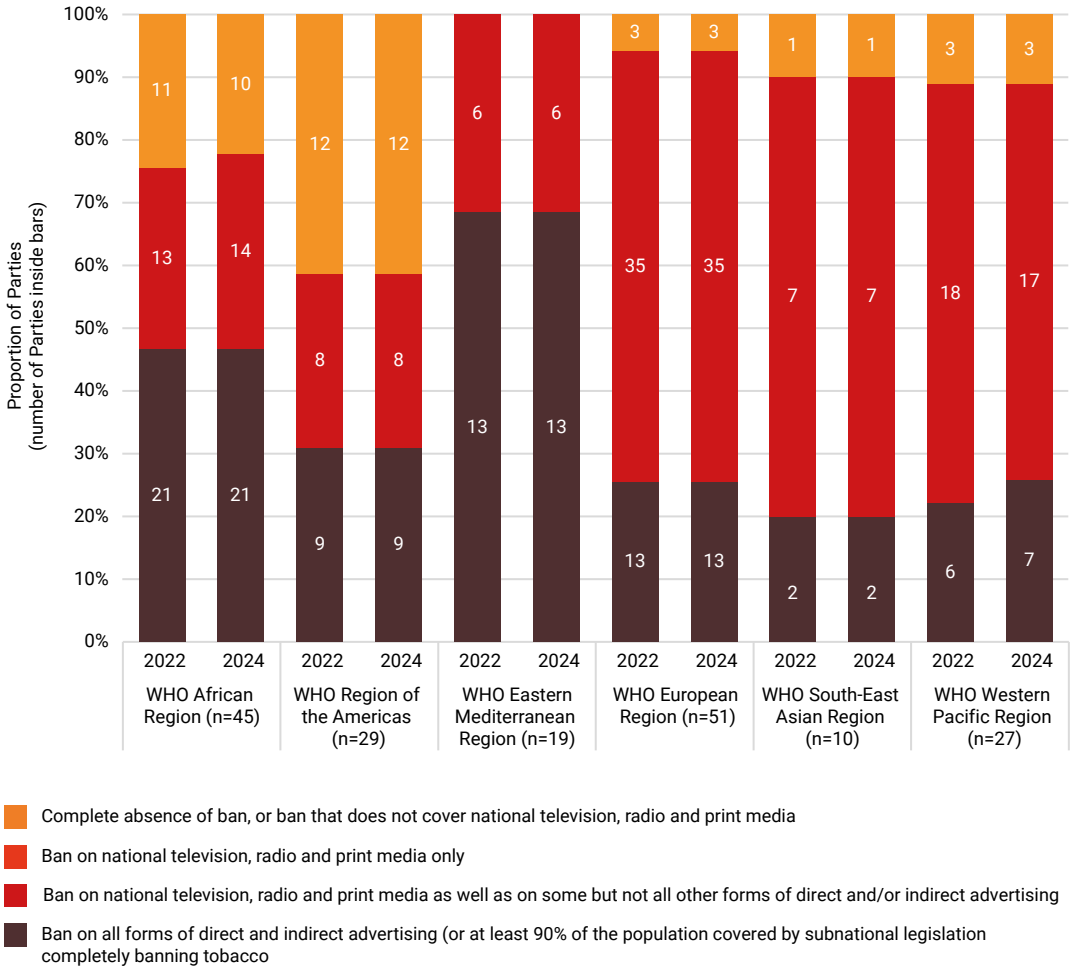
Fig. 23. Coverage of TAPS bans among WHO FCTC Parties, n=181, 2022 vs 2024



Comprehensiveness of TAPS bans

According to data from WHO, a comprehensive ban on all forms of direct and indirect advertising[39] is most strongly implemented in the WHO Eastern Mediterranean Region (implemented by about two thirds of the Parties) and in the African Region (implemented by almost half of the Parties). In all other WHO regions, less than a third of Parties have comprehensive TAPS bans. The proportions remained unchanged between 2022 and 2024 in all other regions but the WHO Western Pacific Region, where there was a small increase in comprehensive TAPS bans in 2024 (**Fig. 24**).

Fig. 24. Comprehensiveness of TAPS bans among WHO FCTC Parties, by WHO region, 2022 vs 2024



39 The assessed bans include the following: national television and radio; local magazines and newspapers; billboards and outdoor advertising; point-of-sale (indoor); free distribution of tobacco products in the mail or through other means; promotional discounts; non-tobacco products identified with tobacco brand names (brand stretching); brand names of non-tobacco products used for tobacco products (brand sharing); appearance of tobacco brands (product placement) or tobacco products in television and/or films; and sponsorship (contributions and/or publicity of contributions). Details of the grouping are available from Technical Note I, WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Measures concerning tobacco dependence and cessation (Article 14)

Key observations

- Clinical treatment guidelines were reported by about half of reporting Parties, but national tobacco cessation strategies are less common.
- Brief advice on tobacco cessation has been integrated relatively well into primary health care; however, tobacco cessation is not sufficiently included in the curricula of health professional training schools.
- Overall, Parties highlighted progress in several fields, including increased provision of free cessation services and pharmaceutical treatments.

Significant changes in the implementation of Article 14

Of the Parties that reported in this cycle, almost a third (32%) noted that there had been significant changes in the implementation of this article. Among these, a number of Parties (Australia, Finland, Greece, India, Ireland, Jordan, Lithuania, the Maldives, Palau and Spain and, at the subnational level, the Federation of Bosnia and Herzegovina) reported good overall progress in their implementation of more than one measure under Article 14 of the Convention, in line with the Guidelines for implementation of this Article 14.

Guidelines and strategies

About half (52%) of Parties that submitted reports indicated that they had developed and disseminated tobacco cessation clinical treatment guidelines. One in four (24%) Parties reported having developed and disseminated a national tobacco cessation strategy. Of these, over half (52%) reported that the national strategy includes the cessation of ENDS use.

A few Parties (Austria, Colombia, Denmark, Finland, India, Lithuania and Malta) reported new or updated cessation guidelines or other guiding documents. For example, Austria reported having published a national cessation guide and is developing a tobacco strategy. The EU reported supporting cessation through cancer screening projects and the European Code Against Cancer. Finland reported on the development of new recommendations on tobacco and nicotine cessation, authored by the Ministry of Social Affairs and Health and the Finnish Institute for Health and Welfare. The recommendations cover infrastructure, knowledge management, professional competence, communications, good practices and support for individuals with special needs. Updated clinical guidelines were published in 2024, and practical technical assistance is being provided to six well-being service counties (regions that organize their health care services) and four psychiatric hospitals through the Finnish Lung Health Association.

Palau reported conducting a situation assessment on cessation in 2022–2023; based on that assessment, several actions are planned, including developing an official national cessation policy, integrating brief advice into health care services, training health care workers and ensuring the availability of nicotine replacement therapy (NRT). Poland reported that, as part of its *National oncological strategy 2020–2030*, it has updated its prevention programme for tobacco-related diseases; the revised programme includes support for quitting novel and emerging tobacco and nicotine products, and for youth aged 16 and over. Spain reported launching a national tobacco control strategy that also covers tobacco cessation, including new training courses for health professionals and putting new tobacco cessation medications on the market.

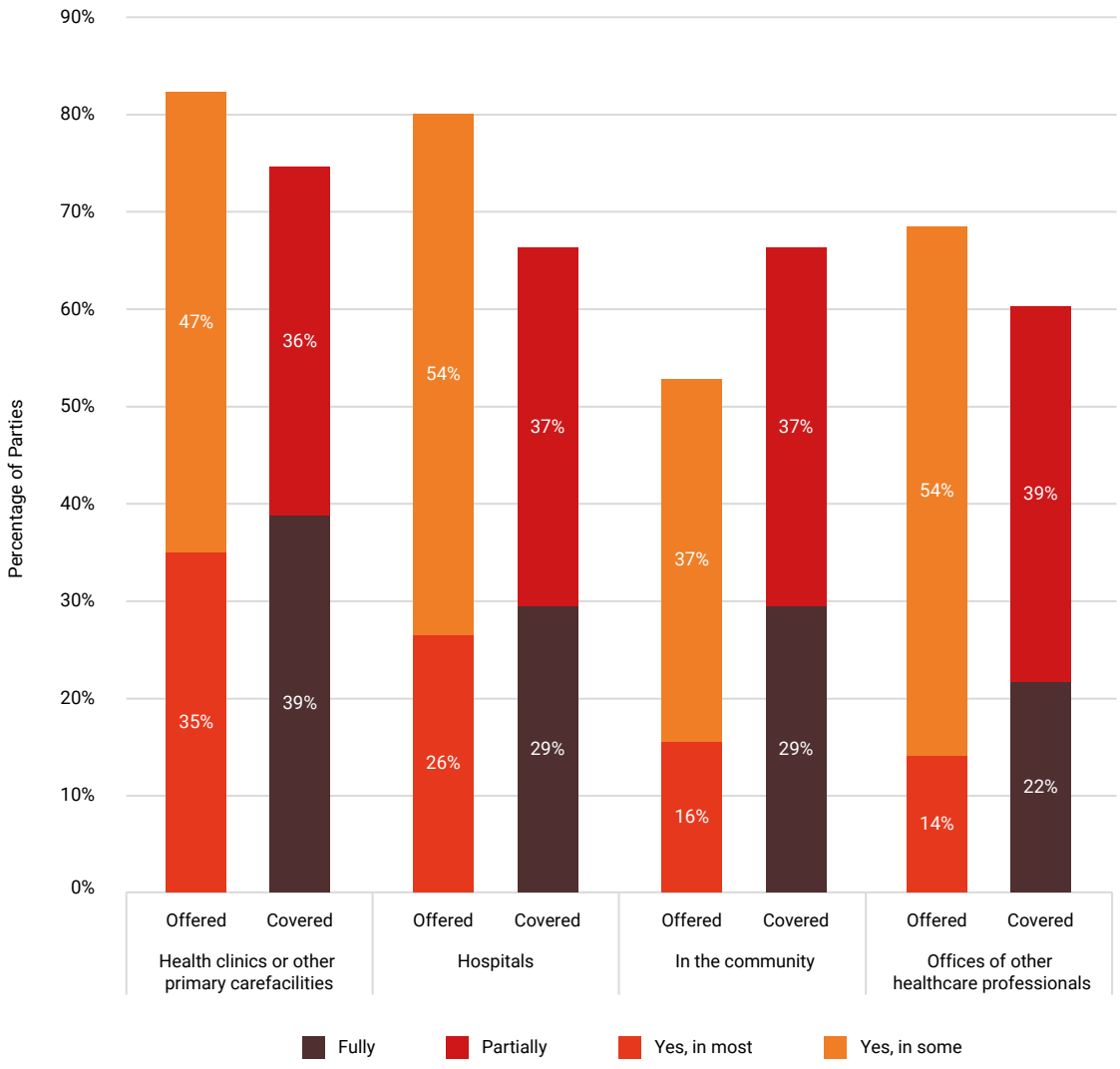
Provision of brief advice and recording tobacco use in medical notes

Most of the reporting Parties indicated that brief advice is provided in their health clinics or other primary care facilities; 47% reported that they are provided in some, and 42% said in most. A third (33%) of Parties reported that it was mandatory to record tobacco use in all medical notes, and 43% required it in some medical notes. For example, Czechia reported that, from 2025 onwards, tobacco and nicotine use, as well as any brief interventions provided, should be included in medical records.

Provision of cessation support and coverage from public funds

More generally, cessation support was commonly offered in health clinics or other primary care facilities, and in hospitals (**Fig. 25**). Cessation support offered in both places was often covered either fully or partially by national or federal health insurance, or the national health service. Offering cessation support in the community was less common, but its costs were still often covered.

Fig. 25. Provision of cessation support and its coverage from public funds among reporting Parties, n=129,[40] 2025



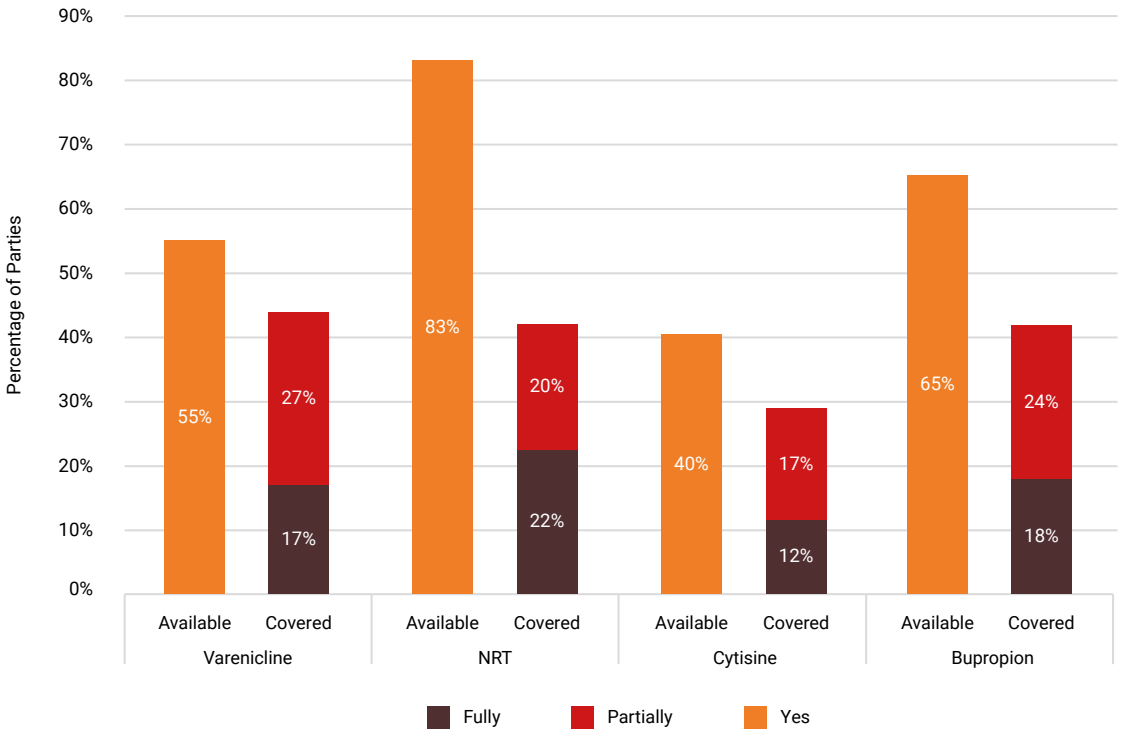
40 The percentages for coverage from public funds were calculated among Parties who first reported providing cessation support in the respective setting.

Some Parties provided details about their cessation support programmes. For example, Ireland reported several developments. The number of stop-smoking advisors more than doubled through new funding and programmes aligned with the national health care strategy. All brief and intensive cessation services are fully funded and free of charge. In 2023–2024, additional funding supported access to evidence-based pharmacological treatments, including NRT. The peer-led programme We Can Quit, initially piloted regionally, was scaled nationally, and is now offering 49 six-week courses annually. Ireland also invested in research, commissioning a realist review on financial incentives for cessation and preparing to pilot incentive-based support. Digital infrastructure was strengthened, with e-referral systems and two-way reporting between general practitioners and the national stop smoking service. To support health professionals, new e-learning modules on cessation medications and best practices were launched in 2024. Another example is India, which reported launching over 700 new tobacco cessation centres in medical colleges.

Pharmaceutical products for the treatment of tobacco dependence

NRT was reported as the tobacco dependence treatment medication most available for legal purchase, followed by bupropion, varenicline and cytisine (**Fig. 26**). Less than half of reporting Parties indicated that their costs are covered by the national or federal health insurance, or the national health service. Among Parties that had NRT available, it was mostly available in pharmacies with (68%) and/or without (75%) prescription; in addition, 20% also had it available in general stores and almost half (47%) on the Internet. For the most part, bupropion and varenicline were available only from pharmacies with a prescription; however, some Parties also had these available on the Internet. In contrast, among Parties who had cytisine legally available, over a third (37%) had it available in pharmacies without prescription and a fifth (21%) on the Internet.

Fig. 26. Availability of pharmaceutical products for the treatment of tobacco dependence and their coverage from public funds, n=129[41], 2025



41 The percentages for coverage from public funds were calculated among respondents who first reported having the respective treatment legally available for purchase.

Among reporting Parties, it was uncommon to include these cessation medicines on the essential drug list of the country. Less than a third had NRT and bupropion (both 30%) on the list, 23% had varenicline and 11% cytisine. Of note, cytisine was added to the WHO list of essential medicines in September 2025.[42]

Many Parties reported having expanded the use of pharmacological treatments as part of their cessation programmes. For example, the Maldives is now providing free NRT under social health insurance. Türkiye reported providing substantial amounts of pharmacological treatments to cessation clinics in recent years, including cytisine and bupropion.

Quitlines and novel approaches to deliver behavioural support

Of those Parties that submitted a report, over half (53%) reported that they have a quitline, with most (96%) reporting that the quitline has national coverage and over two thirds (77%) that it was toll-free. Most (93%) of these Parties reported that callers speak to a live person; however, less than half (47%) reported having a proactive quitline that makes planned calls to quitters.

A quarter of reporting Parties (26%) reported offering internet-based behavioural support to quit tobacco use, and about one in five Parties reported also offering mobile phone text messaging (21%) or smartphone applications (22%). Only 5% of Parties reported delivering artificial intelligence (AI) technology-based behavioural support. In their progress notes, Parties highlighted launching new quitlines (Lithuania, the Maldives and Serbia) and using modern technologies to provide cessation help. Such technologies included web-based technology (Greece, Lithuania and Ukraine), mobile applications (Australia, and New South Wales (NSW) as a subnational jurisdiction) and generative AI (Republic of Korea). For example, Greece reported having launched a digital platform with educational materials, referral pathways and tailored quit plans. Ukraine reported having updated the Center for Public Health website, and the "I Am Quitting Smoking" service as the first professional government resource in the country developed to offer free assistance for smoking cessation.

Tobacco cessation training in the curricula of health professional training schools

Among the 129 Parties that submitted reports, less than a fifth (19%) reported that cessation training was included in the curricula of all or most medical schools. Similar results were reported for dental schools (16%), nursing schools (18%) and pharmaceutical schools (14%).

When reporting on progress in this area, the Federation of Bosnia and Herzegovina, at the subnational level, reported that smoking prevention and cessation services are now part of accreditation standards for family medicine, being designed and annually evaluated by the Federal Agency for Accreditation and Quality Control in Health. Over 1100 primary health care medical staff had been trained by the Institute for Public Health of the Federation of Bosnia and Herzegovina to use the “Guidelines for smoking cessation interventions in family medicine teams”. In addition, Vanuatu highlighted that WHO had organized the first training of trainers on tobacco cessation.

42 *The selection and use of essential medicines, 2025: report of the 25th WHO Expert Committee on Selection and Use of Essential Medicines, executive summary.* Geneva: World Health Organization; 2025 (https://doi.org/10.2471/B09544).

Australia

Digital cessation tools in tobacco and nicotine dependence support

Case study

Australia has made notable progress in implementing Article 14 of the WHO FCTC through a comprehensive suite of free digital tools and support systems aimed at helping individuals quit smoking and vaping. Central to this effort is the integration of mobile applications and online platforms into national and subnational cessation strategies, making evidence-based support more accessible, personalized and scalable.

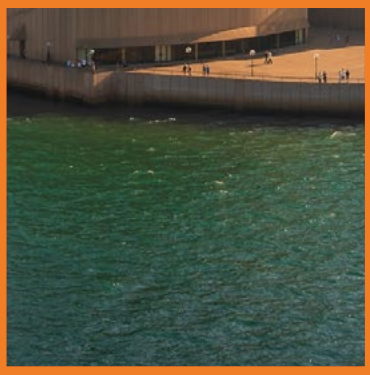
At the national level, the My QuitBuddy app has become a cornerstone of Australia's digital cessation infrastructure. Originally designed to support smoking cessation, the app was updated in 2024 to include tailored support for people attempting to quit vaping. It offers users motivational messages, progress tracking, distraction tools and tips to help manage cravings. Importantly, My QuitBuddy is available internationally, extending its reach beyond Australia and serving as a model for mobile-based cessation support. The app complements Australia's national cessation platform,[43] which provides comprehensive, evidence-based resources, including support for individuals and links to information for health professionals and policy-makers.

In NSW, the subnational government has developed Pave, a smartphone app specifically targeting young people aged 14–24 years who are trying to quit vaping. Launched in February 2025, Pave offers interactive tools, articles and activities designed to build knowledge and skills for quitting. It also includes motivational features and coping strategies to help users manage withdrawal symptoms and resist triggers. The Australian Government is supporting NSW in delivering and optimizing the app across all Australian subnational jurisdictions. Pave is part of a broader prevention strategy led by the Cancer Institute NSW, which also supports the iCanQuit website[44] – an online community offering peer support and expert advice for smoking and vaping cessation.

Broader systemic measures support these digital tools. The Australian Government has provided funding to states and territories to expand free Quitline services and other cessation programmes; the aim is to improve equitable access to support nationally and provide targeted support for priority populations, including youth. Additionally, new clinical guidance, training and resources have been developed for health professionals, including updates from the Royal Australian College of General Practitioners and the Pharmaceutical Society of Australia. This helps ensure that cessation advice provided by health professionals is consistent, evidence-based and inclusive of both smoking and vaping.

Australia's approach exemplifies how digital innovation can enhance the implementation of Article 14 by making cessation support more accessible and engaging, especially for younger populations. By combining national coordination with subnational innovation, and integrating digital tools with support for health professionals providing cessation services, Australia is building a robust, multichannel cessation ecosystem that meets the diverse needs of tobacco and nicotine users.

43 https://www.quit.org.au/
44 https://www.icanquit.com.au/



Measures relating to the reduction of the supply of tobacco

Illicit trade in tobacco products (Article 15)

Key observations

- Since the previous reporting cycle, more of the Parties to the WHO FCTC have acceded to the Protocol, and several others are currently in the process of accession.
- Encouragingly, Parties are actively developing or amending legislation and regulations to enhance control over the tobacco trade. These efforts include the implementation or expansion of tracking and tracing systems, and of provisions for licensing, penalties and customs regulations.
- Parties have reported implementing various measures required under Article 15 of the WHO FCTC, including the adoption or revision of laws and regulations, and the development of national strategies aimed at strengthening tobacco trade control. These measures encompass licensing frameworks, enforcement mechanisms and customs-related provisions.

Significant changes in the implementation of Article 15

Under this Article, almost one third of reporting Parties indicated that there had been changes since the submission of their previous implementation report.

Since 2023, four Parties to the WHO FCTC have acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products: Poland and Rwanda in 2023, Jordan in 2024 and North Macedonia in 2025. A few other Parties (Georgia, Liberia, Slovenia, Syria and Thailand) reported that they consider acceding to or ratifying the Protocol to be a priority, or that they are in the process of ratifying it.

Among the main areas of progress, several Parties reported the adoption or amendment of laws and regulations to strengthen control over the tobacco trade, including those related to licensing, penalties and customs regulations.

More details are provided under the respective indicators below. Parties to the WHO FCTC can also refer to the 2025 *Global progress report on the protocol to eliminate illicit trade in tobacco products*[45] for additional examples of implementing measures under Article 15 of the Convention, including the tracking and tracing of tobacco products.

Implementation of measures to control illicit trade in tobacco products

There is much overlap between the questions in the 2023 and 2025 reporting instruments of the WHO FCTC concerning the questions on Article 15 (Illicit trade in tobacco products). Therefore, this section retains the structure used in the 2023 Global Progress Report and attempts to make a comparison, to show trends between the latest two reporting cycles.[46]

45 https://fctc.who.int/resources/publications/9789241505246

46 Some of the questions under the Article 15 (Illicit trade in tobacco products) section of the WHO FCTC reporting instrument align with questions under Article 8 (Tracking and tracing) of the reporting instrument of the Protocol to Eliminate Illicit Trade in Tobacco Products (https://fctc.who.int/resources/publications/9789241505246).

Marking of units of tobacco packaging[47]

Among reporting Parties, 75% indicated that they require the application of any markings to units of tobacco packaging, including any outside packaging. For details on the markings, please see **Fig. 27**.

Several Parties reported implementation of or preparation of legislation for the expansion of systems to track and trace tobacco products through unique identifiers or excise stamps. These Parties include Angola, Azerbaijan, Bulgaria, Côte d'Ivoire, Denmark, Ethiopia, the EU, France, India, the Maldives, Montenegro, Romania, Serbia, Ukraine and the United Kingdom. For example, the EU reported that on 20 May 2024, the EU's tobacco traceability system was extended to include tobacco products other than cigarettes and roll-your-own tobacco. As of that date, all tobacco products are covered by the traceability system. Reports from several EU Member States reflected this change, indicating that they transposed this EU requirement into their national regulatory frameworks.

Some other Parties reported that they either are developing (Gabon and Madagascar) or have adopted (the United Kingdom) national strategies targeting the illicit tobacco trade.

Collection and exchange of information on cross-border trade

A total of 80% among reporting Parties indicated that they require customs, tax and other relevant authorities to collect and monitor data on cross-border trade in tobacco products, including illicit trade. Hence, this is one of the most widely implemented measures under Article 15 of the WHO FCTC (**Fig. 27**). As illustrated in **Fig. 27**, measures related to data collection and monitoring, as well as coordination and information exchange on cross-border trade, show the most notable progress compared with the previous reporting cycle.

Legislation establishing unlawful conduct related to illicit trade

When Parties were asked whether they have legislation that defines conduct such as tax evasion, smuggling and the use of false markings on tobacco products as unlawful, 83% of reporting Parties responded affirmatively. Hence, this is the most widely implemented measure among the group of regulatory actions presented in Fig. 27.

Confiscation, destruction and disposal of proceeds from illicit trade

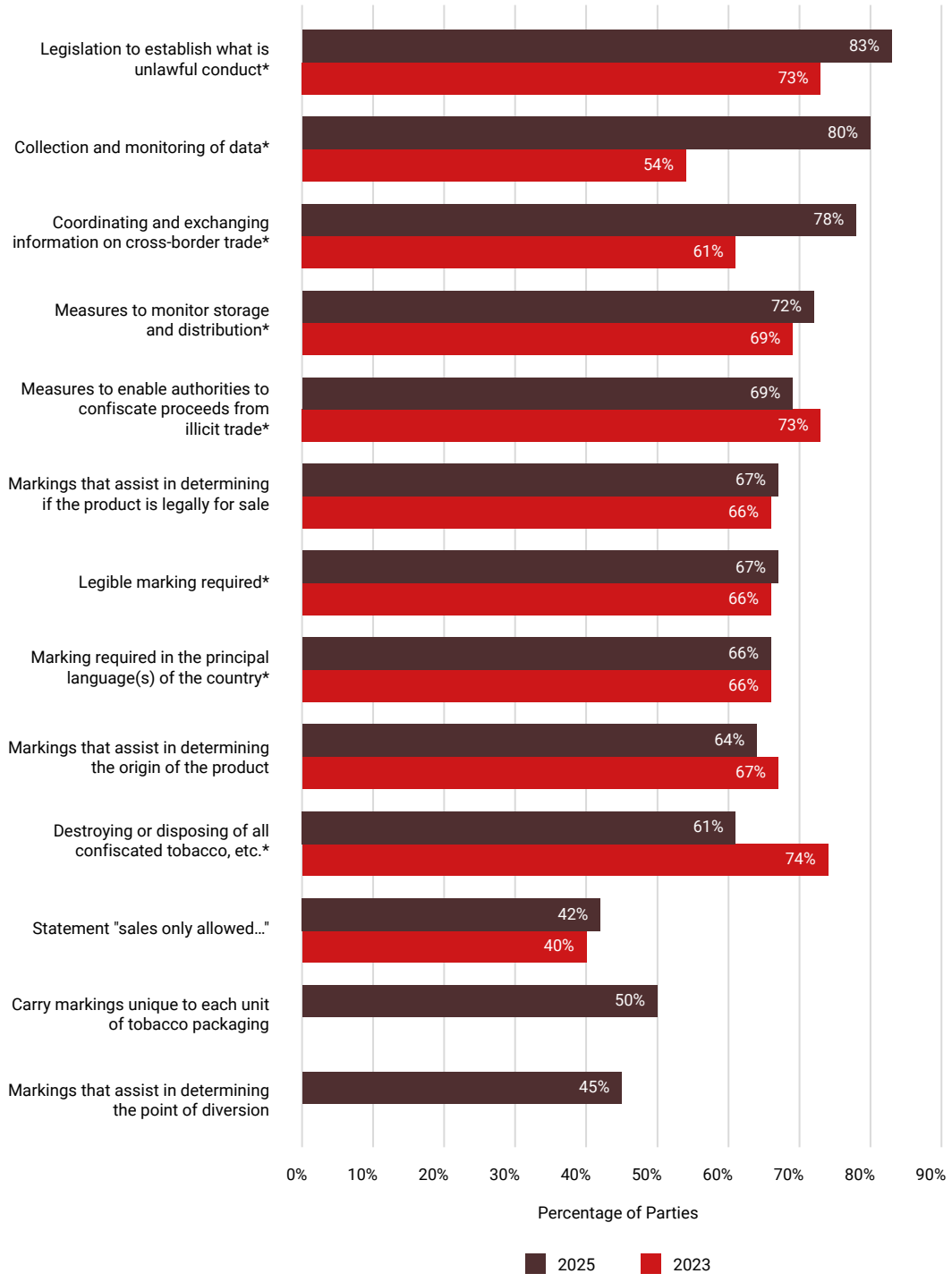
Over two thirds of reporting Parties indicated that they have established measures enabling authorities to confiscate proceeds derived from illicit trade in tobacco products. Additionally, 82% reported that all confiscated tobacco, tobacco products and related manufacturing equipment are either destroyed or otherwise disposed of. However, only 61% confirmed that these destruction and disposal processes are carried out using environmentally friendly methods (Fig. 27).

In Kyrgyzstan, "Law No. 121 On the Protection of the Health of Citizens of the Kyrgyz Republic from the Effects of Tobacco and Nicotine Consumption and from Exposure to Ambient Tobacco Smoke and Aerosols" entered into force on 28 March 2023. This legislation defines the categories of tobacco products that are subject to seizure and outlines the specific conditions under which such actions may be taken. It also stipulates that proceeds derived from illicit trade in tobacco products are to be confiscated and transferred to the state budget.

Montenegro, Panama and Spain have reported the establishment and implementation of protocols for the destruction of seized or decommissioned tobacco products and related equipment. These measures contribute to strengthening enforcement mechanisms in line with Article 15 of the Convention.

47 In the context of this article, markings refer to tax stamps, fiscal marks, banderols or any other type of marking.

Fig. 27. Implementation rates of various measures under Article 15 of the Convention, in 2023 and 2025



Note: Indicators marked with an asterisk* are similar but not exactly equivalent in the two reporting instruments. Any comparison between them should be interpreted with caution. Two indicators used in 2025 have no equivalent in the 2023 reporting instrument.

Control of storage and distribution

A total of 72% of reporting Parties reported that they have measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties (**Fig. 27**).

Cooperation and exchange of information among national authorities

A total of 86% of reporting Parties indicated that their relevant national authorities cooperate and exchange information among themselves to combat illicit trade in tobacco products. This makes it the most widely implemented intervention among those assessed in the 2025 reporting instrument under Article 15 of the WHO FCTC. Furthermore, 74% of reporting Parties reported that their national authorities also cooperate with other WHO FCTC Parties, and with relevant regional and international intergovernmental organizations, to address illicit trade in tobacco products.

A few Parties – Australia, Canada (at the subnational level), India (in process), Montenegro and the United Kingdom – reported the establishment of new enforcement bodies or task forces, or increased funding and staffing for enforcement. For example, Australia reported that the Public Health (Tobacco and Other Products) Act 2023 establishes the Illicit Tobacco and E-cigarette Commissioner (ITEC) within the Australian Border Force. The ITEC Commissioner undertakes an essential role in unifying efforts across the government to combat the trade of illicit tobacco and e-cigarettes. Funding has also been committed to the Australian Border Force and Australian Federal Police to expand efforts to combat illicit trade in tobacco products. In Montenegro, to increase transparency of operations and improve coordination between institutions and stakeholders, the government established a Coordination Body for the Inventory and Destruction of Seized Cigarettes. In the United Kingdom, in January 2024, the HM Revenue and Customs (HMRC) and Border Force launched a new joint illicit tobacco strategy (*Stubbing out the problem*); the strategy also establishes an across-government Illicit Tobacco Taskforce. The Taskforce combines the operational, investigative and intelligence expertise of various agencies, and enhances HMRC's ability to disrupt organized crime.

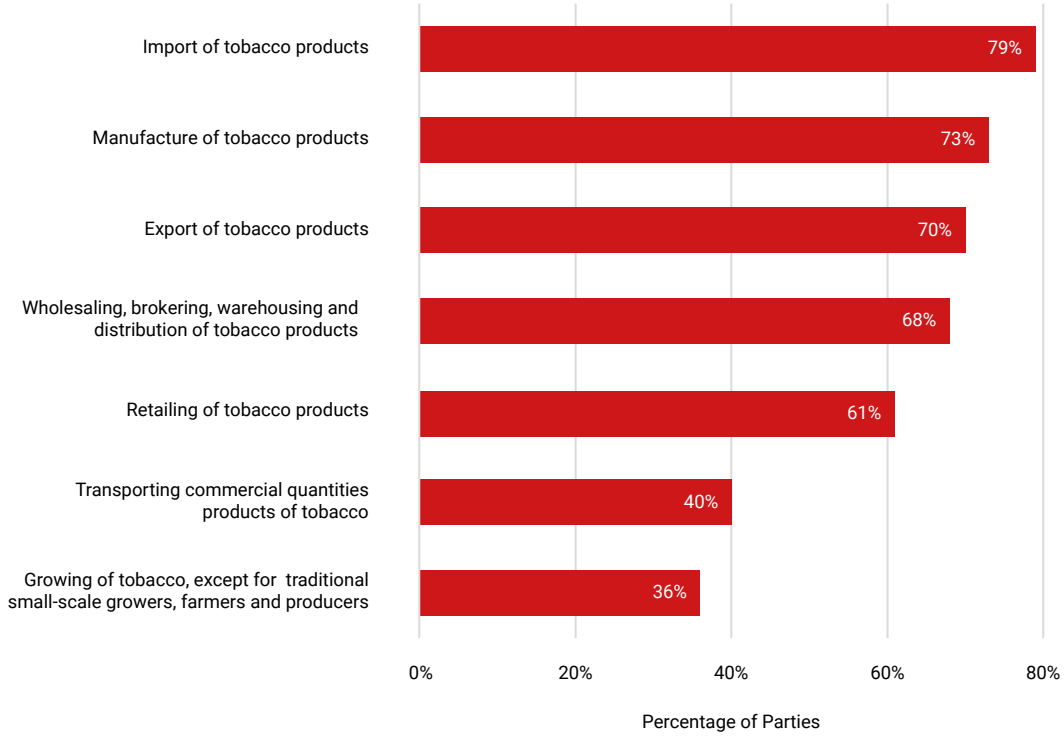
> "Illicit trade in tobacco products transcends borders and jurisdictions, underscoring the imperative for international cooperation and coordination. The Protocol plays a key role in facilitating such cooperation and provides a framework for concerted action on a global scale.
>
> **Hekali Zhimomi, India, former President of the Meeting of the Parties**

Licensing or equivalent approval system

Parties were asked to select which tobacco trade-related activities require a licence or an equivalent approval system. As seen in **Fig. 28**, Parties reported that they most often require a licence for the import of tobacco products, and least often require one for growing tobacco.

A few Parties (Azerbaijan, Ireland, Maldives, Ukraine and Uruguay) reported that they are in the process of developing or have already introduced or strengthened licensing systems for manufacturers, importers and sellers. For example, in Ireland, the Public Health (Tobacco and Nicotine Inhaling Products) Act 2023 establishes a licensing system for the sale of tobacco and nicotine inhaling products, which is expected to become operational in February 2026. Uruguay reported that its Ordinance 107/022 calls for the registration of tobacco product manufacturers and importers and tobacco products. Azerbaijan reported that, as part of the planned amendments to the Law "On Tobacco and Tobacco Products", a registry of cigarette manufacturers will be created.

Fig. 28. Parties requiring licensing or an equivalent approval system, by various activities within the supply chain, n=129, 2025



Duty-free sales

When asked whether sales to international travellers of duty-free tobacco products were allowed in stores in their country, 64% of reporting Parties responded affirmatively.

Share of illicit products on the market and seizures of tobacco or nicotine products

About one third of reporting Parties indicated that they possess information – sourced independently of the tobacco industry – regarding the estimated share of **illicit** tobacco products in their national markets. In contrast, only 2% reported having similar data for the ENDS/ENNDS market. These low figures and the disparity between tobacco products and ENDS/ENNDS data highlight a continued need for clearer guidance on methodologies to assess the scale of the illicit tobacco trade. Reliable data collection is essential for both estimating the resources required to combat illegal markets and evaluating the effectiveness of existing control measures.

On **seizures**, for the first time, Parties had the opportunity to report detailed seizure information on a diverse range of products and devices in the WHO FCTC reporting instrument (or, for the Protocol Parties, in the reporting instrument of the Protocol).

There were wide variations in the volume and quality of data and of the details reported:

- On *unmanufactured tobacco*, Belgium, Bosnia and Herzegovina, Canada, Ireland, the Netherlands, New Zealand, Romania and Ukraine reported data, with the highest quantity reported by the Netherlands, followed by Romania and then Belgium.
- In the category of *cigarettes and other smoked tobacco products*, 41 Parties provided information, mainly on cigarettes and cigars. The highest evaded taxes on these products in 2024 were reported by the United Kingdom, Belgium, the Netherlands and Brazil.
- For *smokeless tobacco*, only 15 Parties provided some details.
- In relation to *tobacco manufacturing equipment*, only four Parties indicated some data: Canada, Hungary, Lithuania and the Netherlands. Hungary uncovered three illegal cigarette factories in 2024, while the Netherlands reported having seized 10 illegal factories in 2023 and six in 2024.
- On *ENDS/ENNDS*, 17 Parties reported seizure data: Australia, Bosnia and Herzegovina, Brazil, Canada, Cyprus, Czechia, Ecuador, Estonia, Finland, Hungary, Latvia, Mauritius, Paraguay, Slovakia, Türkiye, Ukraine and Uruguay.

In summary, only a limited number of Parties currently submit seizure data, and detailed, high-quality information remains scarce. Therefore, in future reporting cycles, it is essential that Parties provide more comprehensive seizure data or references to publicly accessible sources.

Sales to and by minors (Article 16)

Key observations

- Several Parties are raising the legal age of sale above 18 and expanding youth protection laws to cover novel and emerging products.
- Further efforts are needed to restrict youth access in retail settings, including banning direct in-store access and vending machine sales.
- Penalties for non-compliance vary widely, although some Parties are setting strong examples by imposing substantial fines on both corporate and individual violators.

Significant changes in the implementation of Article 16

Just over one in five reporting Parties (22%) indicated any significant changes in strengthening the implementation of Article 16 of the Convention. The progress reported focused broadly on raising the legal age of sale, expanding youth access regulations to novel and emerging products, and strengthening penalties or enforcement of the existing regulations.

Age-of-sales regulations

Most (97%) Parties reporting in this cycle responded that they prohibit the sales of tobacco products to minors; of those that responded that they ban it, 74% require that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the full legal age for purchasing tobacco products. Additionally, 78% of those Parties request sellers to ask the purchaser to provide evidence of having reached full legal age.

Among the 125 Parties that reported that they prohibit the sales of tobacco products to minors, 120 provided the minimum legal age at which a person may purchase tobacco products. In addition, among those 120, 107 reported that they set the legal age for the purchase of tobacco products at 18 years, eight Parties reported that their legal age is 21 years (Cook Islands, Ethiopia, Kazakhstan, the Maldives, Nauru, Palau, Singapore and Sri Lanka) and three Parties reported that their legal age is 20 years (Japan, Latvia and Thailand).

A total of 83% of reporting Parties reported that they prohibit the sales of tobacco products by minors.

In their progress notes, many Parties reported having raised the minimum age at which a person may purchase tobacco products, with four Parties (Cook Islands, Ethiopia, Ireland and the Maldives) reporting that they raised it to 21 years, and Latvia to 20 years. At the subnational level, Micronesia reported having amended the legal age in one of its states, and Canada's Saskatchewan province increased the age from 18 to 19 years. Among the upcoming changes, Ireland reported that it will implement a sales age of 21 years from 2028, and the United Kingdom reported that it plans to introduce a generational tobacco sales ban to ensure that anyone born on or after 1 January 2009 will not legally be sold tobacco products.

A number of Parties (e.g. Austria, Bulgaria, Chile, Cook Islands, Colombia, Ireland, Latvia, Peru, Romania and Slovenia) reported having expanded their laws to cover nicotine products. For example, Peru reported that in 2024 it expanded its earlier prohibition of sale to or by minors to include ENDS/ENNDS, devices and their accessories.

Preventing youth access to tobacco products

About two thirds (68%) of reporting Parties had prohibited the sale of tobacco products in any manner by which they are directly accessible (e.g. open store shelves). Also, 63% prohibited tobacco sales from vending machines completely, and an additional 5% did so with some exemptions. Of those Parties that still have vending machines, 55% reported ensuring that those are not accessible to minors and 57% that they do not promote the sale of tobacco products to minors.

Most reporting Parties prohibit the free distribution of tobacco products to minors (93%) and to people aged below the legal age to purchase tobacco (94%). A total of 74% of reporting Parties indicated that they also prohibit free distribution of tobacco products to people who have reached the legal age to purchase tobacco.

A few Parties highlighted progress in this area. Belgium reported having prohibited temporary points of sales (e.g. at festivals) and vending machines as part of its broader retail reduction strategy. Czechia reported that it prohibits the offering or provision of any economic advantages to the consumer when purchasing tobacco or nicotine products, including in the form of vouchers, discounts, and any goods or services free of charge or at a lower than usual price. Kenya reported having prohibited sales near educational institutions. Malta and Romania reported having prohibited distance sales; in Malta, this also applies to cross-border sales. At the subnational level, South Australia had prohibited vending machines, and the Federation of Bosnia and Herzegovina reported strengthening its legislation to prevent youth access to tobacco and other smoking products.

Bans on youth-appealing products

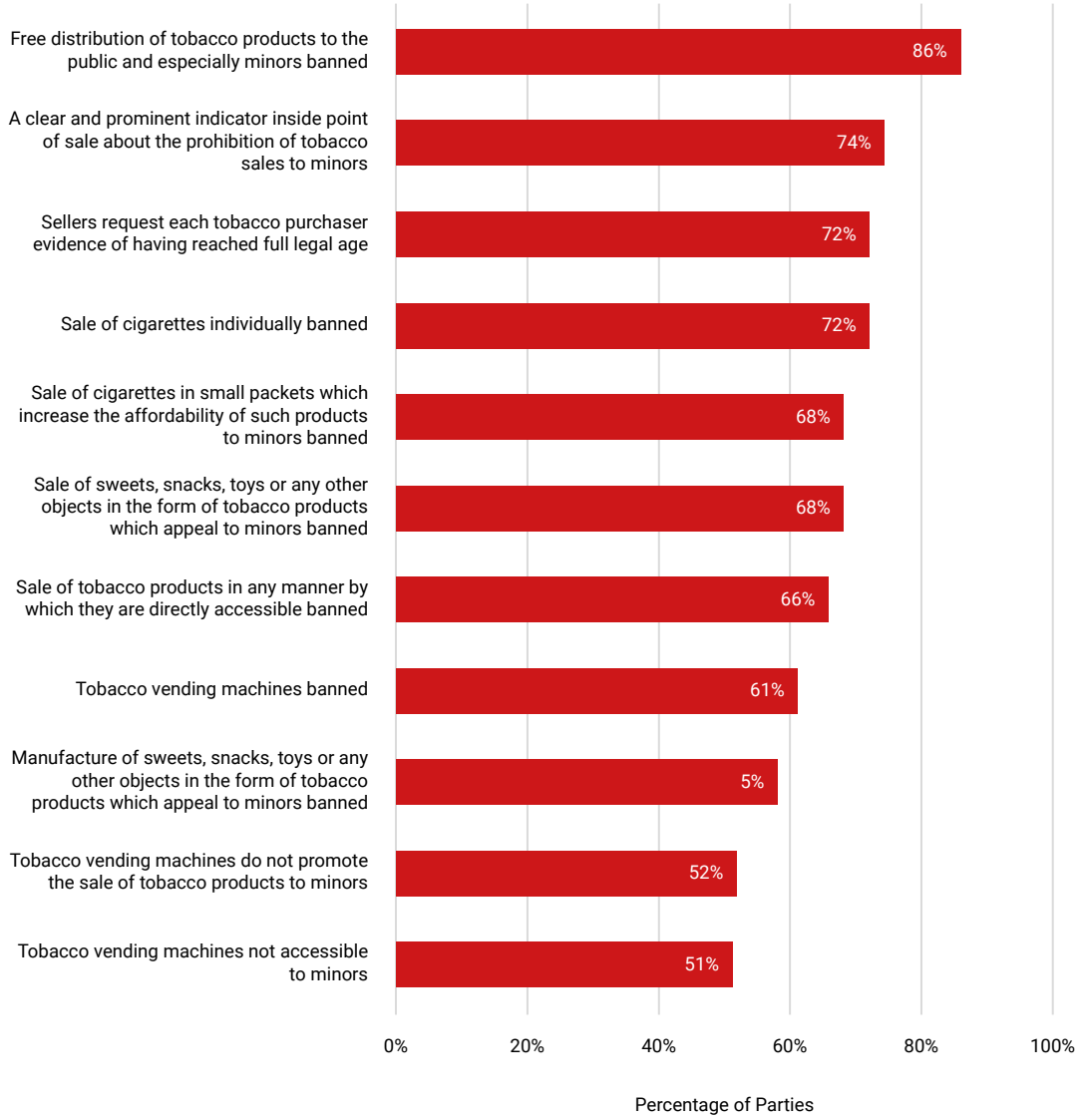
Three quarters of the reporting Parties prohibit the sales of single sticks of cigarettes, and 65% reported that they set a minimum number of 20 cigarettes allowed to be sold in a packet.

Imitation tobacco products, which are objects that resemble a tobacco product, were also regulated by most Parties. More specifically, 48% had prohibited the manufacture and 62% the sales of imitation products in the form of sweets, and 45% had prohibited the manufacture and 58% the sales of such products in the form of snacks. Additionally, 46% had prohibited the manufacture and 58% the sales of imitation products in the form of toys, and 36% had prohibited the manufacture and 47% the sales of such products in the form of any other object.

Penalties against sellers and distributors

Parties were asked whether they had established penalties against sellers and distributors to ensure implementation of obligations under Articles 16.1 and 16.5 of the Convention. Parties were asked to select their responses from a menu of measures that they are required to implement. The highest number of Parties (86%) reported having established penalties for the free distribution of tobacco products, whereas the fewest reported having penalties for violations related to vending machine regulations and the manufacture of tobacco imitations that appeal to minors **(Fig. 29)**.

Fig. 29. Penalties against sellers and distributors established to ensure the implementation of the following obligations under Article 16, n=129, 2025



Many Parties also provided examples of their enforcement mechanisms and penalties for violations of their laws banning the sales to and by minors. Belgium reported that sellers must ask for the identity card of anyone aged under 25 years who wants to buy a tobacco product, and mystery shopping campaigns have started to improve compliance with the law. Denmark reported having also introduced a mystery shopper programme in 2024 as part of a broader national prevention plan. Further measures include tougher penalties for illegal sales (DKr 25 000 for first-time violations) and new requirements for online age verification, effective from October 2024, mandating electronic ID systems-based checks.

India reported that the Ministry of Health and Family Welfare has issued regular advisories and directives to States and Union Territories, encouraging local authorities to conduct inspections and impose penalties for violations. Kenya reported having reinforced enforcement through multiagency teams. New Zealand reported introducing fines up to NZ$ 100 000 for corporate violations, and up to NZ$ 10 000 for anyone else. At the subnational level, Australia reported that NSW had doubled fines for selling tobacco or non-smoking tobacco to minors, with penalties reaching up to A$ 110 000 for individuals and A$ 220 000 for corporations.

Tobacco growing and support for economically viable alternatives (Article 17) and protection of the environment and the health of persons (Article 18)

Provision of support for economically viable alternative activities (Article 17)

Key observations

- Only one in 20 reporting Parties indicated that they had made any significant changes in the implementation of Article 17 since the previous reporting cycle.
- Among the Parties that reported during this cycle, 57% indicated that they grow tobacco; however, only 15 of these Parties reported implementing programmes or measures to promote economically viable and sustainable alternatives.
- In relation to promoting economically viable alternative activities, the focus remains primarily on farmers, with other groups in the supply chain often overlooked. Only 6% of reporting Parties reported measures to support tobacco workers in finding alternative livelihoods, and just 7% reported targeting small-scale sellers.

Significant changes in the implementation of Article 17

As in previous reporting cycles, few Parties reported significant progress on this article. Only seven of the reporting Parties (5%) responded that there has been any significant change in the implementation of Article 17 since the submission of their previous reports, and only four (Brazil, EU, Kenya and Thailand) provided relevant information on their programmes to reduce tobacco growing and replace tobacco with alternatives. In other parts of the Article 17 section of the reporting instrument, additional Parties (Greece, Hungary, Malaysia, Paraguay, Republic of Moldova, Sri Lanka and Viet Nam) provided information on their alternative livelihoods projects. All these examples are incorporated in the sections below.

Activities in the tobacco supply chain

Among the Parties that submitted a report in this cycle, 58% (75) reported tobacco manufacturing in their jurisdictions, 57% (74) reported tobacco growing and 53% (68) reported tobacco processing. Furthermore, 47% of reporting Parties (61) indicated that they have small-scale or home industry manufacturing of tobacco products (e.g. bidis or hand-rolled tobacco).

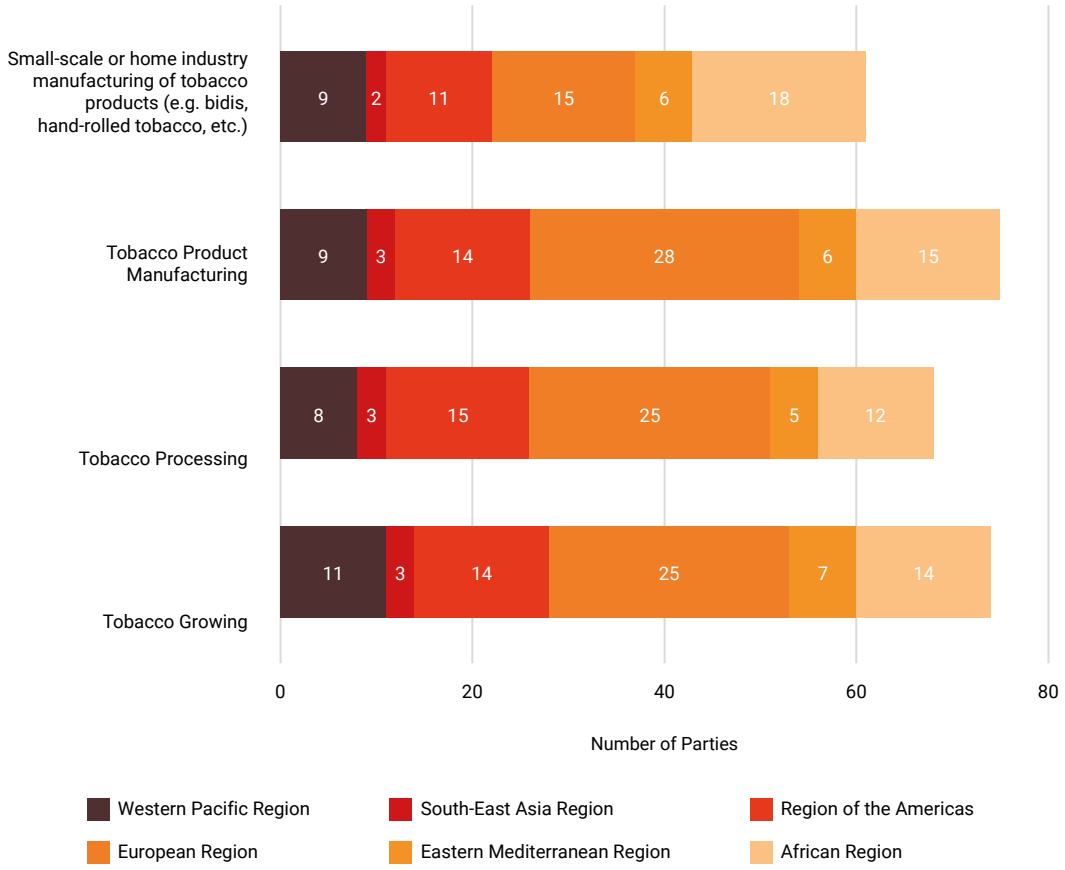
Fig. 30 shows that the regional distribution of activities related to the tobacco supply chain varies. Among the 74 Parties that reported cultivation, the WHO European Region accounted for about a third of Parties (25), followed by the African Region and the Region of the Americas (14 each).

Among the 68 Parties that reported on the primary processing stage, the picture was similar. The WHO European Region accounted for over one third of Parties (25), followed by the Region of the Americas with less than a quarter of Parties (15), followed by the African Region (12).

The picture was again similar among the 75 Parties reporting on manufacturing of tobacco products. The WHO European Region accounted for over a third of Parties (28), while the African Region and the Region of the Americas had similar shares (15 and 14 Parties, respectively).

In contrast, among the 61 Parties reporting small-scale or home manufacturing, the lead shifted to the WHO African Region, with less than a third of Parties (18), followed by the European Region (15) and the Region of the Americas (11).

Fig. 30. Parties reporting activities related to the tobacco supply chain, by WHO region, 2025



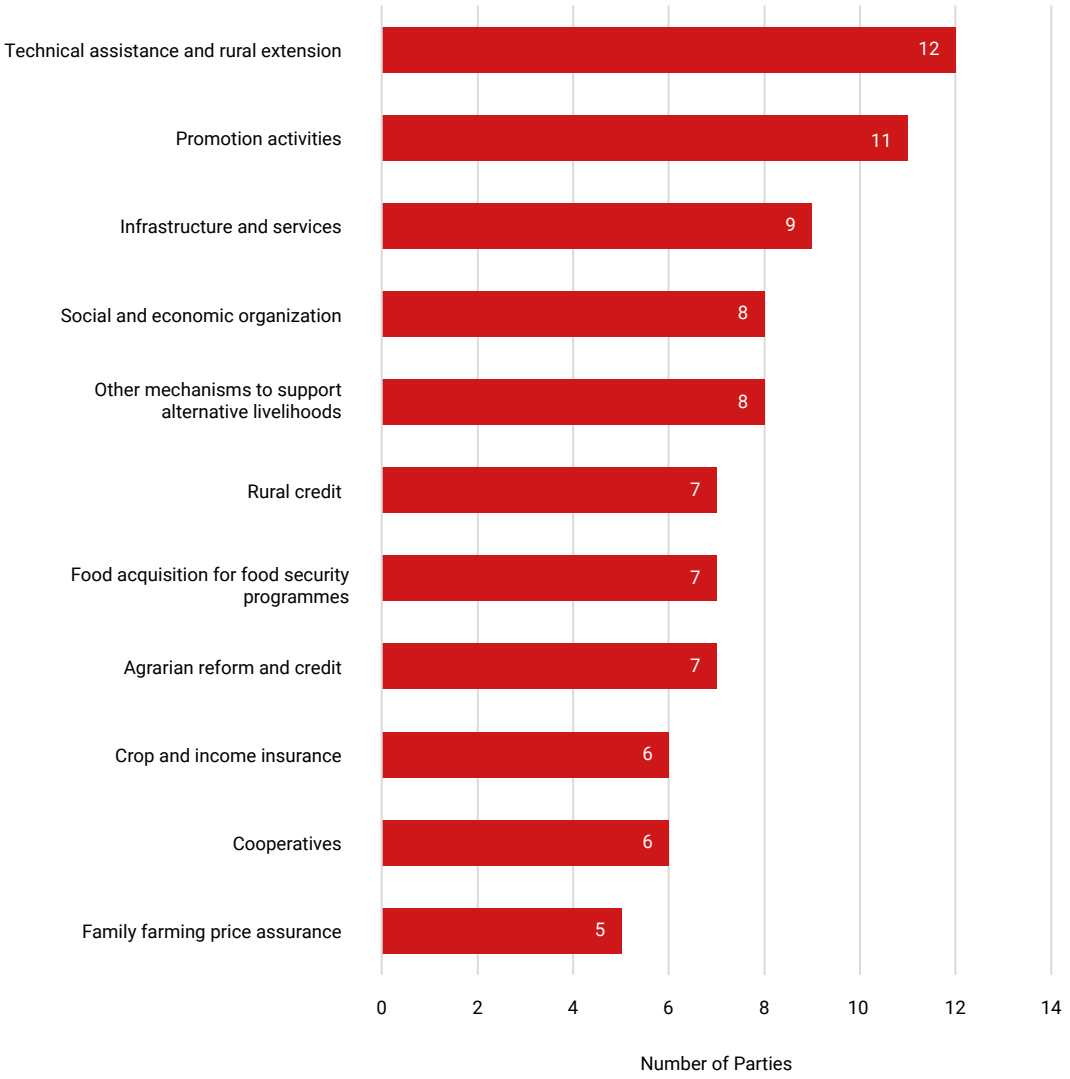
With respect to activities in the tobacco supply chain, responding to the mandate received from the COP, official, external data sources were considered for additional information on tobacco growing, manufacturing and trade. The information collected is presented later in this section.

Programmes or measures to promote economically viable and sustainable alternatives to tobacco growing

Among those Parties that grow tobacco, only 15 (12%) reported having implemented programmes or measures to promote economically viable and sustainable alternatives. Of these, a third of respondents were in the WHO European Region: Andorra, the EU, Greece, Hungary and the Republic of Moldova. In the WHO Western Pacific Region, one in five Parties reported implementation of such programmes: Japan, Malaysia and Viet Nam. In the WHO African, Americas and South-East Asia regions, two countries in each region reported such measures; that is, Kenya and Malawi, Brazil and Paraguay, and India and Sri Lanka, respectively.

Fig. 31 presents the various mechanisms that Parties reported having put in place to support alternative livelihoods to tobacco growing. Among the 15 Parties that reported promoting at least one type of alternative, most (12) implemented technical assistance and rural extension. Promotion of alternative activities was also reported by 11 Parties across all WHO regions.

Fig. 31. Parties that reported mechanisms/actions/areas of work to support alternative livelihoods to tobacco growing, by tobacco-growing Parties that have such programmes or measures to promote alternatives, 2025



Ten Parties – Greece, Hungary, India, Malawi, Malaysia, Iran, Kenya, the Republic of Moldova, Sri Lanka and Viet Nam – reported implementing more than half of the support mechanisms for transitioning from tobacco growing to economically sustainable alternatives, as presented in *Policy options and recommendations on economically sustainable alternatives to tobacco growing* (in relation to Articles 17 and 18 of the WHO FCTC).

Kenya and India stood out for having implemented all these mechanisms. Kenya, through the Tobacco Free Farms Initiative, continued to support farmers transitioning away from tobacco cultivation, particularly in the counties of Bungoma and Migori. Through the Ministry of Agriculture and local cooperatives, the government provides access to rural credit, technical training, crop insurance and marketing support for alternative crops, such as soybeans, bananas and indigenous vegetables.

Promotion of crop diversification and alternative livelihoods, including support for tobacco growers, was reported by six Parties: Malaysia, Paraguay, the Republic of Moldova, Sri Lanka, Thailand and Viet Nam. For example, in Malaysia, the National Kenaf Tobacco Board provides incentives for kenaf cultivation that cover the supply of seeds, chemicals, fertilizers, agricultural inputs and mechanization services. In Paraguay, the Ministry of

Agriculture and Livestock promotes alternative crops such as vegetables, sesame, chia, beekeeping, aquaculture and small livestock, which are considered viable alternatives for tobacco farmers.

Viet Nam reported on pilot projects aimed at shifting from tobacco to alternative crops. In Chi Lăng District, Lạng Sơn Province, farmers have transitioned to growing chilli peppers and other cash crops, improving income and expanding exports. Local authorities and research institutes assisted the farmers through technical guidance, registration of growing areas for chilli, and training on crop care and drought response. In Bến Cầu District, Tây Ninh Province, there are documented pilot models converting former tobacco plots to maize production, promoting more sustainable and profitable farming practices. The government provided co-financing; also, some private sector entities provided support (e.g. parental seed) and were committed to purchasing or marketing the product. The project included technical training and monitoring.

Two Parties reported on the establishment of new bodies to consider programmes to promote alternative livelihoods. Brazil reported the creation of a working group within the National Commission for the Implementation of the WHO FCTC, to reinstate the National Policy on Alternatives in Areas Cultivated with Tobacco. Thailand reported that, in 2025, the Department of Agricultural Extension appointed a committee to develop support measures and transition options, and has prepared specific assistance measures for farmers who voluntarily wish to switch to alternative crops in place of tobacco.

Government subsidies

A few Parties (EU, Greece, Hungary, India and Viet Nam) reported that government subsidies (public funds) are available for tobacco growers to change to alternatives to tobacco cultivation.

The EU reported that its new Common Agricultural Policy (CAP) 2023–27 provides the possibility for Member States that include it specifically in their CAP Strategic Plans, to partially finance certain types of intervention for rural development for all EU farmers, including possibly eligible tobacco growers, to also switch to alternative crops. For example, as an EU Member State, Greece reported that it has implemented a series of mechanisms to support alternative livelihoods to tobacco growing, primarily through the EU CAP and National Rural Development Programmes. These mechanisms include financial incentives, technical support, and promotion of sustainable and diversified agricultural practices. Key initiatives are:

- Agri-environmental and Climate Schemes: encouraging farmers to adopt practices that protect the environment, replacing tobacco with crops such as legumes, herbs or energy plants.
- Young Farmer Scheme: providing start-up support for new farmers, many of whom come from traditional tobacco-growing regions.
- Subsidies for organic farming, which offer financial aid to farmers shifting from tobacco to certified organic products.
- Leader/Community-Led Local Development programmes: funding local development strategies that promote rural entrepreneurship, including in ex-tobacco-growing areas.
- Promotion through agricultural cooperatives: cooperatives in regions such as Xanthi and Serres have been active in guiding members towards alternative crops and agri-food processing.

Records from the Ministry of Rural Development and Food indicate that more than 1500 former or transitioning tobacco farmers have received support (directly or indirectly) via these programmes in the past two years.

Photo courtesy of Raquel Gurgel, WHO FCTC Knowledge Hub for Articles 17 and 18

Alternatives for tobacco workers and individual tobacco sellers

Among Parties that declared the existence of tobacco growing, processing, manufacturing or small-scale/home manufacturing in their territories, only eight (6%) reported implementing programmes or measures to promote economically viable and sustainable alternatives for tobacco workers, and nine (7%) reported the same for individual sellers.

A cautious comparison with some figures published in the 2023 Global Progress Report suggests a reduction in the absolute number of countries that reported tobacco growing in their jurisdiction, from 85 to 74, representing a decline of almost 13%. However, in 2023, information was available from more Parties than in 2025.

The number of Parties reporting implementation of measures to promote alternatives to tobacco growing declined – by almost half – compared with the previous reporting period. However, the number of Parties that reported promoting economically and environmentally viable and sustainable alternatives for individual sellers increased almost fivefold compared with the previous report, rising from two to nine Parties.

> “Ensuring economically viable alternative livelihoods for tobacco growers is both a fundamental pillar and an urgent global collective effort to achieve the tobacco endgame. This transition demands research, political will, and a firm commitment to supporting the most vulnerable link in the production chain. In a world striving for better health and reduced tobacco consumption, tobacco growers require dedicated and sustained attention.
>
> **Dr Vera Luiza da Costa e Silva, Executive Secretary, Brazilian Commission for the Implementation of the WHO FCTC and its Protocols (CONICQ, Government of Brazil)**

Complementary information from external data sources

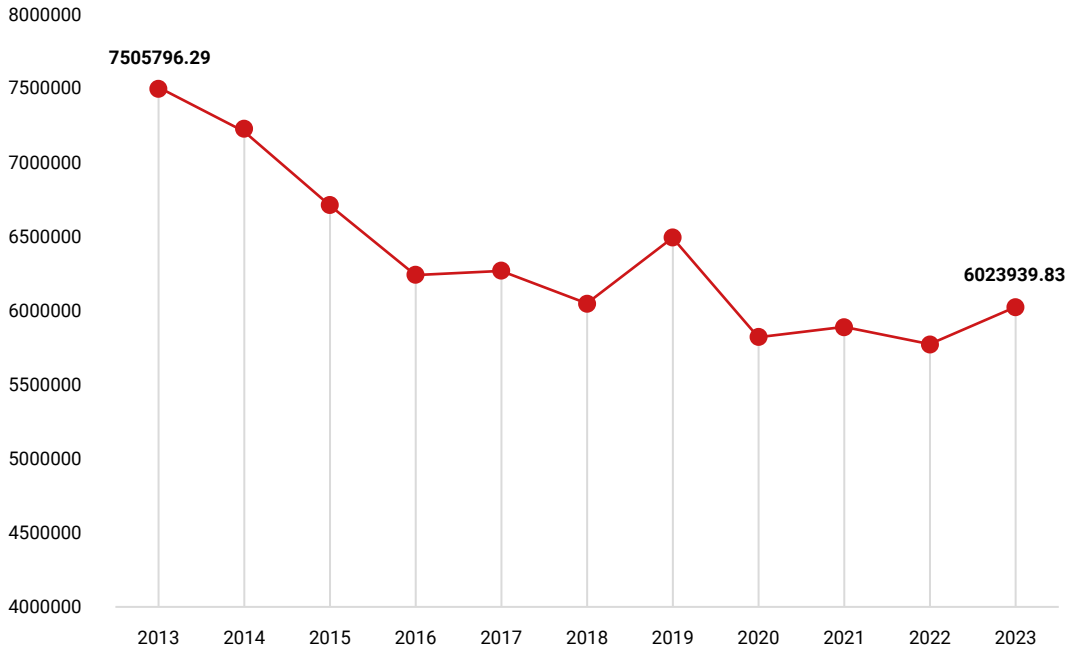
The following sections present data from UN entity databases that regularly monitor the tobacco supply chain. This information was provided by the respective entities and analysed by the Convention Secretariat, with guidance from statistical officers of the originating agencies.

FAO: domestic tobacco growing

Data on domestic tobacco growing were obtained from the FAOSTAT[48] database of the FAO. In this database, FAO collects information on crops and livestock products from 140 countries worldwide. The main countries producing raw tobacco are included in the database. At the time of preparing this summary, in May 2025, the most recent year for which data were available in the database was 2023.

According to FAOSTAT, global raw tobacco production in 2023 totalled about 6 million tonnes, cultivated across more than 3 million hectares worldwide. Between 2013 and 2023, global raw tobacco production decreased from about 7.5 million tonnes to about 6 million tonnes, representing a reduction of about 20% (see **Fig. 32**). This downward trend may indicate a shift in market demand, potentially linked to a decline in the global number of smokers over the past decade.[49]

Fig. 32. Global raw tobacco production 2013–2023 (in tonnes)

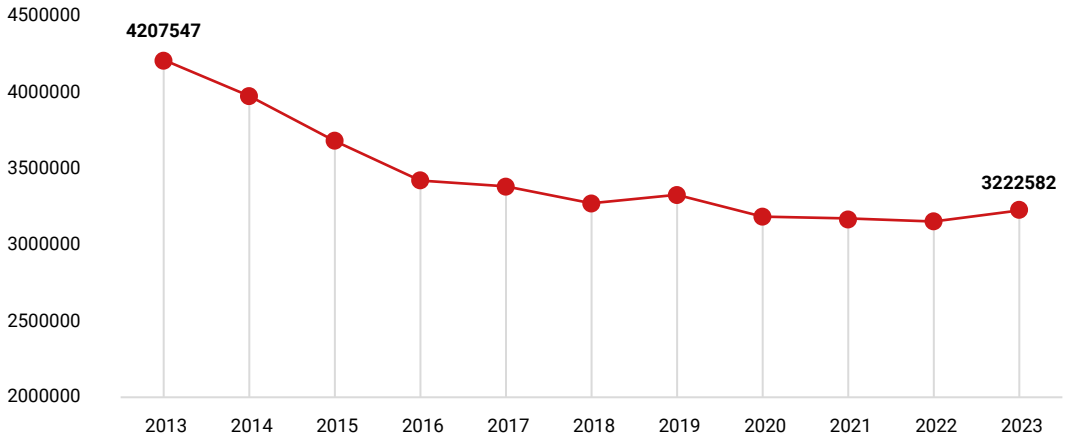


A similar downward trend was evident in the land allocated to global raw tobacco cultivation, which declined from over 4 million harvested hectares in 2013 to slightly more than 3 million hectares in 2023 – a reduction of about 23% (**Fig. 33**).

48 https://www.fao.org/faostat/en/#home

49 WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: World Health Organization; 2024 (https://www.who.int/publications/i/item/9789240088283).

Fig. 33. Global tobacco harvested area 2013–2023 (in hectares)



In 2023, China was the world's leading producer of raw tobacco, with a total output of almost 2.3 million tonnes. It was followed by India and Brazil, producing 769 671 and 683 469 tonnes, respectively. Notably, China alone accounted for as much tobacco production as the next nine largest producers combined (**Table 12** lists the top 10 tobacco-producing countries in 2023).

Table 12. Top 10 tobacco-producing countries in 2023

Country	Tonnes
China	2 298 045
India	769 671
Brazil	683 469
Indonesia	238 806
Zimbabwe	236 815
United States of America	196 160
Pakistan	151 858
United Republic of Tanzania	122 859
Argentina	107 879
Democratic People's Republic of Korea	87 427

Tobacco production in China has followed the global downward trend observed in recent years; however, a modest increase has been noted since 2020. In contrast, India's tobacco production appears to have remained stable over the past decade (India has not submitted official production data since 2013, and current figures are based on estimates derived from historical data). Brazil has also demonstrated a decline, with production falling from 862 396 tonnes in 2014 to 683 469 tonnes in 2023 – a reduction of about 20%.

Land dedicated to tobacco cultivation

The three leading tobacco-producing countries – China, India and Brazil – also account for the largest areas of land dedicated to tobacco cultivation. Of the global harvested area, which totals just over 3 million hectares, about one third is located in China (**Table 13**).

Table 13. Top 10 countries by land area dedicated to tobacco cultivation in 2023

Country	Hectares
China	1 053 314
India	422 115
Brazil	325 408
Indonesia	191 816
United Republic of Tanzania	162 062
Zimbabwe	136 126
Malawi	78 580
United States of America	75 930
Türkiye	75 393
Mozambique	65 856
Democratic People's Republic of Korea	59 311
Argentina	52 998

Tobacco yield per hectare

Tobacco yield, measured in kilograms per hectare, varied significantly among the top 10 producing countries (**Table 14**). In 2023, Pakistan reported the highest yield at 3270 kg/ha, while Tanzania recorded the lowest at 758 kg/ha. These differences are influenced by factors such as climate and environmental factors, farming practices, mechanization, use of inputs (e.g. fertilizers and pesticides), tobacco variety and the scale of production (large agribusinesses versus smallholder farmers).

Table 14. Tobacco yield among the top 10 producing countries in 2023

Country	Yield (kg/ha)
Pakistan	3269.8
United States of America	2583.4
China	2181.7
Brazil	2100.3
Argentina	2035.5
World average	**1869**
India	1823.4
Zimbabwe	1739.7
Democratic People's Republic of Korea	1474
Indonesia	1245
United Republic of Tanzania	758.1

In conclusion, FAOSTAT data shows a steady decline in global raw tobacco production over the past decade.

ILO: labour force in tobacco-related activities

The ILO, through its Harmonized Microdata[50] initiative, has compiled and published labour force data related to various tobacco-related activities, including tobacco cultivation, manufacturing and retail.

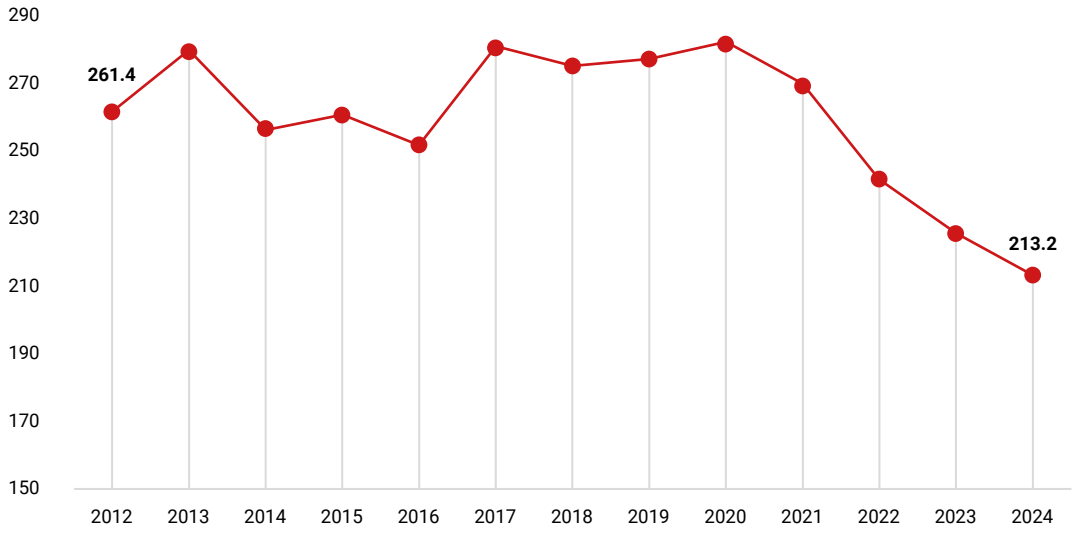
Using data from the ILO Harmonized Microdata, labour force estimates are available for tobacco manufacturing (ISIC Rev. 4,[51] Code 1200) across 150 countries. However, these data do not include China – the world's largest tobacco product manufacturer. Based on the latest available data, about 2.02 million people (1.25 million men and 0.77 million women) are employed in tobacco manufacturing in these countries.

According to ILOSTAT, the top five countries by workforce size in tobacco manufacturing are: India (482 793 workers), USA (161 345 workers), Indonesia (139 242 workers), Brazil (102 111 workers) and Nigeria (71 116 workers).

Data availability is more limited for other tobacco-related activities at the 4-digit ISIC level – such as tobacco growing (0115), retail sale in specialized shops (4723) and market stalls (4781) – with only about 50 countries reporting. As a result, global or regional estimates for these categories are not feasible. Child labour data are also not captured, because workforce breakdowns begin at age 15 years, leaving a critical gap in understanding child labour in tobacco farming and manufacturing.

In countries with multiyear data, trends can be observed. For example, in Brazil, employment in tobacco growing declined by 20% between 2012 and 2024 (from 266 000 to 213 000 workers) potentially reflecting efforts to implement WHO FCTC Article 17 on alternatives to tobacco cultivation, but other determinants may also have played a role, for example, gradual mechanization, land concentration and rural to urban migration (**Fig. 34**).

Fig. 34. Workforce dedicated to tobacco farming in Brazil (thousand workers)

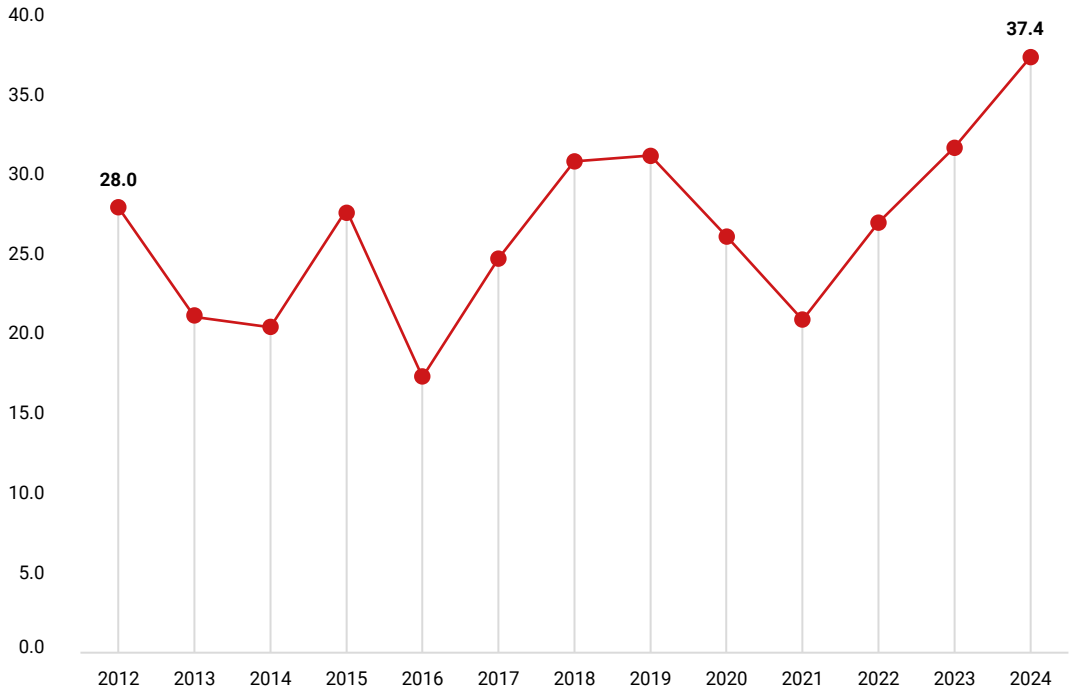


Conversely, employment in tobacco manufacturing in Brazil rose by 33% over the same period, from 27 954 (14 635 males and 13 319 females) to 37 401 workers (18 945 males and 18 456 females) (**Fig. 35**).

50 https://ilostat.ilo.org/

51 ISIC refers to the *International standard industrial classification of all economic activities*, revision 4. New York: United Nations; 2008 (https://unstats.un.org/unsd/publication/seriesm/seriesm_4rev4e.pdf).

Fig. 35. Workforce dedicated to tobacco manufacturing in Brazil (thousand workers)



In conclusion, the ILO is actively working to promote decent working conditions in the tobacco sector, for example, through the elimination of all forms of forced and compulsory labour, the effective abolition of child labour, the elimination of discrimination in respect of employment and occupation, a safe and healthy working environment, freedom of association, and the effective recognition of the right to collective bargaining. Nevertheless, available data on the workforce involved in various aspects of tobacco-related activities remain incomplete, particularly data on tobacco cultivation and the sale of tobacco products. Moreover, key countries such as China, the world's leading manufacturer of tobacco products, are not represented in the database.

UN Comtrade database: tobacco imports and exports of raw tobacco and manufactured tobacco products

Trade data were sourced from the UN Comtrade database,[52] which provides detailed global trade statistics by product and trading partner. The data used were for 2023, the most recent reliable year, with 154 reporting countries, because 2024 data were only available for 94 countries. Also, the analysis focused on products classified under the Harmonized System (HS) 4-digit Code, 1992 version.[53]

Raw tobacco (HS Code 2401)

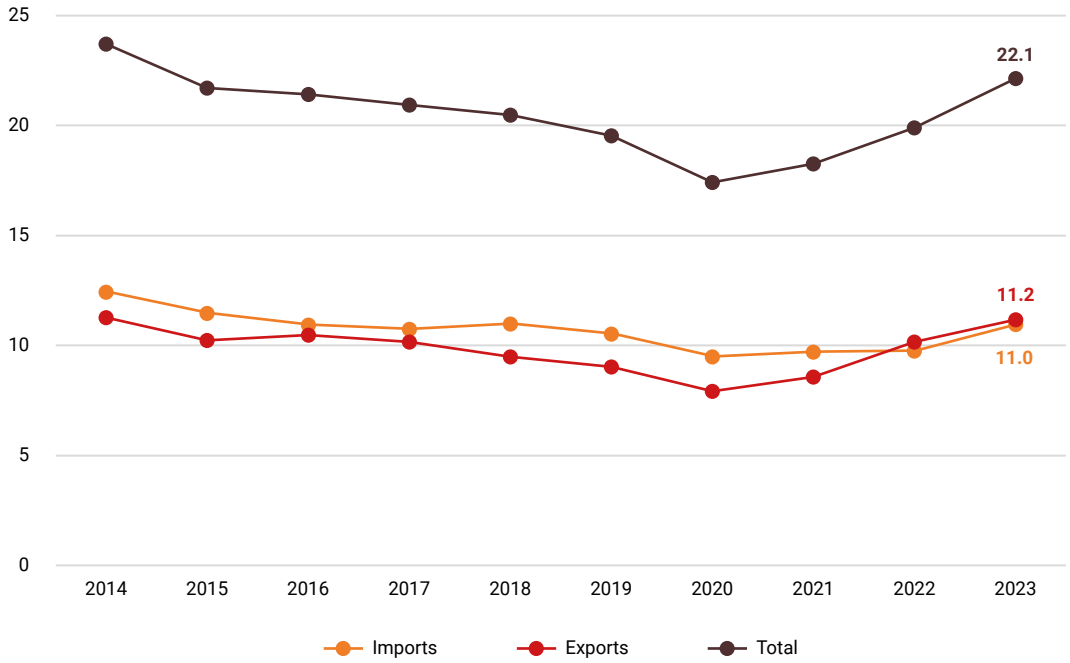
In 2023, global trade in raw tobacco amounted to US$ 22.13 billion, up 10% from US$ 19.9 billion in 2022. Imports totalled US$ 10.96 billion and exports reached US$ 11.17 billion.

From 2014 to 2020, trade in raw tobacco declined by an average of 5% annually, with 2020 showing the sharpest drop – probably due to the COVID-19 pandemic. However, between 2020 and 2023, trade rebounded, growing at an average annual rate of 7.3% (**Fig. 36**).

52 https://comtradeplus.un.org/TradeFlow

53 The Harmonized System (HS) Code is an internationally standardized system of names and numbers used to classify traded products. It was developed and is maintained by the World Customs Organization (WCO).

Fig. 36. Trade of raw tobacco (HS2401) in billion US$



Despite the rise in trade value, raw tobacco trade volume (in tonnes) declined in 2023 compared with 2022. It may be that higher prices are driving the increase in value, while actual quantities traded have decreased (**Fig. 37**).

Fig. 37. Imports and exports of raw tobacco in billion kg

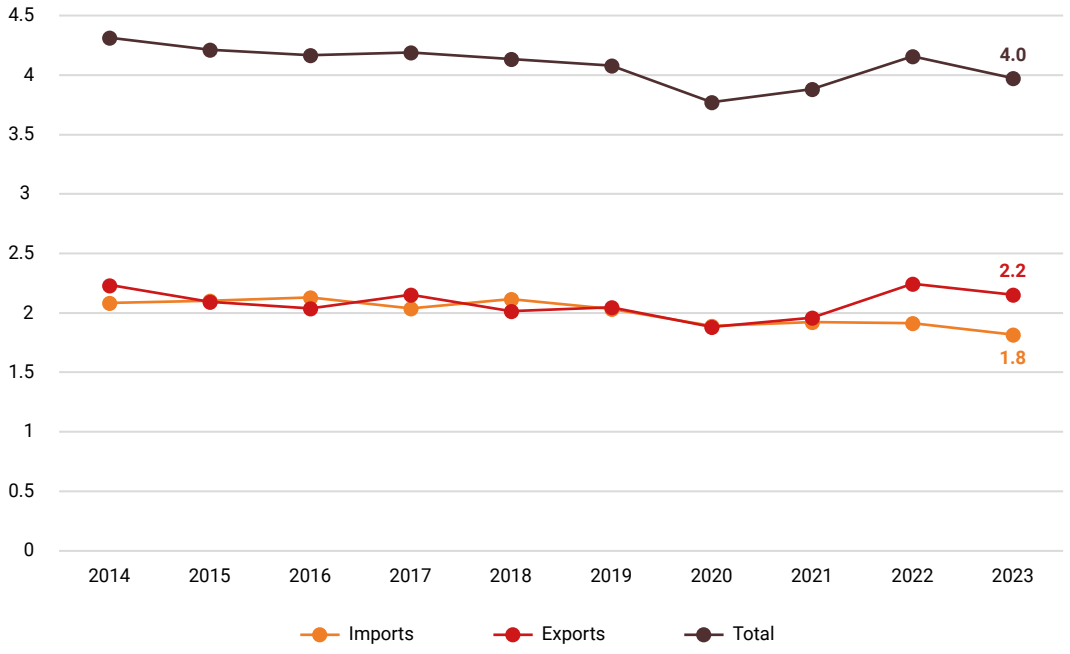


Table 15 lists the top 10 raw tobacco exporters in 2023. Brazil has led exports for five consecutive years, despite an 11% drop in domestic production since 2019, according to FAOSTAT.

Table 15. Ten leading exporters of raw tobacco in 2023

Country	FOB[54] value in US$
Brazil	2 543 775 956
Zimbabwe	1 190 962 483
USA	1 003 608 014
India	968 665 559
China	469 690 116
Malawi	447 220 938
Germany	382 675 535
Italy	364 703 744
United Republic of Tanzania	340 492 678
Belgium	330 447 680

Table 16 shows the top 10 importers of raw tobacco in 2023. China has been the top importer for five consecutive years.

Table 16. Top 10 importers of raw tobacco in 2023

Country	CIF[55] value in US$
China	1 695 497 070
Germany	1 068 949 766
Poland	797 261 712
USA	648 757 955
Indonesia	633 125 941
United Arab Emirates	547 429 144
Dominican Republic	499 581 500
Türkiye	449 903 289
Viet Nam	307 288 005
Republic of Korea	291 229 353

54 The “free on board (FOB) value” refers to the cost of goods at the point of departure from the exporting country. It includes the cost of the goods, packaging, loading charges, transport to the port of export, and export duties and taxes (if applicable). It excludes international shipping, insurance during transit, other costs incurred after the goods leave the port of origin, and import duties and taxes at the destination country.

55 The “cost, insurance and freight (CIF) value” is a term used in international trade and shipping to represent the total cost of goods delivered to a port of destination, including the cost of the goods themselves, insurance during transport, and freight or shipping charges to get the goods to the destination port.

Processed tobacco products (HS Code 2402)

This category includes cigarettes, cigars, cigarillos and cheroots. In 2023, global trade under HS Code 2402 reached US$ 50.7 billion, an 18.6% increase from US$ 42.78 billion in 2022. Cigarettes made up over 87% of this trade. Despite this recent growth, trade values over the past decade show no consistent trend (**Fig. 38**).

Fig. 38. Trade of tobacco products in billion US$ (HS2402)

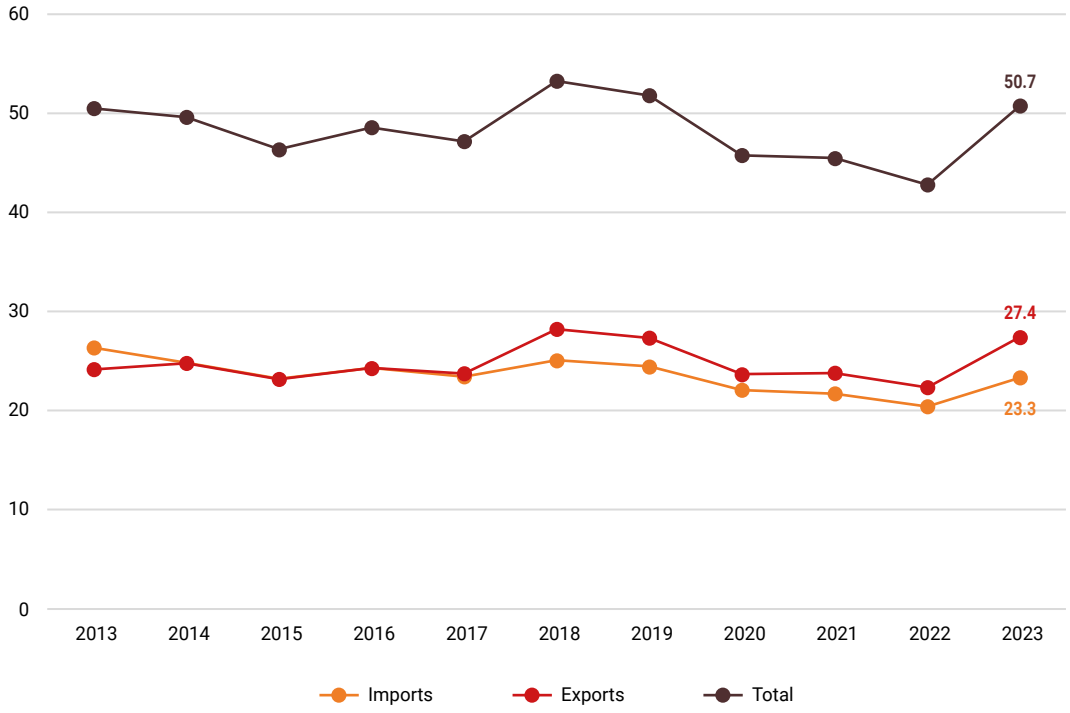


Table 17 and **Table 18** present the top 10 exporters and importers of processed tobacco products in 2023.

Table 17. Top 10 exporters of processed tobacco products under HS2402 in 2023

Country	FOB value in US$
United Arab Emirates	5 721 090 909
Poland	4 871 435 547
Germany	1 791 740 160
Czechia	1 321 742 137
Indonesia	1 134 084 385
Dominican Republic	1 036 993 581
Portugal	850 060 801
Lithuania	758 070 737
Romania	720 891 880
Republic of Korea	690 424 700

Table 18. Top 10 importers of processed tobacco products under HS2402 in 2023

Country	CIF value in US$
Germany	3 431 405 693
Italy	1 887 559 359
USA	1 722 625 592
Spain	1 563 745 082
Japan	1 307 138 922
France	1 008 017 478
China, Hong Kong SAR	787 635 123
United Arab Emirates	661 848 491
Saudi Arabia	529 908 603
Netherlands	529 649 031

Products containing tobacco, reconstituted tobacco, nicotine, or tobacco or nicotine substitutes, intended for inhalation without combustion; other nicotine-containing products intended for the intake of nicotine into the human body (HS Code 2404)

This category includes products containing tobacco, reconstituted tobacco, nicotine or substitutes, intended for inhalation without combustion. It covers HTPs, ENDS and other non-combustible nicotine or tobacco products, such as snus. Trade data under HS Code 2404 are available for 2022 and 2023. In 2023, global trade in these products reached US$ 25.74 billion, a 26.7% increase from US$ 18.87 billion in 2022.

The top five exporters in 2023 were China (US$ 8.33 billion), Italy (US$ 2.04 billion), Romania (US$ 1.09 billion), Greece (US$ 0.4 billion) and Sweden (US$ 0.39 billion). China alone accounted for over 57% of total exports. **Table 19** lists the top 10 exporters under HS Code 2404.

HTPs (HS 240 411). Trade reached US$ 9.61 billion in 2023, up 19% from US$ 7.8 billion in 2022. HTPs accounted for 37% of total HS 2404 trade.

ENDS (HS 240 412).Trade reached US$ 13.61 billion in 2023, up 32% from US$ 9.38 billion in 2022. ENDS represented 53% of total HS 2404 trade.

Table 19. Top 10 exporters under HS Code 2404 in 2023

Country	FOB value in $US
China	8 333 545 525
Italy	2 046 949 909
Romania	1090 150 548
Greece	403 866 275
Sweden	395 296 895
Indonesia	289 880 418
Republic of Korea	265 706 243
Croatia	242 908 088
Germany	196 209 579
Hungary	194 040 918

In conclusion, over the past decade, trade values for raw and manufactured tobacco products have remained stable, with one exception: HS2404 products (including HTPs and ENDS) showed an increase in trade values. However, this trend should be interpreted with caution because it is based on limited data from 2022 and 2023.

UNIDO: recent global trends in the manufacturing of tobacco products

In early 2025, as part of its regular contribution to the global progress reports on the implementation of the WHO FCTC, UNIDO submitted updated data on global trends in tobacco product manufacturing. The submission focused on the sector's contribution to global manufacturing value added (GMVA),[56] offering insights into its economic footprint and recent developments.

The contribution of tobacco products to GMVA has continued to decline over the past two decades.[57] In 2022, the tobacco products sector accounted for just 0.8% of GMVA, less than half of its 2002 share of 1.8%.

Details on the leading manufacturers in the tobacco sector (**Table 20**) were extracted from UNIDO's International Yearbook of Industrial Statistics.[58] China emerged as the dominant producer in 2021, with a global share rising steadily from 5.8% in 2002 to 22.4% in 2022. In contrast, the share of the USA in global tobacco manufacturing shrank from 28.6% in 2002 to 19.4% in 2022.

Table 20. Top 5 tobacco product manufacturers in 2022

Country	FOB value in $US
1. China	22.4
2. United States	19.4
3. Indonesia	9.6
4. Japan	3.5
5. Mexico	3.4

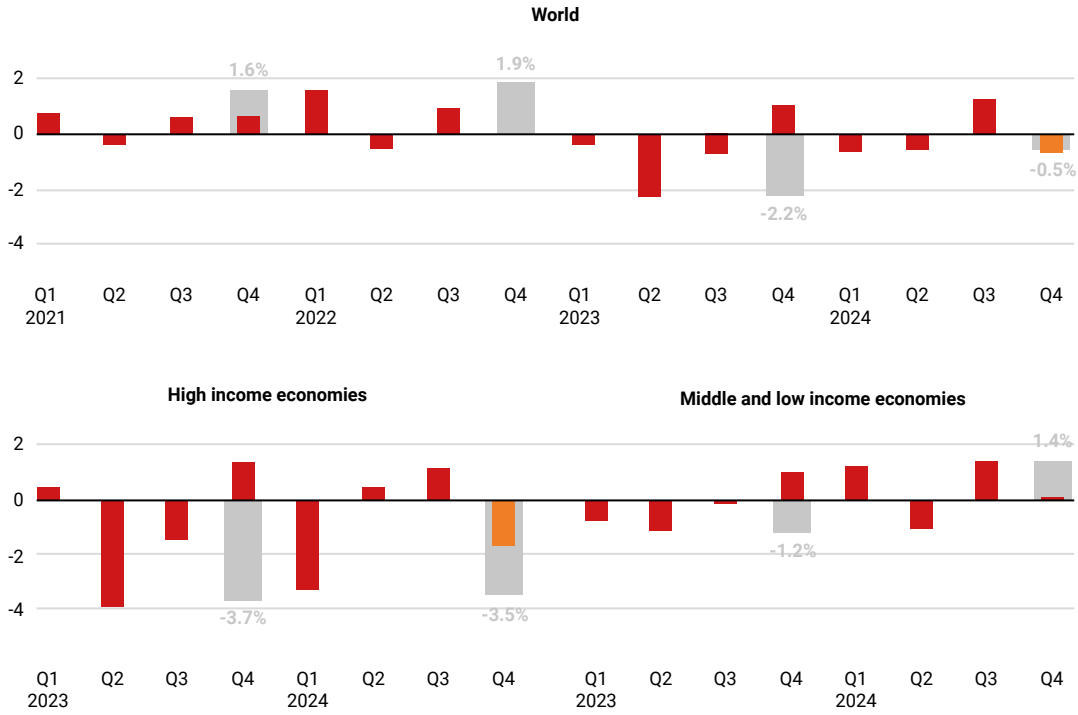
56 Global manufacturing value added (GMVA) is an economic indicator that measures the total value of goods produced by the manufacturing sector worldwide, after subtracting the cost of intermediate inputs (e.g. raw materials and services used in production). It reflects the net contribution of manufacturing to the global economy. In simpler terms, it shows how much value manufacturing activities add to the economy, and it is often used to track industrial development and productivity; compare manufacturing performance across countries or regions; and monitor progress toward industrialization goals (e.g. in the context of the UN's SDGs).

57 As illustrated in Fig. 3.10 of UNIDO's *International yearbook of industrial statistics*, 2024 edition (https://stat.unido.org/publications/international-yearbook-industrial-statistics-2024).

58 Table 3.3 of UNIDO's *International yearbook of industrial statistics*, 2024 edition (https://stat.unido.org/publications/international-yearbook-industrial-statistics-2024).

Fig. 39 shows more recent data on global manufacturing of tobacco products[59] since 2021 to the end of 2024, which is the latest available dataset.[60] As shown in the figure, on a quarter-by-quarter basis, global manufacturing of tobacco products has followed a volatile growth trajectory since 2021, with significant declines observed at the beginning of 2023. These declines were primarily attributed to reduced production in the USA, as shown in the figure focusing on regions. In the most recent quarter for which data are available (i.e. the last quarter of 2024), global tobacco production contracted by 0.6% compared with the previous quarter. Similarly, global tobacco production reduced by a similar rate (–0.5%) compared with the fourth quarter of 2024.

Fig.39. Output growth of tobacco products manufacturing [percentage change compared with the previous quarter and the previous year (World, from Q1 2021 to Q4 2024; high-income economies and middle- and low-income economies from Q1 2023 to Q4 2024)

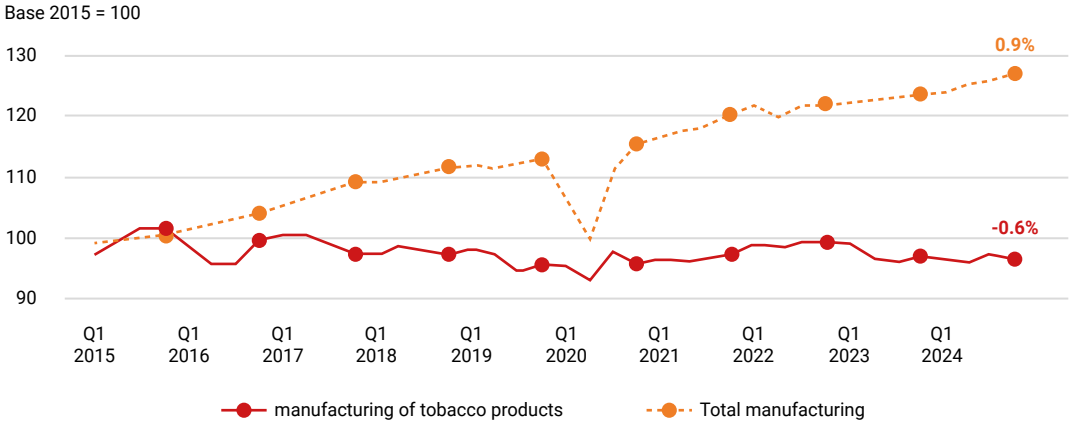


Source: UNIDO. Quarterly Index of Industrial Production (seasonally adjusted estimates)
Note: Grey bars and values refer to accumulated growth rates of the corresponding year, while blue/orange bars indicate the quarter-over-quarter growth rate.

When examining trends by income level, it is clear from the lower section of the figure that high-income economies have experienced notably greater volatility in tobacco manufacturing over the past two years. This pattern contrasts with the broader manufacturing sector (ISIC Rev. 4 Section C;[61] see also **Fig. 40**), which has followed a generally steady upward trajectory since 2015, except for a temporary dip in 2020 due to the COVID-19 pandemic. In comparison, tobacco manufacturing has remained largely stagnant throughout the same period, showing minimal impact from the pandemic and limited overall growth.

59 The data refer to seasonally adjusted index numbers of industrial production; however, these figures reflect manufacturing output rather than value added (see https://stat.unido.org/publications/qiip).
60 Fig. 5 provides percentage changes from the previous quarter; Fig. 6 compares with the previous quarter and the previous year.
61 https://unstats.un.org/unsd/publication/seriesm/seriesm_4rev4e.pdf

Fig. 40. Index of tobacco products manufacturing and total manufacturing, 2015–2024

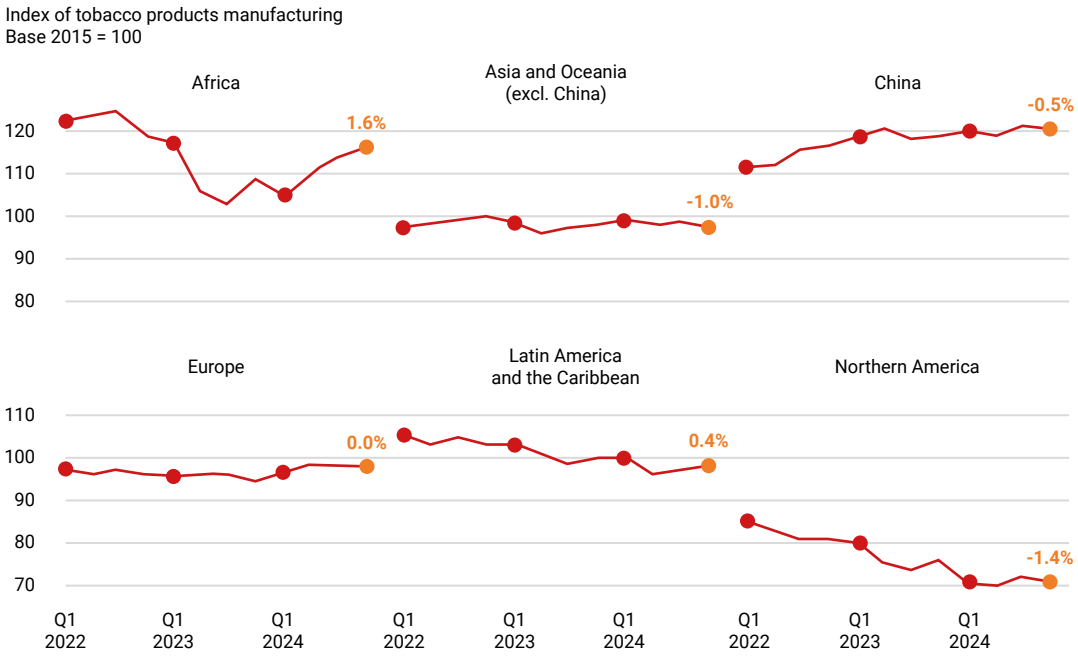


Source: UNIDO. Quarterly Index of Industrial Production (seasonally adjusted estimates).
Note: The percentages indicate the most recent quarter-over-quarter growth rate.

Regional data over the past two years show distinct and divergent trends in tobacco manufacturing output (**Fig. 41**). In Africa, although data availability is limited, the sector has exhibited high volatility but had a moderate growth rate of 1.6% in the most recent quarter. China has demonstrated consistent growth since early 2022, although this trend was interrupted by a contraction in the latest quarter.

Conversely, Latin America, the Caribbean and Northern America have experienced a steady decline in tobacco production since the beginning of 2022. Meanwhile, in Europe and the combined region of Asia and Oceania, output levels have been relatively stable, with minimal fluctuations over the past three years.

Fig. 41. Index of tobacco products manufacturing, by region



Source: UNIDO. Quarterly Index of Industrial Production (seasonally adjusted estimates).
Note: The percentages indicate the most recent quarter-over-quarter growth rate.

Protection of the environment and the health of persons (Article 18)

Key observations

- The significant changes reported under Article 18 by several Parties could be split into five main categories: legislative, regulatory and administrative measures; extended producer responsibility; information, communication and education; international commitments, collaboration and cooperation; and research initiatives.
- Extended producer responsibility (EPR) has gained significant momentum globally in recent years, especially in the context of plastic pollution, circular economy goals and climate action.
- The two most frequently reported research areas related to Article 18 are the social impact of tobacco cultivation and tobacco product waste.

Significant changes in the implementation of Article 18

In recent years, Article 18 of the WHO FCTC has been one of the articles least implemented by Parties. In part, this may be due to the persistent perception that Article 18 should be observed only by tobacco-growing countries. At COP10, held in Panama in 2024, Decision FCTC/COP10(14) urged Parties to consider the environmental impacts arising from the cultivation, manufacture, consumption and disposal of tobacco-product waste and related electronic devices, and to strengthen implementation of Article 18, including through national policies on tobacco control and/or environmental protection. This decision underscored the need for all countries – not only producers – to advance implementation of Article 18, given that all face consumption of these products and devices, and the need for their disposal.

In the current reporting cycle on the implementation of the WHO FCTC, 16% of reporting Parties (21) reported any significant change in the implementation of Article 18 since the submission of their previous report. Upon analysis, the reported significant changes fell into five main categories: legislative, regulatory and administrative measures; EPR; information, communication and education; international commitments, collaboration and cooperation; and research initiatives. EPR has gained significant momentum globally in recent years, especially in the context of plastic pollution, circular economy goals and climate action. Although EPR is often part of legislative or regulatory measures, it is presented separately here to provide it with greater visibility, given the growing number of countries enacting EPR-related regulations, standards and laws. The text below provides some examples of the implementation of various measures in these categories.

Legislative, regulatory and administrative measures

The EU reported that, since the previous report, all Member States have transposed the Single-Use Plastics Directive (Directive (EU) 2019/904) into national law and begun implementing its provisions targeting tobacco products with filters and filters marketed for use with tobacco – one of the 10 single-use plastic items most frequently found on European beaches. The measures embedded in the Directive include marking requirements (Article 7), EPR for litter clean-up (Article 8(3)) and awareness-raising obligations (Article 10). Many EU Member States (Denmark, Estonia, Germany, Ireland, Malta, Slovenia and Spain) and Montenegro reported introducing such measures in their jurisdiction. Complementary frameworks and requirements apply to ENDS/ENNDS, including electronic cigarettes. The Waste Electrical and Electronic Equipment Directive (2012/19/EU) assigns producer responsibility for the collection and proper treatment of waste e-cigarettes. In addition, as of 18 February 2027, the EU Batteries Regulation

Photo courtesy of Mari Mendes, WHO FCTC Knowledge Hub for Articles 17 and 18

(Regulation (EU) 2023/1542) will require that portable batteries be removable by end users. To support the harmonized application of Article 11 of the Batteries Regulation, related to derogations from the removability and replaceability requirements for portable batteries incorporated in products, the European Commission issued guidelines in January 2025.

Azerbaijan reported increasing the penalties for the improper disposal of tobacco-product waste in the Code of Administrative Offences (including higher fines and community service for repeated violations) in October 2024. The Resolution on the Protection and Improvement of Air Quality in Closed Spaces, which was adopted by the House of Peoples of the Parliament of the Federation of Bosnia and Herzegovina on 12 June 2024 (published in the Official Gazette of FBiH No. 49/24), is connected to environmental protection, alongside its public health objectives. The Resolution explicitly aims to protect life and public health by reducing exposure to tobacco smoke and other indoor air pollutants. It opens the door for intersectoral preventive and promotional interventions, which include environmental health measures such as improving ventilation standards, monitoring indoor air quality and reducing emissions from indoor sources.

Extended producer responsibility

As previously discussed, the EU Single-Use Plastics Directive requires Member States to implement EPR measures for litter clean-up. Several countries have already transposed these provisions into national law. In a related initiative, Germany introduced the Single-Use Plastics Fund to ensure that producers contribute to the costs of waste collection, recycling and maintaining clean public spaces. Under this scheme, producers must pay an annual fee into the fund, which compensates municipalities for services such as waste management, street cleaning and public awareness campaigns. The Federal Environment

Agency administers the Fund. Contributions also apply to tobacco products with plastic-containing filters. Starting in 2025, producers will be charged based on the volume of products placed on the market in 2024. Municipalities, as eligible recipients, will report the services rendered (e.g. cleaning, waste management and awareness-raising) from 2024 onwards, and will be retroactively reimbursed. In Montenegro, the Waste Management Law, which was adopted in April 2024, introduced EPR measures for several product categories, including electrical and electronic equipment and single-use plastic products. The scope of plastic items covered includes packaging, cigarette filters containing plastic, e-cigarettes and other products that significantly contribute to environmental pollution.

Information, communication and education

In the Netherlands, as part of the country's implementation of the EU's Single-Use Plastics Directive (Directive (EU) 2019/904), a toolkit containing communication materials was developed and published to be used by local governments and the private sector, to inform smokers on how to dispose of their cigarette butts. Kenya reported educational programmes for farmers on safe pesticide use, soil conservation and protective gear to prevent green tobacco sickness.

International commitments, collaboration and cooperation

In its report, Brazil noted the leadership it demonstrated at COP10 by bringing implementation of Article 18 of the Convention to the negotiating table. This resulted in the adoption of a decision that also expanded the scope of Article 18 implementation to include the environmental impacts of post-consumer waste, such as cigarette butts and electronic devices. The decision reinforces the tobacco industry's responsibility for the environmental damage it causes and contributes to the strengthening of national public policies aimed at protecting the environment and the health of people involved in all stages of the tobacco chain.

Panama reported that it played an active and influential role in promoting the inclusion of tobacco product plastics, especially cigarette filters, in the negotiations of the UN Global Plastics Treaty. At the fourth session of the Intergovernmental Negotiating Committee (INC-4) held in April 2024, Panama – alongside Peru and Switzerland – formally proposed a ban on cigarette filters because of their environmental harm. These filters, made of cellulose acetate, break down into microplastics and leach toxins into ecosystems. During a high-level webinar, Kirving Lañas from Panama's Ministry of Environment advocated for the explicit inclusion of cigarette filters in the treaty's list of harmful plastic products. He stressed the need for regulatory clarity and policy coherence between the plastics treaty and the WHO FCTC. Panama also showed leadership in promoting and endorsing the Panama Declaration at COP10, which recognized the environmental damage caused by cigarette butts and called for stronger international action.

Protection of the environment and the health of persons in respect of tobacco cultivation

Among the 74 Parties reporting tobacco cultivation, 30% (22) indicated they had implemented measures addressing environmental impacts (e.g. mitigating soil degradation from pesticide use). Additionally, 19% (14) reported programmes aimed at protecting human health from environmental risks associated with cultivation (e.g. green tobacco sickness).

Protection of the environment and the health of persons in respect of tobacco manufacture

Among the 89 Parties reporting tobacco product manufacturing (including small-scale or home-based production), 15% indicated they had implemented measures addressing environmental impacts (e.g. carbon emissions). In addition, 22% reported initiatives to protect human health from environmental risks associated with manufacturing (e.g. exposure to tobacco dust).

Protection of the environment and human health in relation to tobacco consumption

Among all Parties that reported in the 2025 reporting cycle, 36% (47) reported implementing measures to protect the environment and human health from the impacts of tobacco consumption (e.g. plastic pollution). Despite the global relevance of such measures, 51% of those reporting indicated they had not implemented any measures, while the remaining Parties stated the issue did not apply to their context.

Research initiatives

In the 2025 reporting instrument, Parties were asked whether they conducted studies or collected data on the prevalence of green tobacco sickness; the social impact of tobacco growing, deforestation or forest degradation due to tobacco cultivation; and tobacco product waste and other health/environmental harm related to tobacco cultivation and manufacturing. **Table 21** summarizes Parties' responses across the WHO regions.

Table 21. Parties reporting on research initiatives related to Article 18, by major themes and WHO regions, n=129, 2025

WHO region	Themes				
	Prevalence of green tobacco sickness	Social impact of tobacco growing	Deforestation	Tobacco product waste	Other health/ environmental harm
African	1	3	2	1	2
Eastern Mediterranean	-	1	-	-	-
European	-	2	1	7	-
Americas	-	3	-	2	1
South-East Asia	1	2	1	3	-
Western Pacific	2	-	-	6	1
Total	**4**	**11**	**4**	**19**	**4**

As seen in **Table 21**, the social impact of tobacco growing and tobacco product waste were the most reported research areas in relation to Article 18 of the Convention. For example, Brazil reported a study conducted in partnership with the Universidade Federal de São Paulo (Unifesp) and the Johns Hopkins Bloomberg School of Public Health, the Brazilian National Cancer Institute (INCA) and ACT Promoção de Saúde,[62] which provided strong evidence of environmental contamination caused by tobacco product waste. The research highlighted the significant environmental impact of tobacco product waste in Brazil, particularly plastic pollution from cigarette filters and packaging. The study supported the development of intersectoral policies that integrate health, environmental protection and justice, reinforcing the need for legal accountability of the tobacco industry. The study was part of a broader effort to link chronic disease prevention with environmental sustainability, showing how industries like tobacco contribute to both health burdens and ecosystem degradation.

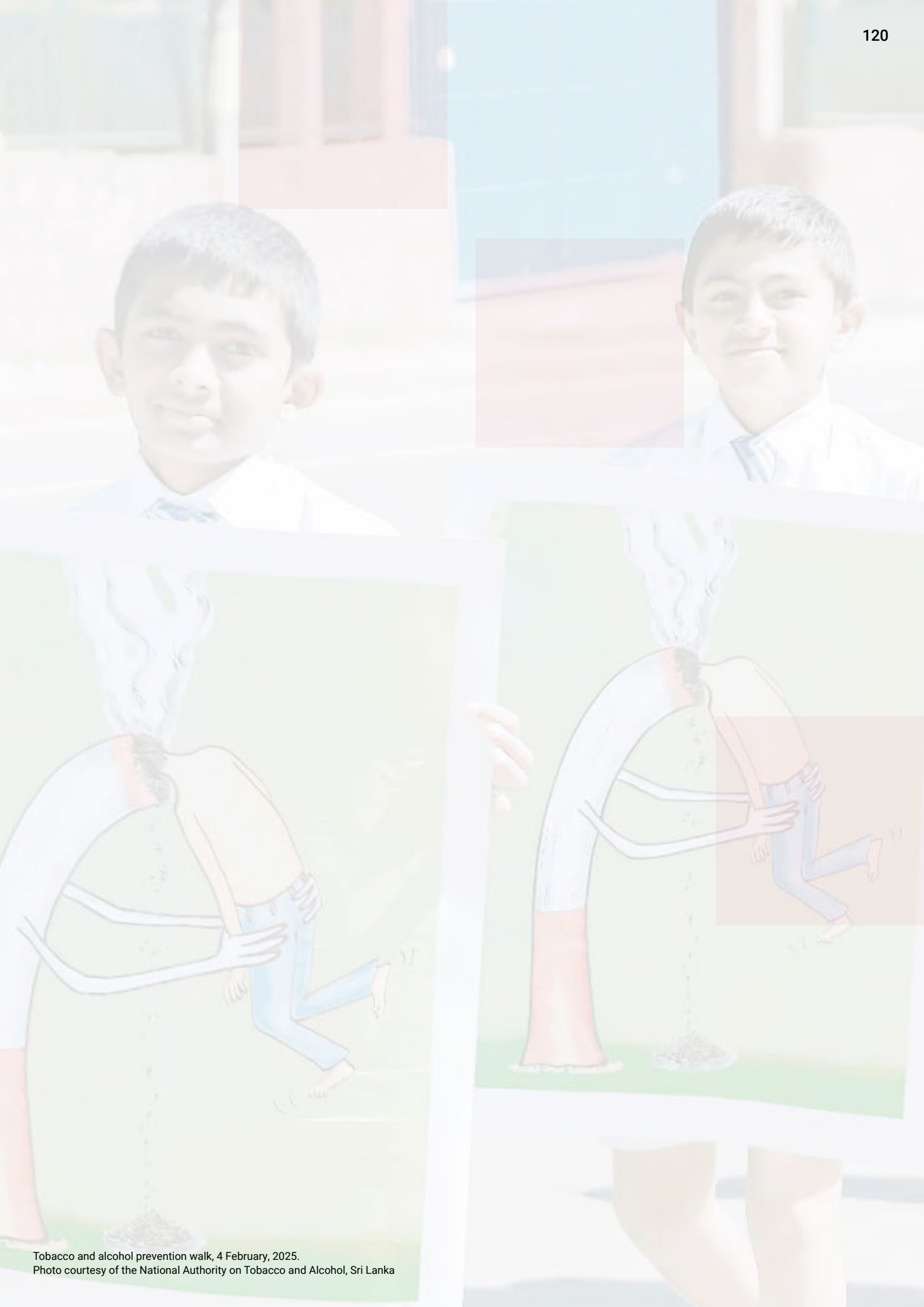
62 Littered cigarette butts: links among environmental impacts, demography and market at the highly urbanized Brazilian cities, 2023. (https://actbr.org.br/biblioteca/bitucas-de-cigarro-descartadas-relacoes-entre-impactos-ambientais-demografia-e-mercado-em-cidades-brasileiras-altamente-urbanizadas/)

India reported that a study titled "The Environmental Burden of Tobacco Products Wastes in India"[63] was conducted by the National Institute of Cancer Prevention and Research (ICMR-NICPR) in collaboration with the School of Public Health, AllIndia Institute of Medical Sciences (AIIMS) Jodhpur in 2022, and its findings were publicly released in February 2023. The study, which was conducted across 17 states in India, found that consumption of tobacco products generates 170 331 tonnes of waste annually, among which 73 500 tonnes are plastic. The study also estimated that 2.2 million trees are cut annually to produce the packaging for tobacco products, and that the annual paper waste generated by tobacco products is 89 402 tonnes. Thirty-three Boeing 747 aircraft could be made from the more than 6000 tonnes of non-biodegradable aluminium foil waste generated from the packaging, and the filter waste produced is equivalent to nine million standard adult-sized T-shirts. The study found that, of the total waste generated, 68% derives from smokeless tobacco products, 24% from cigarettes and the rest from bidis.

Kenya reported that it had commissioned studies on child labour, deforestation and the health effects of tobacco exposure in processing facilities. The Republic of Korea reported a study carried out by the National Institute of Agricultural Sciences to assess the harms arising from carcinogens in compost produced from tobacco waste.

> “We once thought tobacco harm was mainly confined to the fields – but science proved us wrong. Filters, plastic wrappers, devices, and batteries have emerged as environmental threats far greater than anticipated. Implementing Article 18 of the WHO FCTC is no longer just a legal duty for tobacco-growing Parties – it’s a global and moral call to protect both people and the planet from tobacco’s toxic legacy, transforming global promises into tangible protection.
>
> **Dr Marcelo Moreno, Director, WHO FCTC Knowledge Hub for Articles 17 and 18 at the Oswaldo Cruz Foundation (Fiocruz), Brazil**

63 National Report: The Environmental Burden of Tobacco Products Wastes in India. Tobacco Use Makes You Ugly, Your Habitat Uglier, 2022. (https://www.researchgate.net/publication/370934861_The_Environmental_Burden_of_Tobacco_Products_Wastes_in_India)



Tobacco and alcohol prevention walk, 4 February, 2025.
Photo courtesy of the National Authority on Tobacco and Alcohol, Sri Lanka

Liability (Article 19)

Key observations

- More than half of responding Parties reported measures to establish the criminal liability of individuals or corporate entities for violations relevant to tobacco control.
- Thirteen Parties reported civil and criminal liability actions, and two reported health care cost recovery litigation against the tobacco industry.
- Parties defended several legal challenges, mainly related to the application or enforcement of tobacco control measures.

Significant changes in the implementation of Article 19

Nine Parties reported significant changes to the implementation of Article 19 in their jurisdictions since their last report. These changes included amendments to tobacco control acts that introduced or increased penalties or strengthened provisions on liability for violations in Bosnia and Herzegovina, Canada, Kenya and Lithuania, and cost recovery fees for tobacco companies in Canada. In the EU, the Directive on corporate sustainability due diligence entered into force in July 2024. Germany introduced a Single-Use Plastics Fund Act to transpose the EPR of the Single-Use Plastics Directive of the European Union, and Malta reported having developed the Extended Producer Responsibility (Tobacco Filters Containing Plastic) Regulations in 2024. Nigeria reported that the Federal Competition and Consumer Protection Commission had imposed a fine of US$ 110 million on British American Tobacco and its affiliates, in response to a range of infringements of Nigerian law.

Criminal liability for any violations relevant to tobacco control

A total of 61% of reporting Parties (78) indicated that they have measures to establish the criminal liability of individuals or corporate entities for any violations relevant to tobacco control. Among those Parties, 69 reported that they include this in their tobacco control legislation, and 48 reported that they have separate criminal liability provisions in relation to tobacco control, arising from laws other than the tobacco control legislation.

Civil liability of the tobacco industry

A total of 36% of responding Parties reported that they have measures to establish the civil liability of the tobacco industry. Among these 46 Parties, 17 reported having legislation that allows recovery of tobacco-related health care costs; 17 reported having class action procedures for tobacco-related claims; 28 reported liability standards that could apply to the manufacture, supply and marketing of tobacco control products; and 40 reported having civil liability under tobacco control laws or general laws as applied to tobacco products.

A total of 30% of responding Parties reported that their tobacco control law (or general law applying to tobacco products) includes enforcement mechanisms such as fines and injunctions against the tobacco industry. In addition, 29 Parties reported that NGOs and the public can support the enforcement of tobacco control laws.

Thirteen Parties (one in 10 responding Parties) reported that criminal or civil liability action had been taken against the tobacco industry since their last report, and two Parties reported having legislative, executive, administrative or other powers to recover medical, social or other relevant costs from the tobacco industry. Actions taken included the settlement of major class action lawsuits in Canada (detailed in the text box); criminal

cases filed in Finland; personal injury cases in Ethiopia; a case brought by civil society in the Netherlands against cigarette filter ventilation holes; administrative fines in Belgium; enforcement actions under competition and consumer law in Nigeria, Sri Lanka and Ukraine; and civil liability actions for violations of trademark registration and advertising laws in Uruguay. Six Parties reported assisting other Parties in legal proceedings relating to the civil and criminal liability of the tobacco industry.

Owing to changes in the wording of questions and the response rate to these questions since the previous Global Progress Report, these data cannot be compared to reports from previous years.

Legal challenges to the implementation of the WHO FCTC

Several Parties reported litigation or legal challenges relating to other provisions of the WHO FCTC, or in relation to the regulation of e-cigarettes and other nicotine products. These cases included court rulings in Austria on whether tobacco tax and tobacco monopoly laws apply to hemp flowers, on whether smoking bans apply outside of establishment opening hours, and on the enforcement of smoking bans. Czechia reported a ruling by the Supreme Administrative Court clarifying the application of tobacco advertising, promotion and sponsorship laws to nicotine products. Latvia noted pending legal challenges to laws on e-cigarettes and nicotine products.

The Netherlands reported two legal challenges to its law banning flavours in e-cigarettes. One of these cases was won by the Netherlands, and the other was pending as at the time of reporting. In the decided case, the court found that the harmfulness of e-cigarettes and their appeal to young people justified the flavour ban, and that the ban was appropriate, necessary and proportionate. The Netherlands also reported a court case finding that its tobacco advertising ban did not extend to payments between wholesalers/manufacturers and retailers.

Uruguay's Ministry of Health won several legal challenges brought by tobacco companies against Ordinance 107 of 2022, which establishes a registration procedure for producers and importers of tobacco products. Uruguay also reported a lawsuit filed by a civil society organization. The lawsuit was a direct appeal for protection or *amparo* filed at a Family Court based on protection of children and adolescents, seeking to prevent changes to the country's plain packaging laws; it resulted in application of the new decree being suspended until higher courts come to a final decision.

> “We know that by changing the law, we can change millions of lives, and the McCabe Centre is proud to be a Knowledge Hub of the Convention to support Parties responding to legal challenges to the implementation of tobacco control laws. Legislative and technical capacity are frequently cited as barriers to implementation, so the Knowledge Hub is here to support you in these areas.
>
> **Hayley Jones, Director, WHO FCTC Knowledge Hub on Legal Challenges**

Canada

Settlement of health care cost recovery and class action litigation

Case study

In October 2024, a proposed settlement of Can$ 32.5 billion was announced regarding a series of lawsuits involving all the Canadian provinces and territories against Canada's three largest tobacco manufacturers and their parent companies (JTI-Macdonald (Japan Tobacco International), Rothmans, Benson & Hedges (Philip Morris International), and Imperial Tobacco Canada Ltd (British American Tobacco)) for health-related costs associated with their products. The settlement was approved by the Ontario Superior Court Chief Justice on 6 March 2025. The Federal Government of Canada is not a party to this settlement or the settlement negotiations, nor to the lawsuits, which were brought by the provinces alongside class actions by individuals.

This settlement also applied to the *Conseil québécois sur le tabac et la santé (CQTS)-Blais* ("CQTS-Blais") and *Létourneau* class actions in the province of Quebec. These are personal injury class actions against the same three Canadian tobacco manufacturers (but not their parent companies) [see additional details below].

Under the settlement, over Can$ 24 billion will be allocated to Canada's provinces and territories. The payments include an initial up-front lump sum, while the remainder of the payments are to be made over the coming years. The settlement also includes compensation for the individual victims of the CQTS-Blais class action, in which those victims (and their heirs) will receive a collective Can$ 4.1 billion. Other funds to be paid in the settlement include Can$ 2.5 billion for individual victims across Canada not involved in the CQTS-Blais class action lawsuit and Can$ 1 billion to establish and fund a foundation to improve outcomes of tobacco-related diseases.

The *CQTS-Blais* and *Létourneau* cases were filed in 1998, as separate class actions by Quebec residents seeking compensation for addiction caused by smoking (*Létourneau* case) and for lung cancer, larynx cancer, throat cancer and emphysema arising from smoking (*CQTS-Blais* case). These cases were later joined, and a decision that found tobacco companies liable for these harms was handed down by the Quebec Superior Court in 2015 and upheld by the Quebec Court of Appeal in 2019, with Can$ 13.5 billion in damages awarded on appeal in *CQTS-Blais* and Can$ 131 million in *Létourneau*. In the 2024 settlement, the Can$ 131 million *Létourneau* damages would be included as part of the Can$ 1 billion for the new foundation.

The Quebec Court of Appeal damage award prompted tobacco companies to obtain creditor protection (bankruptcy protection) in the Ontario Superior Court in March 2019. This resulted in the commencement of a long negotiating process that eventually led to the proposed settlement that was announced in October 2024 and that received court approval on 6 March 2025. The negotiations were part of the creditor protection process overseen by the court. The principal creditors were the provinces and territories, the members of the *CQTS-Blais* and *Létourneau* class actions, and individual victims outside the Quebec class actions (the Pan-Canadian claimants).

From 1997 onwards, Canadian provinces and territories passed enabling legislation facilitating the recovery of health care costs from tobacco companies. All provincial governments subsequently initiated health care cost recovery lawsuits against tobacco companies in Canada.

Ontario Supreme Court in Toronto where the proceedings were held. © Shutterstock

Research, surveillance and exchange of information (Article 20)

Key observations

- Two thirds of reporting Parties indicated that they have a national system for monitoring patterns of tobacco consumption; however, similar systems are not commonly in place for other important areas, such as illicit trade in tobacco products, health consequences of exposure to tobacco smoke and tobacco-related costs.
- Several Parties reported new national surveys, and some also reported strengthening their research infrastructure. Several Parties had advanced implementation research, including the outcomes of implementing national legislation, regulations or strategies.
- Only about a third of Parties that had submitted a voluntary national review (VNR) on the SDGs had reported including Target 3.a and related prevalence information to their VNR.

A total of 26% of reporting Parties noted significant changes under Article 20, mainly involving new surveys, studies, research initiatives or partnerships.

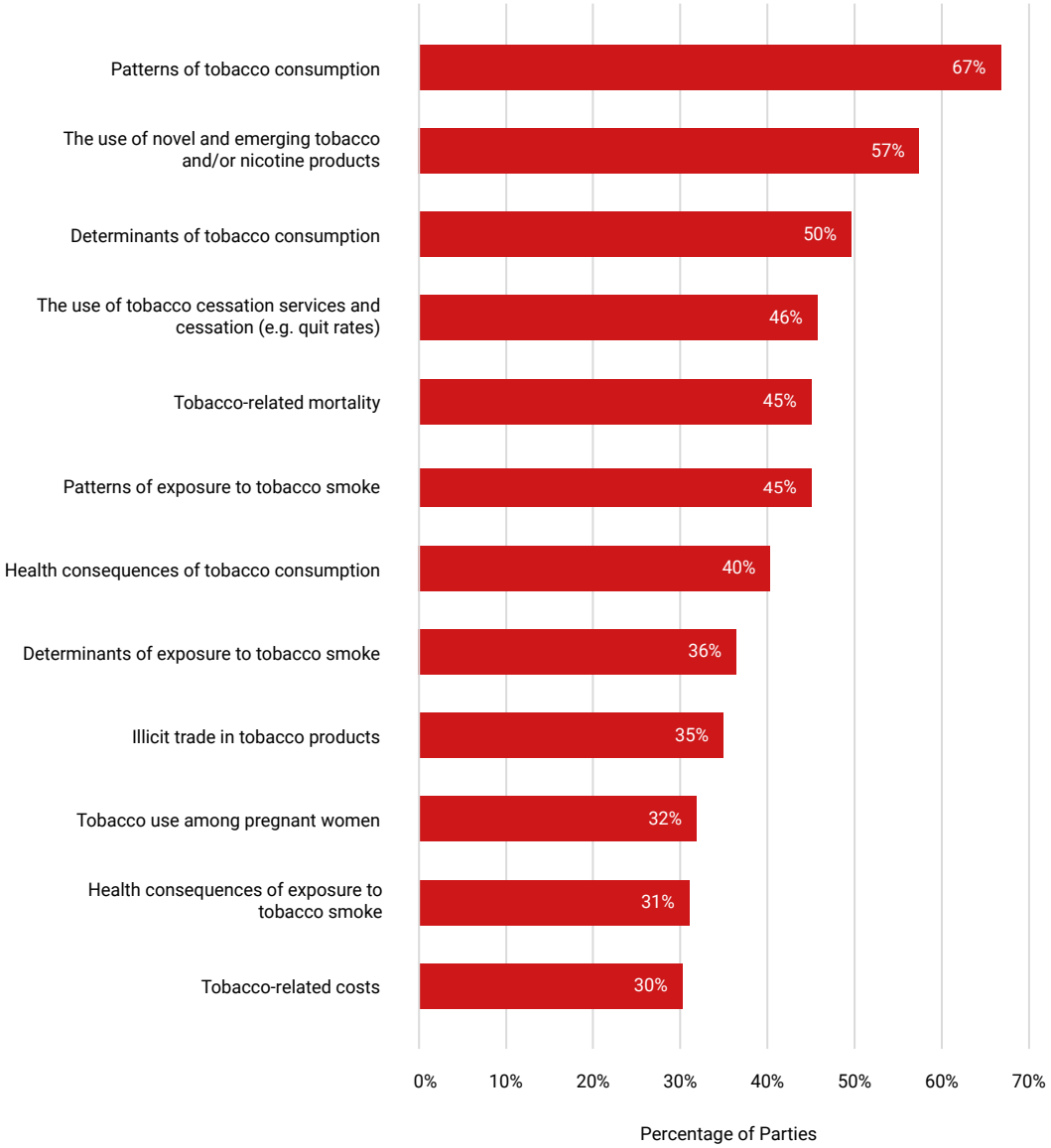
National system for monitoring or epidemiological surveillance

About two thirds (67%) of the reporting Parties answered that they have a national system for monitoring or epidemiological surveillance of patterns of tobacco consumption (**Fig. 42**). It is laudable that monitoring of the use of novel and emerging tobacco and/or nicotine products emerged second on the list. At the other end of the list, it was least common for the reporting Parties to have a national system for monitoring of tobacco-related costs.

In their progress notes, 23 Parties reported having carried out new national surveys and studies, or participating in global or regional surveillance systems such as the Global Youth Tobacco Survey, the European School Survey Project on Alcohol and Other Drugs (ESPAD), the Global Adult Tobacco Survey and the STEPS Noncommunicable Disease Risk Factors Survey. Belgium reported that a new project had been established to coordinate research programmes on the monitoring of, for example, tobacco use and tobacco-related costs. Kenya reported further developing its research infrastructure in an attempt to strengthen research, surveillance and exchange of information. Senegal reported strengthening information exchange, both within the country between various organizations, and externally, with Parties such as Chad, Gambia and Mauritania, which had visited Senegal to learn from their experience.

At the subnational level, the Federation of Bosnia and Herzegovina reported publication of annual statistics for tobacco surveillance. It also reported a research partnership between the Institute for Public Health of the Federation of Bosnia and Herzegovina and the Association for Addiction Prevention NARKO-NE, with support from the Employers' Associations of the Federation of Bosnia and Herzegovina, the aim of which was to complete a health survey of employees.

Fig. 42. Areas covered in Parties' national system for monitoring or epidemiological surveillance, n=129, 2025



Research on tobacco control

Parties were asked whether they funded and/or supported research on various topics since the submission of their previous report. Based on the responses to this question, new research most often focused on the patterns, determinants and health consequences of tobacco consumption (reported by 42 Parties); followed by novel and emerging tobacco or nicotine products (39 Parties); and the patterns, determinants and health consequences of exposure to tobacco smoke (27 Parties).

Examples include Panama, which reported a new study from 2023 on tobacco advertising, promotion and sponsorship of tobacco products. The Republic of Korea reported that a broad range of research projects had been carried out with funding from the National Health Promotion Fund between 2023 and 2024, covering topics such as market analysis, behavioural studies, developing content for preventive interventions, biomarkers of nicotine exposure, evaluation of cessation programmes, approaches to strengthening tobacco control policies, and estimating smoking-attributable deaths and associated socioeconomic burden.

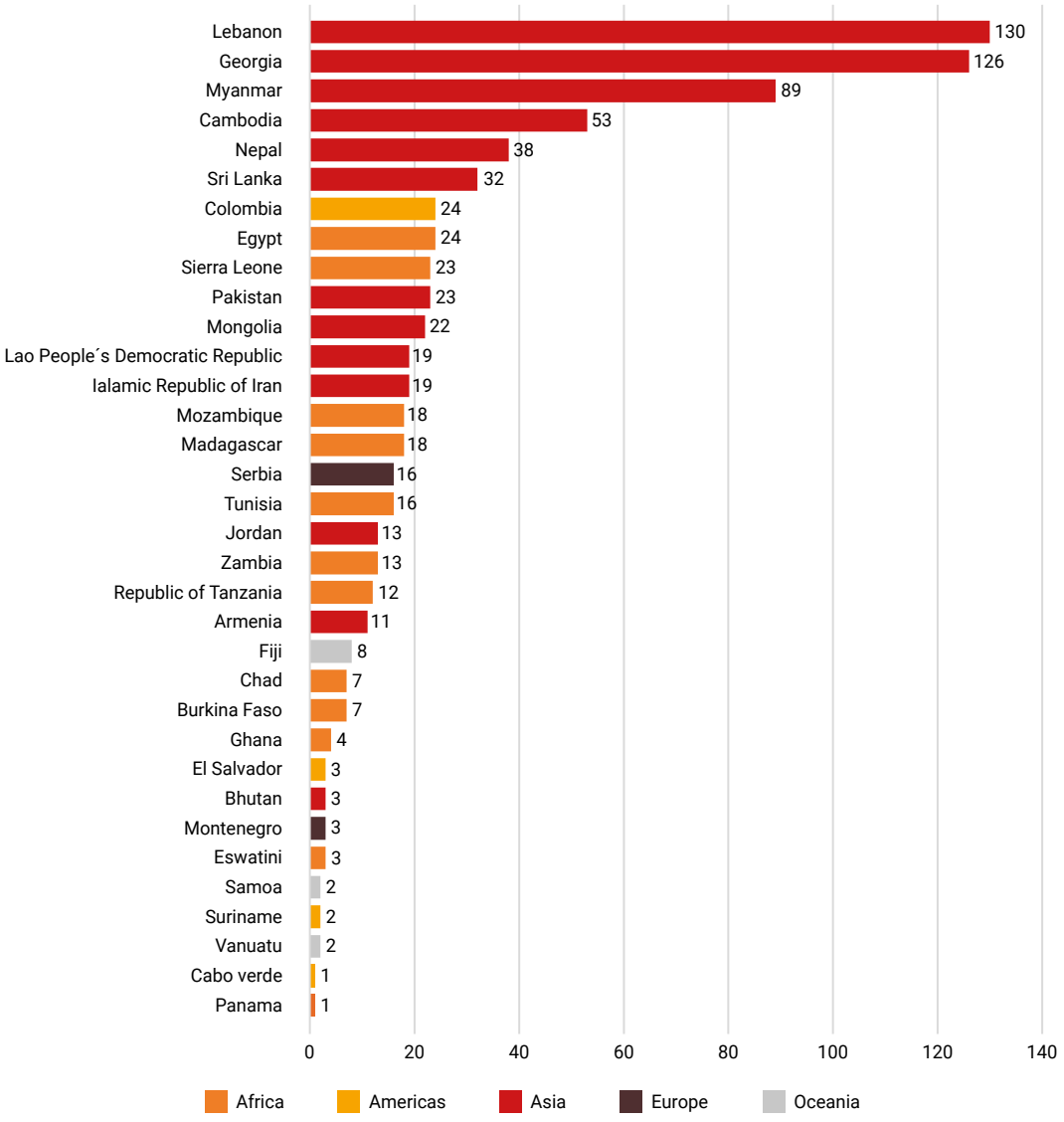
United Nations Development Programme (UNDP) Studying the return on investment in tobacco control

In 2022, tobacco use led to an estimated US$ 1.7 trillion in global social and economic losses – 1.7% of global GDP – through health care costs, lost productivity and other impacts.[64] Investing in tobacco control not only improves public health but also reduces economic burdens and supports progress towards the 2030 Agenda.

To support this, UNDP, in collaboration with the Convention Secretariat and WHO, has conducted investment studies in 34 Parties.[65] These studies assess the current health and economic toll of tobacco use – in the context of WHO FCTC measures currently in place – and estimate the benefits of implementing or strengthening new WHO FCTC measures.

As shown in **Fig. 43**, the number of deaths averted per US$ 10 000 invested varies significantly. Although the health benefits alone justify the investment, the economic returns further strengthen the case for action.

Fig. 43. Health gains: deaths averted per US$ 10 000 invested over 15 years



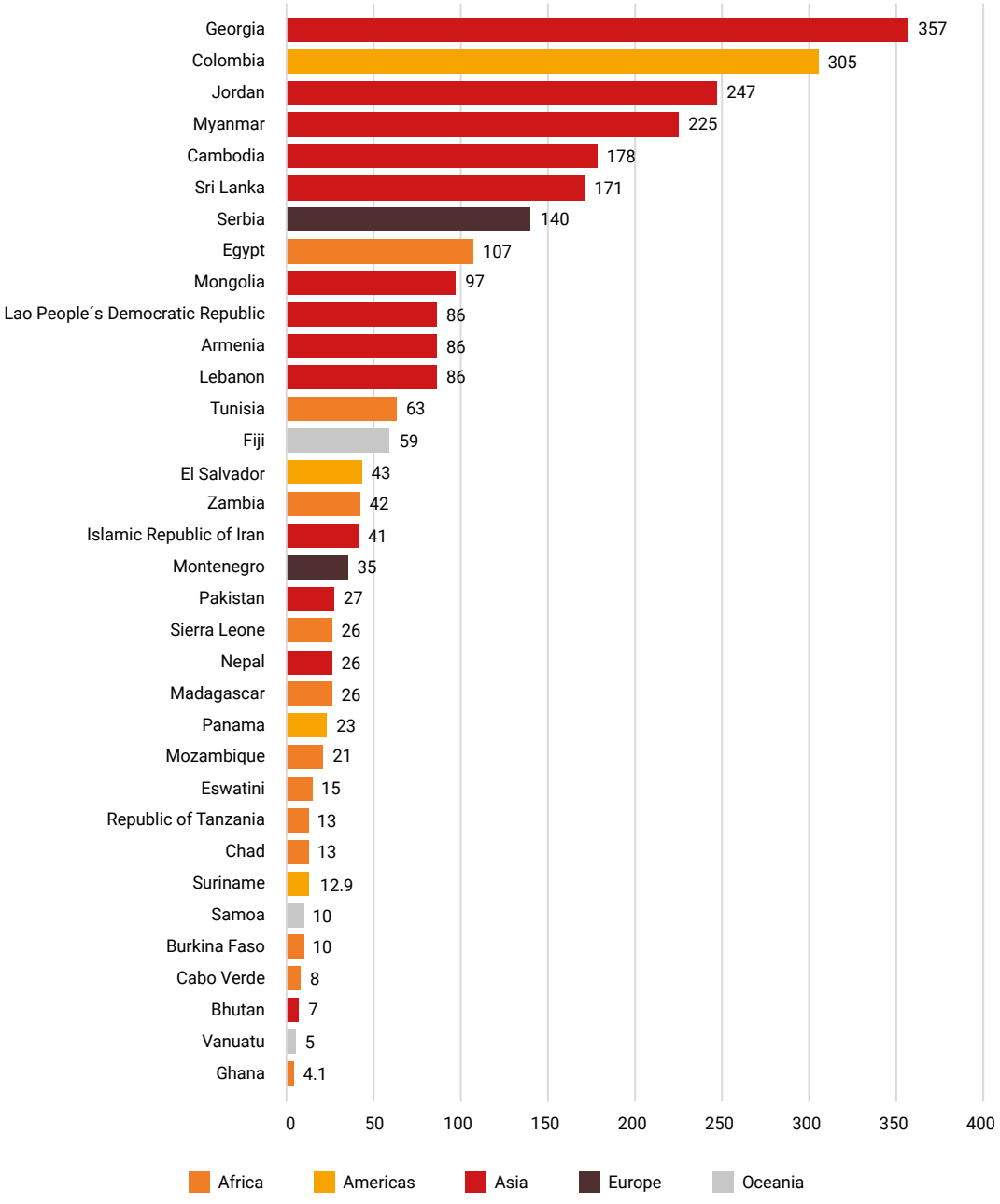
64 https://fctc.who.int/resources/publications/m/item/the-global-case-for-investment-in-tobacco-control
65 https://data.undp.org/insights/health-investment-case/tobacco-control

A return on investment (ROI) analysis compares the economic gains from tobacco control measures with their costs, demonstrating that such investments are not only effective but also economically sound.

Although ROI is positive across all regions and income levels, it varies significantly. Among the 34 Parties, ROI ranged from 4.1 in Ghana (i.e. every dollar invested yielded US$ 4.10 in economic gains) to 357 in Georgia (**Fig. 44**). These differences stem from factors such as implementation costs, valuation of premature mortality, life expectancy and the influence of large countries on aggregate results.

These studies underscore the significant health and economic toll of tobacco and demonstrate that full implementation of WHO FCTC policies delivers strong public health and economic returns. Thus, ROI studies are a powerful tool for informed policy-making.

Fig. 44. Economic impact: ROI over 15 years from full implementation of tobacco control measures



Research to support legislative reforms, national strategies and implementation of regulations

Some Parties noted progress in collecting new data or promoting research in connection with ongoing legislative reforms or strategy development. For example, Australia reported that the Department of Health, Disability and Ageing has commissioned Cancer Council Victoria to research smoking and vaping behaviours. Austria reported that, in 2023, Gesundheit Österreich GmbH conducted interviews with experts on the consumption of nicotine pouches among young people, to support the National Tobacco and Nicotine Strategy that is under development. Spain reported that the new Comprehensive Plan for the Prevention and Control of Smoking includes the promotion of applied research and the monitoring and control of smoking.

The EU, and some EU Member State Parties, mentioned the Joint Action on Tobacco Control 2 (JATC-2) Project, which involved research into a broad array of tobacco control measures, including smoke- and aerosol-free environments, regulation of novel and emerging products, and tobacco endgame strategies. The Project, which ended in 2024, also fostered cooperation among Member States through twice-yearly online meetings. Finland also reported the ongoing EU-funded joint action JA PreventNCD, which includes, for example, research on the enablers and challenges for effective tobacco control measures, provision of cessation support and monitoring tobacco industry interference.

VNR on the SDGs

A total of 26% of reporting Parties (34) noted that they had submitted a VNR on the SDGs since the submission of their previous report.[66] Among these 34 Parties, only 12 reported having included in their VNR Target 3.a (information on progress in strengthening the implementation of the WHO FCTC); the same number reported having included the Indicator 3.a.1 (age-standardized prevalence of current tobacco use among persons aged 15 years and older). Among these 34 Parties, nine reported having included information on tobacco control under other SDG targets.

> “Research, surveillance and information exchange are critical for advancing the implementation of all articles to the WHO FCTC. National data, collected frequently using standardized methods in different population groups, show where Parties have succeeded and where more action is needed. This not only supports evidence-based policy-making, but helps resist industry interference.
>
> **Hanna Ollila, Director, WHO FCTC Knowledge Hub on Surveillance**

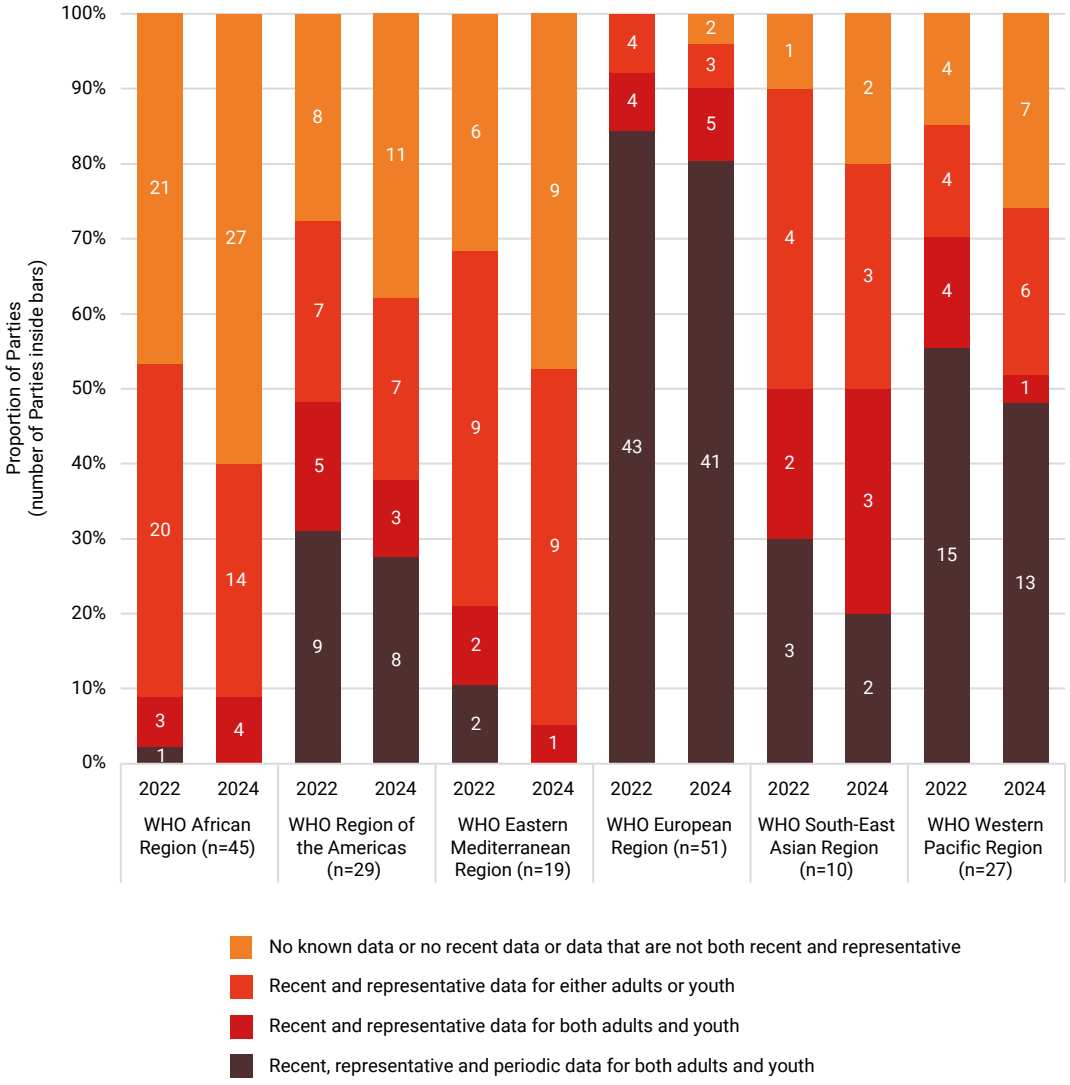
66 https://hlpf.un.org/vnrs

Complementary information deriving from WHO data

Availability of data on the prevalence of tobacco use

WHO assesses surveillance progress by the availability of tobacco use data among adults and youth. In 2024, surveillance was most comprehensive in the WHO European Region, where the majority of Parties had recent, representative and periodic data for both adults and youth (**Fig. 45**). In the WHO Western Pacific Region, almost half of the Parties also had the most comprehensive surveillance. In the other WHO regions, such data were less common. Between 2022 and 2024, an overall decrease in comprehensive surveillance efforts was observed across regions. This has been attributed to the impact of COVID-19, which caused delays in population-level surveys.

Fig. 45. Comprehensiveness of monitoring activities among WHO FCTC Parties[67], by WHO region, 2022 vs 2024



67 Details of the indicators are available from Technical Note I, *WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco*. Geneva: World Health Organization; 2025 (https://www.who.int/publications/i/item/9789240112063).

Reporting and exchange of information (Article 21)

Key observations

- In the 2025 reporting cycle, 129 Parties (69%) formally submitted their implementation reports by using the new reporting instrument adopted at COP10, and the new reporting platform that was put in place after COP10.
- A new status report on the implementation of the indicators of the *Global strategy to accelerate tobacco control: advancing sustainable development through the implementation of the WHO FCTC 2019–2025* is also included in this present report.

The **Introduction** to this report outlined the development of the new reporting instrument and platform used by Parties to submit their implementation reports for the 2025 cycle. The new platform represents a major step forward in information collection under the Convention. It offers Parties secure access to their reports and allows multiple reporting officers to contribute incrementally when needed. A key improvement is the ability for the Convention Secretariat to provide feedback and communicate directly with the reporting Party within the online platform before approving reports, eliminating the need for separate email exchanges.

Another positive development is that Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products are using the same platform. This means that users only need to learn the system once, which is especially helpful when the same officer completes both reports. Effective coordination between officers responsible for WHO FCTC and Protocol implementation reports is essential, and can further ease the reporting burden for countries that are Parties to both treaties.

Looking ahead, reporting will be even more streamlined in the next cycle: Parties will have access to their 2025 data and will not need to start their next reports from scratch. There is also room for continued improvement; the Convention Secretariat is committed to gathering the lessons learned from this reporting cycle and continuing to make further improvements to the reporting system in collaboration with Parties, starting as early as the next reporting cycle.

UN High-Level Meeting on the Prevention of Noncommunicable Diseases and Mental Health.
Photo courtesy of Tibor Szilagyi.

Cooperation in the scientific, technical, and legal fields and provision of related expertise (Article 22)

- Financial assistance was received by one third of reporting Parties (37%), while over half (53%) received technical assistance to support implementation of the WHO FCTC, with WHO and the Convention Secretariat cited as primary providers.
- Provision of financial assistance for the implementation of the Convention was reported by 23% of Parties, while provision of technical assistance was indicated by 37% of Parties.
- International cooperation and capacity-building were highlighted by the Parties in relation to their collaboration through initiatives such as the FCTC 2030 project, WHO FCTC Knowledge Hubs and regional exchanges.

Significant changes in the implementation of Article 22

Among the Parties that provided reports in this cycle, 21 indicated having achieved any significant change in the implementation of Article 22. Initiatives mentioned included technical assistance and capacity-building (including through the FCTC 2030 project of the Convention Secretariat, the "Joint Action on Tobacco Control – 2" project of the European Commission and the assistance received from WHO FCTC Knowledge Hubs), information and knowledge sharing, training and education, research and development, and international cooperation.

Financial assistance for the implementation of the WHO FCTC

Almost one in four reporting Parties (23%) mentioned having provided financial assistance to help strengthen the implementation of the WHO FCTC. Such assistance was mainly provided to civil society (indicated by 13% of Parties) and to the Convention Secretariat (11%), followed by financial assistance provided to WHO (8%).

Over one third of reporting Parties (37%) indicated having received financial assistance to help strengthen the implementation of the WHO FCTC in their jurisdiction. The main source reported for such assistance was WHO (29% of reporting Parties), followed by the Convention Secretariat (16%) and international intergovernmental organizations (11%).

Technical assistance for the implementation of the WHO FCTC

Over one third of Parties (37%) that submitted a report indicated having provided technical assistance to support the implementation of the Convention, mainly to civil society (20%); to another Party to the WHO FCTC (16%); and to a regional intergovernmental organization, the Convention Secretariat and "other" (each reported by 9% of Parties). Among the latter, Parties referred to subnational jurisdictions and stakeholders from different national agencies, the media, universities and tobacco teams at WHO regional offices.

Over half of the Parties (53%) that submitted a report mentioned that they received technical assistance to implement the Convention. Similarly to the financial assistance received, the main provider reported was WHO (39% of reporting Parties), followed by the Convention Secretariat (26%), the WHO FCTC Knowledge Hubs (21%) and civil society (19%).

United Nations Office at Vienna, Austria. Photo courtesy of Tibor Szilagyi

Regarding **international cooperation and capacity-building initiatives**, Belize reported having strengthened regional collaboration with partners through participation in workshops and technical exchanges facilitated by the Pan American Organization, focusing on tobacco control strategies and enforcement practices. Two Parties provided details on their engagement with international organizations such as WHO: Belize, which received technical assistance for legislative review, data collection and community-based tobacco prevention programmes; and Palau, which indicated having received support that enhanced national capacity in areas such as tobacco taxation, tobacco cessation systems and integration of tobacco control into broader NCD strategies. In addition, Cabo Verde reported having received technical assistance on taxation of tobacco, alcohol and sugary drinks, particularly from the WHO FCTC Knowledge Hub on Tobacco Taxation; it also strengthened its partnership and cooperation with Brazil in capacity-building activities in the context of implementing the Convention, after engagement at COP10 in 2024.

Serbia highlighted having received support from the FCTC 2030 project, and the United Kingdom reporting on its continued support to countries eligible to receive Official Development Assistance through that project. Uruguay reported on the relaunch of the WHO FCTC Knowledge Hub, hosted by the Centre for Cooperation on Tobacco Control of the Ministry of Public Health, which now provides technical support to Parties on the implementation of Articles 8 and 14 of the WHO FCTC.

In relation to knowledge exchange, Australia, the Netherlands and the Republic of Korea mentioned having shared experience and information with other countries on their implementation efforts through several means, including direct requests and participation in international meetings and webinars.

Regarding **training and education initiatives**, Austria reported on the implementation of the European Prevention Curriculum by Gesundheit Österreich GmbH, which aims to ensure quality and professionalization in the field of addiction prevention, focused primarily on decision-makers, opinion leaders and policy-makers. Ghana mentioned having organized a training on tobacco control laws for stakeholders and enforcement officers.

In the field of **research**, Finland reported on the development of research, policy briefs and an online toolkit for tobacco endgame measures.Some Parties reported holding important international events through which they contributed to international cooperation among the Parties. India reported that it hosted the Seventh Global Tobacco Regulators Forum in 2023, which brought together international experts and regulators to share scientific knowledge, legal expertise and regulatory experiences in tobacco product regulation, including novel and emerging tobacco and nicotine products. Panama hosted COP10 and the 3rd Meeting of the Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products (MOP3), strengthening international cooperation and agreements.

Contributions to the national, regional and global implementation of the WHO FCTC of those NGOs that are accredited as observers to the COP are also highlighted in their biennial reports available on the website of the Convention Secretariat.

Priorities, constraints or barriers

4

Key observations

- The top three **priorities** for implementation of the WHO FCTC reported by the Parties are cessation programmes/activities; developing new or amending existing legislation or regulation; and public awareness programmes and capacity-building.
- The two most frequently cited **constraints and barriers** were the lack of staff and human resources and insufficient financial resources. They stand above the rest of the challenges by more than 10 percentage points.
- Interference by the tobacco industry and its allies remains an important constraint noted by half of the reporting Parties. For half of these Parties, tobacco industry interference is the **main barrier** they faced.

Priorities for implementation of the WHO FCTC

Among the reporting Parties, 80% indicated their priorities; these 103 Parties listed a total of 334 priorities – an average of 3.24 per Party. Thirty categories of priorities could be identified.

The most frequently mentioned priorities were implementation of cessation programmes/activities (36 Parties); developing new or amending the existing legislation or regulation (33); public awareness programmes and capacity-building (32); promoting smoke-free environments (22); controlling illicit trade in tobacco products, including implementation measures under the Protocol or ratifying/acceding to the Protocol (20); product regulation (Article 9), including reducing attractiveness, banning additives and establishing a national laboratory (20); tobacco taxation (19); advancing implementation of Article 5.3 to address tobacco industry interference (18); enforcement of existing legislation in different areas (18); research, generation of local data, surveillance and information exchange (17); banning TAPS (16); developing tobacco control infrastructure, including national coordinating mechanisms for tobacco control and strengthening leadership in tobacco control (14); and packaging and labelling of tobacco products (13). Some other priorities were mentioned by fewer than 10 Parties each.

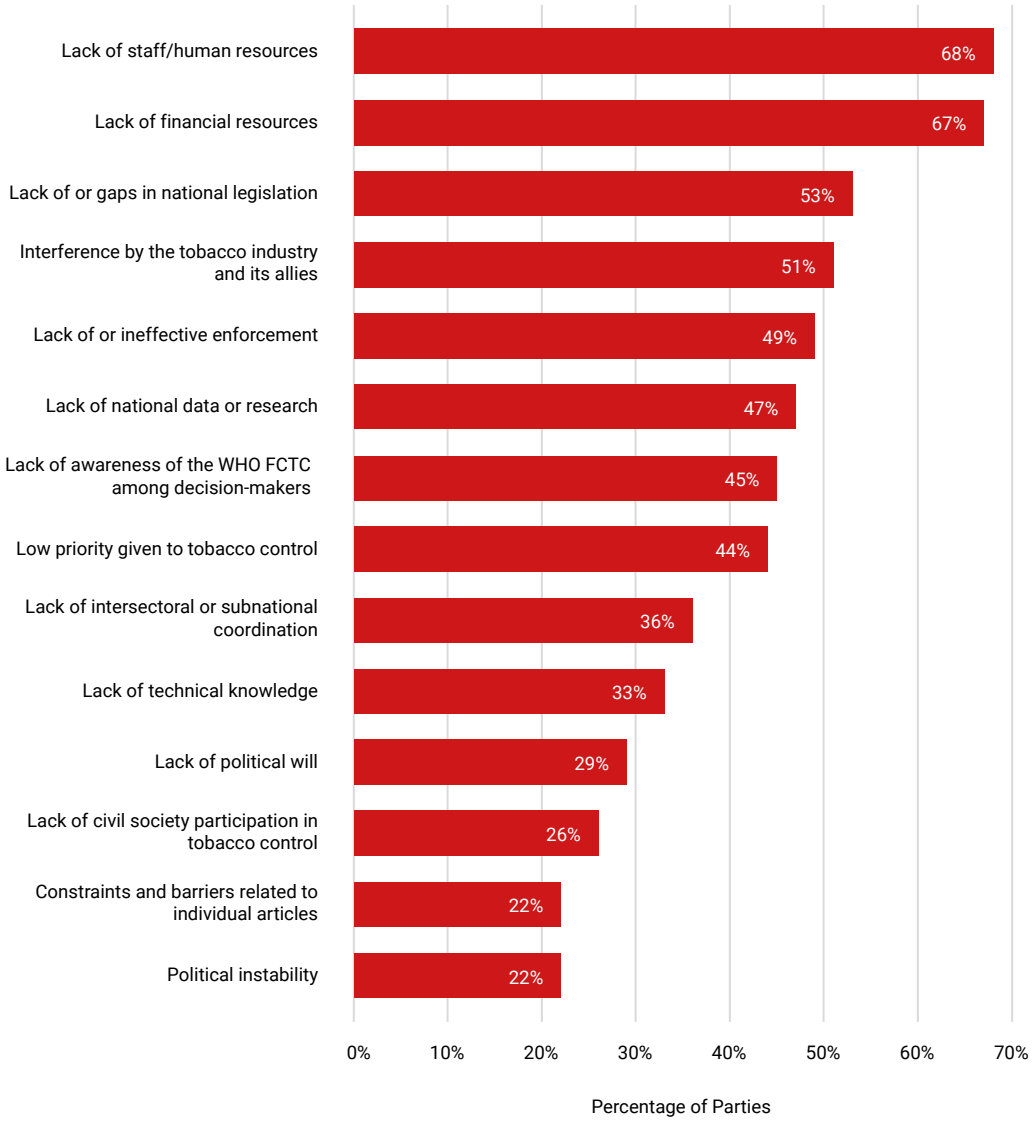
Constraints and barriers to WHO FCTC implementation

Parties were invited to identify major constraints and barriers they have encountered in the past two years by selecting from a predefined list of 14 options. The two most frequently cited challenges – reported by just over two thirds of Parties – were a lack of staff and human resources, and insufficient financial resources. These were followed, at a considerable distance, by gaps in national legislation and interference from the tobacco industry and its allies. At the other end of the spectrum, fewer Parties reported constraints related to civil society participation, specific treaty articles and political instability. (**Fig. 46** provides a detailed breakdown of the reported constraints and barriers.)

As illustrated in **Fig. 46**, half of the reporting Parties identified interference by the tobacco industry and its allies as a constraint to implementing the WHO FCTC. Notably, among these, half considered such interference to be the **main barrier** they faced.

Although 38% of reporting Parties indicated that they had successfully overcome the constraints and barriers encountered, nearly two thirds were unable to do so and may require targeted support to advance implementation. Furthermore, when asked whether receiving technical assistance would be beneficial, 66% of Parties responded affirmatively. This underscores the critical need for sustained and coordinated support from entities equipped to provide such assistance to Parties.

Fig. 46. Constraints and barriers to WHO FCTC implementation, n=129, 2025



When Parties were asked how they overcame major barriers to implementing the WHO FCTC, three key strategies emerged (mentioned by at least 10 Parties each):

- Advocacy and awareness-raising – targeting decision-makers, media and the public to expose tobacco industry interference and promote relevant policies.
- Policy and legislative action – amending laws, developing new strategies and ensuring enforcement.
- Cross-sector collaboration – strengthening coordination among government sectors and engaging civil society.

Additionally, several Parties emphasized the value of capacity-building, for example, generating new data for advocacy, learning from research and publications, undertaking study visits to other Parties and seeking support from Knowledge Hubs. Some also highlighted the need to secure alternative funding sources, both domestically and through international donors.

5 Indicators of the Global Strategy to Accelerate Tobacco Control: a status report

Background

The *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025* was adopted at the Eighth session of the Conference of the Parties (COP8) to the WHO FCTC, through decision FCTC/COP8(16).[68] The decision to adopt the Global Strategy also required the Convention Secretariat to do two things: collect baseline data for the range of indicators identified in the Global Strategy; and report, on a biennial basis, on the progress in implementation of the Global Strategy, as part of its regular biennial global reports on the implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC).

The Global Strategy contains 20 indicators that will be used to measure progress in the implementation of the objectives under its three strategic goals. These indicators are described in the Indicator Compendium for the Global Strategy, which was last updated in May 2023.[69]

This third status report is intended to capture progress in the implementation of the Global Strategy measures since the analysis made (in conjunction with the analysis of Parties' reports) in the 2023 reporting cycle. It is based on information from various sources (both within and outside the Convention Secretariat) and on information reported by the 129 Parties in the 2025 reporting cycle. For certain Global Strategy indicators, information is not collected through the reporting instrument of the WHO FCTC, and cannot be obtained from other data sources. In the case of such indicators, as with previous reports, proxy indicators were used according to the methodologies defined in the Indicator Compendium.[70]

For indicators not directly related to the implementation of the Convention by the Parties – that is, indicators not derived from Parties' reports or country datasets (e.g. those from WHO) – the information was gathered through desk research and communication with relevant stakeholders.

A new reporting instrument was used for the first time in the 2025 reporting cycle. The instrument introduced new questions that better align with the indicators of the Global Strategy and have improved the quality of the data presented in this report.

The current cycle of the Global Strategy was scheduled to end in 2025. However, in decision FCTC/COP10(15),[71] COP10 decided to extend the Global Strategy until 2030, to ensure coherence and alignment with the 2030 Agenda for Sustainable Development.

The data collected on the 20 Global Strategy indicators were reviewed and, where relevant, compared with data from the previous reporting cycle. For information sourced from Parties' reports in the 2025 cycle, submissions were received from 129 Parties, compared to the 2023 dataset, with information from 182 Parties. Hence, results are presented here as a percentage of respondents, to enable meaningful comparisons.

68 https://fctc.who.int/publications/i/item/WHO-CSF-2019.1
69 https://fctc.who.int/resources/publications/m/item/indicator-compendium-global-strategy-to-accelerate-tobacco-control
70 https://fctc.who.int/resources/publications/m/item/indicator-compendium-global-strategy-to-accelerate-tobacco-control
71 https://fctc.who.int/resources/publications/i/item/fctc-cop10(19)-improving-the-reporting-system-of-the-who-fctc

Highlights of the findings

The significant changes achieved by the Parties under **Strategic Goal 1**, by articles, are addressed in previous sections of this Global Progress Report. The WHO FCTC Knowledge Hubs submitted reports to the Convention Secretariat on their work carried out in 2024 and reported having assisted 95 Parties – this is slightly fewer than in the previous reporting cycle.

In relation to the indicator on the number of Parties involved in South–South and Triangular (SST) cooperation programmes, specific SST projects existed in the past but no such projects have been implemented since 2020. The Convention Secretariat facilitated SST cooperation between Parties through the FCTC 2030 project. Under this project, and as a general rule, when a Party expresses the need for support in a particular area, the Convention Secretariat identifies Parties or entities from other Parties that could provide such support.

Under **Strategic Goal 2**, the Convention Secretariat reiterated to Parties the importance of including implementation of the WHO FCTC in their voluntary national reviews (VNRs) on domestic implementation of the Sustainable Development Goals (SDGs). In 2023-2024, in the 73 VNRs from Parties analysed, 28 Parties (38%) reported on SDG Target 3.a in VNRs, and 17 Parties (23%) listed the indicator for SDG Target 3.a (Indicator 3.a.1) in their reports. These figures are similar to those from the earlier VNRs. A question on this matter was included in the revised WHO FCTC reporting instrument following decision FCTC/COP10(19);[72] the aim was to raise awareness among the WHO FCTC focal points of the opportunity to promote their work on WHO FCTC implementation through their VNRs.

Also under Strategic Goal 2, the number of Parties where WHO country offices included the WHO FCTC in their Country Cooperation Strategy (CCS) was examined. Among a total of 58 CCS reports and two CCS briefs examined, WHO FCTC implementation was included in 32 CCS (53% of cases), SDG Target 3.a was included in 18 CCS (30%) and tobacco control was included in 57 CCS (95%).

Under **Strategic Goal 3**, arrangements were made for the establishment of a voluntary implementation peer review and support mechanism for the WHO FCTC, pursuant to decision FCTC/COP10(22);[73] a report on the implementation of that mechanism will be provided by the Convention Secretariat in document FCTC/COP/11/11. Also under Strategic Goal 3 were development of an indicator to measure the gap in global funding for implementation of the WHO FCTC and calculation of the global funding gap.

72 https://fctc.who.int/resources/publications/i/item/fctc-cop10(22)-voluntary-implementation-peer-review-and-support-mechanism

73 https://fctc.who.int/resources/publications/i/item/fctc-cop10(22)-voluntary-implementation-peer-review-and-support-mechanism

Status by strategic goals and indicators

The current status of each indicator is presented in the order that these indicators appear in the Global Strategy.

Strategic Goal 1

Strategic Goal 1: Accelerating action

Indicators under Strategic Goal 1 refer to the implementation work carried out by the Parties, specifically in the areas covered by Article 5 (General obligations) and Article 6 (Price and tax measures), and under the time-bound provisions covered by Article 8 (Protection from exposure to tobacco smoke), Article 11 (Packaging and labelling of tobacco products) and Article 13 (Tobacco advertising, promotion and sponsorship) of the Convention.

To assess the number of Parties with strengthened tobacco control measures under the time-bound articles (Articles 8, 11 and 13), and owing to changes in the 2025 WHO FCTC reporting arrangements, all relevant indicators were sourced from WHO data collected for the upcoming 2025 *Global report on the tobacco epidemic*.

Other indicators under Strategic Goal 1 refer to the number of Parties that received or provided financial and/or technical support to each other, the number of Parties that have received assistance from the WHO FCTC Knowledge Hubs, and the number of Parties that have been involved in SST projects.

Indicators under Strategic Objective 1.1

1. Number of Parties reporting having received or provided financial and/or technical support

This indicator corresponds to several questions in the *Cooperation in the scientific, technical, and legal fields and provision of related expertise* section of the reporting instrument of the WHO FCTC that was used in the 2025 reporting cycle.

Changes in the instrument used in this reporting cycle made it possible to better describe the number of Parties that have given the target of their provision of assistance or the source of their receipt of assistance. The responding Parties could select from a pre-set list of targets or sources; for example, other Parties, intergovernmental organizations (IGOs), nongovernmental organizations (NGOs) and WHO FCTC Knowledge Hubs.

Among the Parties that provided a report in the 2025 reporting cycle, 23% indicated that they had provided financial assistance to strengthen the implementation of the WHO FCTC, and more than one third (37%) reported that they had received such assistance. Of the Parties that reported having received financial assistance, 80% received such assistance from WHO, 42% from the Convention Secretariat and 30% from civil society organizations (CSOs).

Among the Parties that provided information about technical assistance to strengthen the implementation of the WHO FCTC, 37% reported having provided such assistance and 53% reported having received such assistance. Of the Parties that reported having received technical assistance, 72% received technical assistance from WHO, 48% from the Convention Secretariat, 39% from WHO FCTC Knowledge Hubs and 35% from CSOs.

Overall, half of the Parties that reported in the 2025 reporting cycle indicated that they have provided technical and/or financial assistance to strengthen the implementation of the WHO FCTC, and 59% reported that they have received such assistance.

There are persistent signs of underreporting by Parties regarding the assistance they provide or receive. Mechanisms such as needs assessments and related activities, coordinated by the Convention Secretariat and its partners, are not consistently reflected in implementation reports. For instance, although needs assessment missions were conducted in five Parties between 2023 and 2024, only two of those five Parties acknowledged receiving assistance from the Convention Secretariat. This discrepancy highlights the need for improved reporting practices.

To address these gaps, Parties should be further encouraged to submit comprehensive and accurate information on assistance activities, including both financial and technical support provided or received, and any unmet needs. Enhanced reporting would support more effective resource allocation and help in identifying areas requiring targeted support.

Biennial reports submitted by NGOs accredited as observers to the COP as part of their reaccreditation process have proven useful in supplementing Party-reported data. These reports offer additional insights into the types of support provided to Parties, including specific examples of assistance. They should continue to be used to enrich the overall understanding of implementation support under the Convention. Further analysis of international cooperation, including examples of technical assistance and capacity-building initiatives, can be found in the Article 22 section of this report.

In Section 18.3 of the 2025 reporting instrument (Assistance in legal proceedings relating to civil and criminal liability), six Parties responded that they had assisted other Parties in legal proceedings relating to the civil and criminal liability of the tobacco industry. Notably, two of these Parties did not indicate having assisted under the broader cooperation section, further highlighting inconsistencies in reporting.

2. Number of Parties that have submitted a costed national tobacco control plan as part of their regular WHO FCTC reports

The 2025 reporting instrument asks Parties about their national tobacco control plans or strategies. Of the 51 Parties that responded affirmatively to having a costed plan or strategy, 27 submitted a copy of it as part of their reports. Details of the responses to the questions about plans or strategies are provided under Indicator 20 of the Global Strategy, at the end of this chapter.

3. Number of Parties implementing price and tax measures

In relation to Article 6 of the Convention, the 2025 reporting instrument of the WHO FCTC uses an indicator on Parties having “tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption”. Among the Parties that provided a report in the 2025 reporting cycle, 78% responded affirmatively to this question; this contrasts with the 2023 dataset, in which 84% of the Parties indicated that they had adopted tax and price policies.

The 2025 reporting instrument also asks Parties whether there has been any significant change in the implementation of Article 6 in their country since the submission of their previous report. Among the Parties providing a report, 44% responded affirmatively to this question, and almost half of the reporting Parties provided details of such changes.

To illustrate these policies, the information on tobacco taxes and prices derived from WHO’s data collection is also analysed in the section of this report that covers Article 6 (which also provides examples of implementing price and tax measures).

4. Number of Parties with strengthened national tobacco control measures

The Indicator Compendium describes this indicator as follows: "Number of Parties with strengthened national tobacco measures is defined as those Parties that have implemented the time-bound measures (Articles 8, 11 and 13) of the Convention". The Compendium also states that the time-bound requirements for Article 8 are listed in the guidelines for implementation of that article, adopted at COP2 in decision FCTC/COP2(7), while the time-bound requirements for Articles 11 and 13 are listed in the text of the Convention. Owing to the complex nature of this indicator, it was quantified and measured using the methodology proposed in the Indicator Compendium.

The 2025 reporting instrument includes questions on whether there has been a "significant change" in the implementation of the different articles since the last reporting cycle; it also asks for a brief description of the progress made in implementing that article. These questions provide Parties with an opportunity to self-assess their progress under the time-bound articles.

In the 2025 reporting cycle, 53% of Parties that submitted a report indicated a significant change in the implementation of at least one of the time-bound articles (8, 11 or 13): 35% of Parties reported a significant change in the implementation of Article 8, 36% in the implementation of Article 11 and 26% in the implementation of Article 13.

In the previous reporting instruments, Parties were asked whether they had adopted and implemented, where appropriate, legislative, executive, administrative or other measures for the different articles; they were also asked to provide a brief description of the progress made in implementing those articles. The 2023 analysis found that, in the reporting cycle, 67% of Parties indicated progress in implementing at least one measure under Articles 8, 11 or 13. In the 2023 dataset, some Parties did not provide fresh data (i.e. some of the responses were submitted in earlier reporting cycles, not in 2023, because the 2023 dataset included the "latest" available response or information from Parties). Therefore, it is not possible to compare data from 2023 with the results obtained from the 2025 reporting instrument.

To assess progress in the implementation of specific measures under these time-bound articles, the dataset received from WHO was used, and the 2022 and 2024 data were compared. From that dataset, examples of some of the measures where the most progress was detected between the two data points were selected. The full set of information, by Parties, and by indicators, is available in the *WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco*.[74] Because these are time-bound measures, the level of implementation was always among the highest; therefore, only small changes in their implementation could be observed.

Article 8 (Protection from exposure to tobacco smoke)

In relation to indoor workplaces and public places where smoking is banned, there were several changes from 2022 to 2024. By 2024, three additional Parties banned smoking in health care facilities (indoor and outdoor), four in universities, three in offices and workplaces, five in restaurants and four in hotels.

With respect to banning the use of novel products in public places, five additional Parties banned the use of heated tobacco products (HTP) in all public places, and eight additional Parties banned the use of e-cigarettes in all public places.

74 https://www.who.int/publications/i/item/9789240112063

Article 11 (Packaging and labelling of tobacco products)

When examining WHO data on measures mandating specific health warnings on tobacco packages, there were several changes from 2022 to 2024. Three additional Parties mandated health warnings on cigarettes, two Parties on other smoked tobacco and three Parties on smokeless tobacco. With respect to plain packaging, three additional Parties introduced plain packaging in their cigarette packs and two in other smoked tobacco. The WHO dataset does not contain information on health warnings for HTP or e-cigarettes for 2022, so it is not possible to examine progress on these products.

Article 13 (Tobacco advertising, promotion and sponsorship)

When examining data on national laws that completely ban direct advertising of all tobacco products, there were several changes from 2022 to 2024. Four additional Parties banned advertising at the point of sale, four additional Parties completely banned tobacco vending machines and five additional Parties banned internet sales of tobacco products.

The WHO dataset does not contain information on health warnings for HTP or e-cigarettes for 2022, so it is not possible to examine progress on these products.

Examples of progress made in Articles 8, 11 and 13 – as reported by the WHO FCTC Parties – can be found in the *WHO report on the global tobacco epidemic, 2025*;[75] additional examples can be found in the respective sections of this report.

5. Number of Parties that have identified WHO FCTC implementation as a development priority, including it in their United Nations Development Assistance Framework (UNDAF)

In 2019, the United Nations Development Assistance Framework (UNDAF) was renamed the United Nations Sustainable Development Cooperation Framework (UNSDCF). The name change reflects differences between the frameworks in, for example, purpose, alignment, leadership and accountability, scope and involved partnerships.

In accordance with the Indicator Compendium, this indicator refers to countries that have implemented the WHO FCTC as a development priority by indicating activities related to it as part of their domestic engagement with the UNDAF or UNSDCF.

To quantify this indicator, a search was conducted on the United Nations Sustainable Development Group "UN INFO" webpage.[76] As part of the search, UNDAFs or UNSDCFs that included the years 2023 and 2024 (some started earlier and others ended later) were extracted. Within the extracted documents, a search was conducted for the terms "FCTC", "tobacco", "smoking" and "non-communicable diseases" or "NCDs". A total of 111 documents were extracted and analysed. The implementation of the WHO FCTC was mentioned in four cooperation frameworks, and "tobacco" or "smoking" in 15 such frameworks, whereas NCDs were mentioned in 73 documents. Mentioning NCDs in the documents could have been seen as an opportunity for those Parties to also mention tobacco as a risk factor, and the WHO FCTC as the global instrument that could be used to address that risk factor.

In the previous reporting cycle, through a similar search, only one Party was identified as mentioning the implementation of the WHO FCTC as part of its UNDAF or UNSDCF.

75 https://www.who.int/publications/i/item/9789240112063
76 https://uninfo.org/documents

Indicators under Strategic Objective 1.2

6. Number of Parties that have received assistance from the WHO FCTC Knowledge Hubs

This indicator is defined as the number of Parties that have received any form of assistance from at least one of the WHO FCTC Knowledge Hubs on matters within their expertise in relation to the Convention. Currently, there are nine WHO FCTC Knowledge Hubs.

Measurement of the indicator was based on the information collected by the Convention Secretariat from the WHO FCTC Knowledge Hubs. In the current reporting cycle and by the end of 2024, the nine WHO FCTC Knowledge Hubs had assisted 95 Parties. The number of Parties assisted primarily depends on the requests submitted by the Parties to the WHO FCTC Knowledge Hubs, as well as the capacity of the latter.

The three WHO FCTC Knowledge Hubs that reported assisting the highest number of Parties were the Knowledge Hub on Legal Challenges (34 Parties assisted), the Knowledge Hub for Article 5.3 (30 Parties assisted), and the Knowledge Hub for Public Awareness in relation to Article 12 (15 Parties assisted). The Knowledge Hubs on Smokeless Tobacco and on Tobacco Taxation assisted seven Parties each, whereas the Knowledge Hub on Surveillance and the Knowledge Hub on International Cooperation on Smoke-Free Environments and Tobacco Cessation each assisted one Party.

The Knowledge Hub on Waterpipe Tobacco Smoking and the Knowledge Hub on Articles 17 and 18 did not receive any requests for assistance.

7. Number of Parties involved in South–South and Triangular cooperation programmes, either as a provider or recipient

SST cooperation is a potential tool for promoting collaboration among the Parties in accordance with Article 22 of the Convention. Parties might face similar challenges, and identifying and addressing them through peer support could serve as the basis of mutual assistance projects.

The Convention Secretariat continues to facilitate SST between Parties through the FCTC 2030 project. During the most recent FCTC 2030 Parties meeting, which took place in Bangkok in November 2024, Parties had the opportunity to exchange experiences and good practices in the implementation of the WHO FCTC.

The Convention Secretariat, in collaboration with the Knowledge Hub for Public Awareness, organized a regional workshop in March 2025 in Senegal. The aim was to equip government representatives and WHO country offices from Burkina Faso, Chad, Madagascar, Senegal and Tunisia with skills to develop and implement targeted, cost-effective communication strategies for stronger tobacco control policies. The workshop fostered collaboration and knowledge sharing between the participating Parties.

In addition, some countries – for example, Uruguay, through its International Cooperation Center on Tobacco Control – continue their SST cooperation efforts in tobacco control. Furthermore, when a Party expresses the need for support in a particular area, the Convention Secretariat identifies Parties or entities from other Parties that could provide such support and facilitates their collaboration.

Strategic Goal 2

Strategic Goal 2: Building international alliances and partnerships across sectors and civil society to contribute to WHO FCTC implementation

Indicators under Strategic Goal 2 highlight the ways in which Parties engage with partners while implementing the Convention. These include IGOs and NGOs, as well as engagements under the 2030 Agenda for Sustainable Development.

Indicators under Strategic Objective 2.1

8. Number of development agencies, intergovernmental organizations, international organizations or initiatives that include WHO FCTC implementation in their strategies or plans

The Indicator Compendium defined this indicator as the number of agencies or organizations within the United Nations (UN) system and other relevant international agencies and initiatives that integrate WHO FCTC implementation in their strategies, plans and programmes.

When collecting data for this indicator, information was extracted from the websites of different development agencies, IGOs, international organizations or initiatives. In some instances, the Convention Secretariat contacted organizations by email for information. Complementary information was found on webpages of the United Nations Ad Hoc Inter-Agency Task Force on Tobacco Control (which was incorporated in the work of the United Nations Inter-Agency Task Force on the Prevention and Control of NCDs, UNIATF).[77]

UN entities have been active in tobacco control, implementing programmes and publishing resources to support Parties in strengthening WHO FCTC implementation. Relevant activities are summarized in Table 22.

Table 22. Agencies, organizations and initiatives that include WHO FCTC implementation (or any aspect of it) in their strategies, plans and programmes

Agencies, organizations and initiatives	Details of inclusion of WHO FCTC implementation
ACBF African Capacity Building Foundation	The 2023–2027 ACBF strategic plan[78] describes how ACBF has contributed to enhancing the institutional capacity of 16 CSOs working on tobacco control in Africa, and continues to include institutional capacity as one of the objectives of this new strategic plan. ACBF, in partnership with the Centre for Tobacco Control in Africa (CTCA) and Youth in Action, convened the 2nd Africa Conference on Tobacco Control and Development[79] in Accra, Ghana, on 13–14 November 2024. The conference concluded with a renewed commitment from all participants to advance the tobacco control agenda in Africa.
FAO Food and Agriculture Organization of the United Nations	Following a request from the Head of the WHO FCTC Secretariat, the FAO's Strategy for Private Sector Engagement 2021–2025[80] excludes engagement with entities involved in the production and wholesale distribution of tobacco products.

77 https://openknowledge.fao.org/server/api/core/bitstreams/0f8375b9-c06f-4af1-a3a1-16a140d5bd67/content
78 https://theacbf.org/wp-content/uploads/2025/08/Strategic-Plan-2023-2027-1.pdf
79 https://whova.com/web/qOHMecougZAtHKS47RAAapyNAmhP70SSRUqW-xtuqvk%3D/
80 https://openknowledge.fao.org/server/api/core/bitstreams/0f8375b9-c06f-4af1-a3a1-16a140d5bd67/content

IAEG-SDGs Inter-agency and Expert Group on SDG Indicators	The Convention Secretariat, as co-custodian of Target 3.a of the SDGs, participated in the 15th meeting of the IAEG-SDGs in November 2024. These meetings are platforms for information exchange and joint programming between UN agencies that are custodians of SDG targets. The IAEG-SDGs' meeting oversaw the second and final comprehensive review of the global indicator framework ahead of the 56th session of the United Nations Statistical Commission in March 2025. It also has a critical role in the development of the new set of SDG indicators beyond 2030.
ILO International Labour Organization	In 2023, the ILO released a Framework for Action on Child Labour (2023–2025),[81] responding to the increase in child labour numbers in various sectors, including tobacco.
MERCOSUR Southern Common Market	Over the past two years, the Mercosur Intergovernmental Commission on Tobacco Control (CICT) has organized regional meetings to coordinate regional policies for tobacco control.
OIC Organization of Islamic Cooperation	The Statistical, Economic and Social Research and Training Centre for Islamic Countries (SESRIC), a subsidiary organ of the OIC, developed the "Tobacco Free OIC" initiative[82] to address the tobacco epidemic among its Member States. SESRIC has organized various capacity-building programmes; for example, a training course on "Supporting tobacco farmers through tobacco control programmes", which was conducted in February 2024.
South Centre	The South Centre has collaborated with the WHO FCTC to support developing countries in implementing effective tobacco control policies. These efforts include organizing workshops and providing technical assistance to strengthen national capacities in tobacco regulation.
UNCTAD United Nations Conference on Trade and Development	UNCTAD's role in illicit trade has focused on research, policy development and facilitating international cooperation to combat illicit trade. In April 2024, UNCTAD organized a special session titled *Illicit trade and waste: environmental challenges and trade solutions*.[83] This session aimed to explore the challenges posed by illegal trade, including illicit tobacco trade, and to identify positive trade measures to combat such issues.
UNDP United Nations Development Programme	Over recent years, UNDP, in cooperation with the Convention Secretariat and WHO, has conducted tobacco control investment case studies in 34 countries worldwide.[84] The purpose of the tobacco control investment case studies is to quantify the health and economic burden of tobacco use in a specific country (in the context of WHO FCTC measures that are in place), and to estimate the impact that implementing new WHO FCTC measures – or strengthening existing measures – would have on reducing this burden. UNDP has also published, in collaboration with the Convention Secretariat, sectoral briefs on what different ministers need to know about tobacco control. The latest of these briefs was published in 2024, *Tobacco control: what ministries of environment need to know*.[85] This document outlines the crucial role of ministries of environment in tobacco control, emphasizing actions such as: • advancing laws, policies, regulations and other measures to combat the environmental harms of tobacco. • ensuring the ministry's participation in multisectoral planning and coordination for tobacco control; • strengthening independent data collection on the impacts of growing tobacco and raising awareness on the harms of the tobacco product's life cycle; • requiring transparent and accurate information from the tobacco industry; • campaigning for and supporting the elimination of tobacco farming subsidies and other investment incentives for the tobacco sector, exploring instead how to advance sustainable food systems and other sustainable alternatives; and • campaigning for and supporting economically viable alternatives for tobacco workers, growers and, as the case may be, individual sellers, as called for by WHOFCTC Articles 17 and 18.

81 https://www.ilo.org/publications/framework-action-child-labour-2023-2025
82 https://sesric.org/tfo/
83 https://unctad.org/meeting/special-session-illicit-trade-and-waste-environmental-challenges-and-trade-solutions#:~:text=This%20session%20aims%20not%20only%20to%20dissect%20the,to%20the%20lasting%20mitigation%20of%20this%20global%20problem
84 https://data.undp.org/insights/health-investment-case/tobacco-control
85 https://www.undp.org/publications/tobacco-control-what-ministries-environment-need-know

UNEP United Nations Environment Programme	In February 2022, UNEP launched a partnership with the Convention Secretariat to raise awareness and drive action on the extensive environmental and human health impacts of microplastics in cigarette filters. The partnership is facilitated through UNEP's "Clean Seas" campaign – a global coalition comprised of 63 countries devoted to ending marine plastic pollution.[86] Perspectives Issue 45, titled *Plastic tobacco filters – a problematic and unnecessary plastic impacting the environment and human health*,[87] looks at the damage caused by tobacco filters – a plastic product – to the environment, and how the Plastics Treaty is an opportunity to beat this toxic plastic pollution.
UNESCO United Nations Educational, Scientific and Cultural Organization	In 2024, UNESCO collaborated with the United Nations Development Programme (UNDP) to produce a brief – in UNDP's sectoral briefs series – titled *Tobacco control: what ministries of education need to know*.[88] This document outlines the crucial role of ministries of education in tobacco control, emphasizing actions such as: • implementing and enforcing 100% tobacco-free school policies and integrating tobacco control topics into school curricula; • participating in multisectoral tobacco control action plans; and • promoting policy coherence between education and health sectors. • The brief also highlights the benefits of tobacco control for educational outcomes, suggesting that reduced tobacco use can lead to improved school attendance and performance. UNESCO's educational mandate aligns with WHO's 2023 launch of a toolkit aimed at creating tobacco- and nicotine-free environments in schools.[89] This toolkit provides practical guidance for school management and staff to: • develop comprehensive nicotine- and tobacco-free policies; • offer preventive education and support for students wishing to quit tobacco use; • communicate the harmful effects of tobacco and nicotine, including industry marketing tactics targeting youth; and • enforce policies effectively, addressing noncompliance and monitoring policy impact.
UNIATF United Nations Inter-Agency Task Force on the Prevention and Control of NCDs	UNIATF, which was created in 2014, brings together 45 UN system agencies and IGOs to support governments in reducing the burden of NCDs, including mental health conditions, to meet the goals and targets of the 2030 Sustainable Development Agenda.[90] The WHO FCTC Secretariat is a member of this task force, and tobacco control is one of the main topics in the agenda of the UNIATF.
UNICEF United Nations Children's Fund	In 2023, UNICEF published *A child rights-based approach to food marketing: a guide for policy makers*,[91] in which the governments are urged to "ban the advertising, promotion and sponsorship of all children's sporting events, and other sporting events which could be attended by children, by manufacturers of alcohol, tobacco and unhealthy foods". In 2024 UNICEF published a report titled *Building blocks for lifelong health: why we must prioritize children – call to action for the private sector*,[92] which addressed the prevention of tobacco consumption in children, and *Clean air, healthy children: an agenda for action – protecting children from seven deadly sources of air pollution*,[93] in which secondhand smoke is addressed as one of the seven deadly sources of air pollution.
UNITAR United Nations Institute for Training and Research	In 2023, UNITAR established the "Division on Non-Communicable Diseases (NCD), Digital Health, and Capacity Building", which focuses on addressing NCDs, including those exacerbated by tobacco use. Its strategic approach involves developing health promotion campaigns and prevention strategies tailored to specific populations, empowering health systems through training health care professionals and leveraging technology to enhance service delivery.

86 https://fctc.who.int/newsroom/spotlight/environment/clean-seas-campaign---a-joint-collaboration-between-unep-and-the-secretariat-of-the-who-fctc#
87 https://www.unep.org/resources/perspective-series/issue-no-45-plastic-tobacco-filters-problematic-and-unnecessary
88 https://www.undp.org/publications/tobacco-control-what-ministries-education-need-know
89 https://www.who.int/europe/news/item/26-09-2023-who-launches-toolkit-for-schools-to-create-a-tobacco-and-nicotine-free-environment
90 https://uniatf.who.int/
91 https://www.unicef.org/media/139591/file/A%20Child%20Rights-Based%20Approach%20to%20Food%20Marketing.pdf
92 https://www.unicef.org/media/167076/file/Building-blocks-for-lifelong-health-prioritize-children-2025.pdf
93 https://www.unicef.org/reports/clean-air-healthy-children-agenda-action

World Bank	The World Bank has continued its commitment to tobacco control, working with countries worldwide. In 2023, at the request of the MoH of Armenia and to support ongoing efforts to improve population health and revenue, the World Bank published a study titled *The impact of health taxes in Armenia.* The study estimates the health impacts of increasing taxation on sugar-sweetened beverages, alcohol, and tobacco across gender and income-quintiles (24). In 2024, in collaboration with WHO, the World Bank co-hosted the "Global Tobacco Control Summit" in Geneva. The summit brought together policy-makers, researchers and public health advocates to discuss strategies for strengthening tobacco control measures worldwide, emphasizing the importance of integrating tobacco taxation into broader fiscal policies.
WCO World Customs Organization	In 2023, WCO published *Illicit trade report 2023*,[94] under its enforcement and compliance series. The report provides an in-depth analysis of the current state, evolving trends and complex impacts of illicit trade of various products, including tobacco.
WHO World Health Organization	The Convention Secretariat works closely with different departments of WHO; in particular, with No Tobacco. This WHO unit continues to actively work with Parties (and non-Parties as WHO Member States) to the Convention to reduce tobacco use and to promote public health policies that limit tobacco consumption. Tobacco control has been included once again in the Fourteenth General Programme of Work 2025–2028 (GPW14).[95] Furthermore, some WHO regional offices have specific tobacco control action plans, such as: • Regional Office for the Americas: Strategy and plan of action to strengthen tobacco control in the Region of the Americas 2025–2030; • Regional Office for the Eastern Mediterranean: Regional strategy and action plan for tobacco control 2019–2023; • Regional Office for Europe: Roadmap of actions to strengthen implementation of the WHO Framework Convention on Tobacco Control in the European Region 2015–2025: making tobacco a thing of the past; and • Regional Office for the Western Pacific: Regional action plan for tobacco control in the Western Pacific (2020–2030). Document COP10(22), *Strengthening synergies between the Conference of the Parties and the World Health Assembly*,[96] contained in the document package for COP10, provides information on resolutions and decisions of the WHO World Health Assembly relevant for tobacco control.
WTO World Trade Organization	Published in 2023, the book *International export regulations and controls: navigating the global framework beyond WTO rules*,[97] addresses tobacco control within the context of international trade regulations. The publication explores how various international agreements, including the WHO FCTC, influence the export and import of tobacco products.

COP: Conference of the Parties; WHO FCTC: WHO Framework Convention on Tobacco Control; IGO: intergovernmental organization; NCD: noncommunicable disease; SDG: Sustainable Development Goal; UN: United Nations; WHO: World Health Organization.

94 https://www.wcoomd.org/-/media/wco/public/global/pdf/topics/enforcement-and-compliance/activities-and-programmes/illicit-trade-report/itr_2023_en.pdf
95 https://iris.who.int/server/api/core/bitstreams/46cc7cac-e35e-451b-808e-1f0e4ad5f68c/content
96 https://iris.who.int/server/api/core/bitstreams/236661ee-dfc8-47f0-897d-57c8354f4472/content
97 https://www.wto-ilibrary.org/content/books/9789287075079

9. Number of Parties where WHO country offices included WHO FCTC implementation in the country cooperation strategies

This indicator is defined as the number of Parties where WHO country offices successfully integrated WHO FCTC implementation in the WHO CCSs that were agreed upon with the respective governments.

WHO's primary and strategic instruments for the planning process and engagement with governments at the country level are the CCSs.

The document *WHO presence in countries, territories and areas, 2023 report*[98] was published on the occasion of the 20th anniversary of the adoption of the WHO FCTC by the World Health Assembly. In a section dedicated to the WHO FCTC, the report mentions the work that the Convention Secretariat carries out jointly with WHO to provide support to Parties. Such support includes facilitating policy dialogue, providing technical assistance to further tobacco control at the country level and promoting the integration of the WHO FCTC into WHO CCSs.

The 2025 iteration of the WHO FCTC reporting instrument contained a new question: "Is tobacco control or WHO FCTC implementation included in your current bilateral agreement (e.g. CCS, bilateral cooperation strategy) with WHO?" Among the Parties that responded in 2025, 76 (59%) responded affirmatively to this question.

Additionally, a search on the WHO website identified 58 CCS reports and two briefs that referenced the years 2023 or 2024, or both. Furthermore, a manual search was conducted in those 60 reports or briefs using the following keywords: "FCTC", "tobacco", "smoking", "SDG 3.a" or "NCDs". The word "FCTC" was mentioned in 30 reports and two briefs, "tobacco" was mentioned in 54 reports and two briefs, "smoking" in 15 reports, "SDG 3.a" in 17 reports and "NCDs" in 56 reports and two briefs.

As a brief comparison, in the 2023 reporting cycle, 39 CCSs were reviewed, among which 38 Parties referred to either "tobacco", "FCTC" or "SDG 3.a".

10. Number of Parties that include WHO FCTC implementation in their voluntary reports on their domestic implementation of the SDGs, in relation to SDG Target 3.a

This indicator is defined in the Indicator Compendium as the number of Parties that reported in their VNR on how they implement the WHO FCTC (in relation to SDG Target 3.a). In general, progress towards reaching the SDGs by a country is reported in the VNR, which allows countries to describe their priority actions and the lessons they have learned. The VNRs submitted in a particular reporting year are available online.[99]

The Convention Secretariat reiterated to Parties the importance of including the implementation of the WHO FCTC in the VNRs on their domestic implementation of the SDGs. The Convention Secretariat analysed the 75 VNRs published on the web in 2023 (39 VNRs)[100] and 2024 (36 VNRs).[101] Of these 75 reports, only two were from non-Parties to the WHO FCTC. A total of 28 Parties (38% of analysed Parties VNRs) reported on SDG Target 3.a (i.e. progress in strengthening the implementation of the WHO FCTC), and 17 Parties (23% of analysed Parties VNRs) listed SDG Target 3.a (Indicator 3.a.1 Age-standardized prevalence of current tobacco use among persons aged 15 years and older). These figures have not changed significantly from the previous Global Progress Report. At that time, of the 83 VNRs analysed for 2021–2022, 35% of VNRs reported on SDG Target 3.a and 39% on SDG Target 3.a (Indicator 3.a.1).

98 https://iris.who.int/server/api/core/bitstreams/6c260f61-c625-4707-981e-a131e715d768/content
99 https://sustainabledevelopment.un.org/vnrs/
100 https://hlpf.un.org/countries?f%5B0%5D=year%3A2023
101 https://hlpf.un.org/countries?f%5B0%5D=year%3A2024

Two questions on this matter have been included in the WHO FCTC reporting instrument used in the 2025 cycle. Whether a Party submitted a report in a particular year could be checked via the United Nations Sustainable Development Knowledge Platform website; however, the question is used in the WHO FCTC reporting instrument to raise awareness among the WHO FCTC reporting officers (i.e. the WHO FCTC or tobacco control focal points) of this opportunity to promote their country's tobacco control or WHO FCTC implementation in their VNRs. In the 2025 reporting cycle, 26% of reporting Parties (34 Parties) reported that they submitted a VNR in the period covered in their WHO FCTC implementation reports. Those Parties that responded affirmatively were also asked whether they had included in the VNR information regarding SDG Target 3.a, Indicator 3.a.1 or information on tobacco control under other SDG targets.

Twelve Parties responded that they had included information on SDG Target 3.a and Indicator 3.a.1, and nine Parties responded that they had included tobacco control under other SDG targets.

Indicators under Strategic Objective 2.2

11. Number of Parties that include civil society participation in the development and implementation of national tobacco control approaches

The Indicator Compendium defines the term civil society as "a wide range of nongovernmental, non-profit and volunteer-driven organizations, plus social movements, which organizes people to pursue shared interests, values and objectives in public life".

For measuring this indicator, the Indicator Compendium suggests looking at the matter from two different angles. One method is to consider "the number of Parties whereby civil society has reported being included or participated in the development and implementation of national tobacco control strategies, plans and programmes". However, this information is not being collected in a standardized and structured way. There should be future attempts to work together with civil society organizations (e.g. those that are observers to the COP), to enable the collection of such information directly from national civil society organizations.

The reports of NGOs that are observers to the COP, submitted regularly to the Convention Secretariat as part of reaccreditation procedures,[102] describe in more detail the areas where civil society is involved in assisting the Parties in the implementation of the Convention, and the projects they have conducted. However, this information is often not broken down to individual countries or does not refer to the inclusion of civil society organizations in the development and implementation of tobacco control approaches.

With the information collected through the 2025 reporting instrument, this matter can be considered from another angle. The new reporting instrument includes, for the first time, the following question: "Since your previous report, have you included civil society members who are not affiliated with the tobacco industry in the development and implementation of national tobacco control approaches?" Among the reporting Parties, 71% (92) responded affirmatively to this question.

102 These reports are available in the public domain on the Convention's website: https://fctc.who.int/convention/conference-of-the-parties/observers/nongovernmental-organizations

12. Number of NGOs that are accredited as observers to the Conference of the Parties participating in COP sessions

Among the 26 NGOs that were accredited as observers to the COP at the time of opening of COP10, 70% (18) registered and participated in COP10 according to the list of participants of the meeting.[103]

At the same time, the COP, in decision FCTC/COP10(18),[104] renewed the accreditation of the 26 existing NGOs, and in decision FCTC/COP10(6)[105] approved accreditation of three additional NGOs.

13. Financial and technical support from civil society organizations to advance WHO FCTC implementation

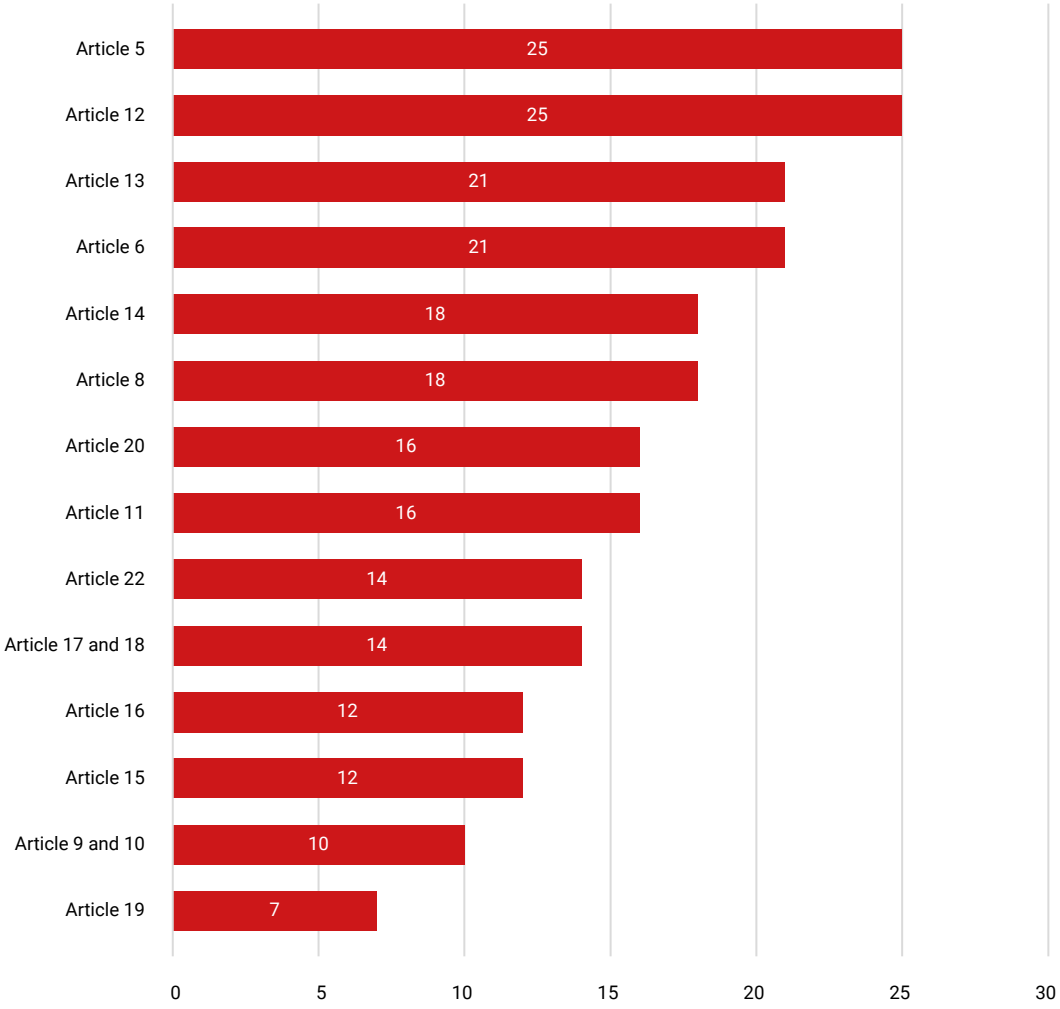
The most recent reports of NGOs that have observer status to the COP, also referenced under the previous indicator, contain information on the work carried out by these organizations in supporting implementation of the Convention, including examples of their actions. The most recent comprehensive report based on the individual reports of NGOs is available as part of the documentation for COP11.[106]

Following the order presented in the report, Article 5 (General obligations), Article 12 (Education, communication, training and public awareness), Article 13 (Tobacco advertising, promotion and sponsorship) and Article 6 (Price and tax measures to reduce the demand for tobacco) received the most attention from NGO observers (the top three have remained unchanged since the previous report). At the other end of the list are Article 19 (Liability), Articles 9 and 10 (Regulation of the contents of tobacco products and Regulation of tobacco product disclosures, respectively), Article 15 (Illicit trade in tobacco products) and Article 16 (Sales to and by minors); for these articles, fewer NGOs reported that they carried out activities (see **Fig. 47**).

In addition to the reports of NGO observers, the revised WHO FCTC reporting instrument could provide some more insight into the number of Parties that recognize the financial and technical support received from civil society organizations in general. Under the section on Article 22 (Cooperation in the scientific, technical, and legal fields and provision of related expertise), Parties are asked whether they received financial and technical assistance, in the past 2 years, to help strengthen their implementation of the WHO FCTC. Nine Parties reported having received financial assistance from civil service organizations, whereas 24 Parties reported having received technical assistance from such organizations.

103 https://iris.who.int/bitstream/handle/10665/377693/fctc-cop10-div-1-list-of-participants-en.pdf?sequence=1
104 https://iris.who.int/server/api/core/bitstreams/73bb544f-d2d0-4ea4-8433-2d0972dc3442/content
105 https://iris.who.int/server/api/core/bitstreams/d34f5f03-cbdb-4598-b13c-b7f7ab928fdf/content
106 https://storage.googleapis.com/who-fctc-cop11-source/Main%20documents/fctc-cop11-15-en.pdf

Fig. 47. NGOs that reported having carried out activities under the various WHO FCTC articles



Strategic Goal 3

Strategic Goal 3: Protecting the integrity and building on the achievements under the WHO FCTC

Indicators within Strategic Goal 3 focus on the effectiveness and sustainability of activities related to WHO FCTC, while ensuring these activities are protected from tobacco industry interference.

Indicators under Strategic Objective 3.1

14. An implementation review mechanism has been established

This indicator refers to the establishment of a future implementation review mechanism to be decided by the COP.

In decision FCTC/COP10(22),[107] the COP established the Voluntary Implementation Peer Review and Support Mechanism in accordance with Objective 3.1.2 of the Global Strategy. The mechanism is referred to in document FCTC/COP/11/11.[108]

15. Workplans and budget of the Convention Secretariat aligned with the Global Strategy

Since the presentation of workplans and budgets for consideration at COP9, the Convention Secretariat has aligned biennial workplans with the structure and indicators of the Global Strategy.

16. An indicator that measures the gap in global funding for WHO FCTC implementation to be developed

The Global Strategy (through this indicator) required the development of a global funding gap indicator. In July 2022, the Convention Secretariat engaged an external consulting company to develop the indicator to measure the global funding gap. The work was completed and the Indicator Compendium updated to include the new indicator.[109]

In addition to the description of the new indicator, the consulting company also made a first calculation of the global funding gap. A policy brief providing details of this calculation was published.[110] The calculation indicated that current global resources dedicated to tobacco control account for only 12.5% of the funding needed for full implementation of the WHO FCTC.

As part of the same project, a policy brief titled *The global investment case for tobacco control* was also developed. The underlying calculation shows that the value of the benefits generated by the tobacco control measures far outweighs the cost of implementation, both as individual tobacco control interventions and as a package of interventions.[111]

107 https://iris.who.int/server/api/core/bitstreams/d7c075ad-77bb-4dfe-8353-9afa0bf2ccce/content
108 https://storage.googleapis.com/who-fctc-cop11-source/Main%20documents/fctc-cop11-11-en.pdf
109 https://fctc.who.int/docs/librariesprovider12/default-document-library/gs-2025-indicator-compendium.pdf?sfvrsn=b62bc98c_8
110 https://fctc.who.int/docs/librariesprovider12/investment-fund-documents/the-global-tobacco-control-funding-gap.pdf?sfvrsn=4e8e151_1&download=true
111 https://fctc.who.int/docs/librariesprovider12/investment-fund-documents/the-global-case-for-investment-in-tobacco-control.pdf?sfvrsn=f63ce61e_1&download=true

Indicators under Strategic Objective 3.2

17. Number of Parties that reported implementation of any measures relating to Article 5.3

This indicator is defined as Parties that have reported implementation of any measure pertaining to WHO FCTC Article 5.3. The method for calculating this indicator had to be changed for the current reporting cycle, to match changes in the questions related to Article 5.3. In the 2023 reporting cycle, Parties were asked: "Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?" On that occasion, 72% of Parties (131) that had contributed to the dataset reported that they had put in place measures under Article 5.3 of the Convention.

The reporting instrument used in the 2025 reporting cycle includes a different set of questions. First, Parties are asked if there has been any significant change in the implementation of Article 5.3 in their country since the submission of their previous report. Among the Parties that reported, 26% (33 Parties) responded affirmatively to this question, and many of them provided examples of those changes.

This question is followed by several more specific questions on the activities carried out in the past 2 years regarding Article 5.3. An attempt was made to calculate what percentage of reporting Parties reported implementation of any activity under Article 5.3 of the Convention, taking into account the recommendations of the *Guidelines for implementation of Article 5.3*. The calculation indicated that 79% of reporting Parties implemented at least one specific measure in accordance with the recommendations of the guidelines, and 64% of reporting Parties implemented measures to avoid conflicts of interest from a list of several measures. The section of this report that covers Article 5.3 provides details and gives examples of activities reported by Parties.

18. Number of Parties having an operational national multisectoral coordinating mechanism for tobacco control

According to the definition given in the Indicator Compendium, this indicator measures the number of Parties that have a whole-of-government approach to addressing tobacco control. In the 2025 reporting cycle, Parties were asked three questions in this respect. A total of 67% of the responding Parties (87) said that they have a national multisectoral coordinating mechanism for tobacco control, 32% of the Parties (41) said that their national multisectoral coordinating mechanism for tobacco control is financed and 60% of respondents (77) said that their national multisectoral coordinating mechanism for tobacco control is functional.

In the 2023 cycle, in which the indicator was slightly different, 73% of respondents (133) reported having established or reinforced and financed a national coordinating mechanism for tobacco control.

More information about Parties' national multisectoral coordinating mechanisms can be found in the section of this report that covers Article 5.

19. Number of Parties that reported tobacco industry interference as a main barrier to WHO FCTC implementation

This indicator is defined as the number of Parties that have reported in their official WHO FCTC implementation reports that tobacco industry interference is one of the barriers in the implementation of the WHO FCTC.

In the 2025 reporting cycle, Parties were asked about the major constraints or barriers to WHO FCTC implementation they had encountered in the past 2 years and were given different possible responses. Interference by the tobacco industry and its allies was reported by more than half of the reporting Parties (66) as a major constraint or barrier, making it the fourth most frequently identified constraint or barrier. Among those 66 respondents, half (33) said industry interference was the main implementation barrier.

In the 2023 reporting instrument, Parties were asked this open-ended question: "What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?" On that occasion, 25% of the Parties who responded mentioned tobacco industry interference as a constraint for the implementation of the WHO FCTC.

20. Number of Parties that fully fund their costed national tobacco control plans or strategies

This indicator measures the number of Parties that have reported fully funding their national tobacco control plans or strategies.

In the 2025 reporting cycle, 40% of reporting Parties (51) responded that they have a costed national tobacco control plan or strategy. Of these 51 respondents, fewer than half (22 Parties) reported that their plans or strategies are fully funded.

There has been an increase in this indicator compared with 2023, when only 13% of Parties (23) reported having a costed national tobacco control action plan or strategy.

Parties were asked to provide their government's expenditure on tobacco control for the latest year available. In the 2025 reporting cycle, 64 Parties gave details of government funding for tobacco control, as compared with 23 Parties in the 2023 reporting cycle.

Quitline operators in Türkiye. Photo courtesy of Tibor Szilagyi.

6 Conclusions

1. In the 2025 reporting cycle, both the reporting instrument of the WHO FCTC and the online reporting platform were renewed. Despite a new reporting environment, almost the same number of Parties submitted an implementation report by complying with the provided deadline as was the case for previous reporting cycles. However, the importance of using various channels to further raise awareness among Parties about the reporting process and its implications has become evident, to ensure that all Parties submit their implementation reports in each cycle and on time.

2. The efforts to engage with official external data sources to complement Party-reported data have been successful. Collaboration with WHO colleagues was strengthened, whose data collection for the "WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco" provided structured, validated information on indicators related to the Convention's time-bound measures. WHO also enabled calculation of regional averages for progress on the implementation of these indicators. Beyond WHO, additional engagement was established with other UN entities (FAO, ILO, UN Comtrade, UNIDO) and their statistical departments to enable access and analysis of tobacco-related data from their databases. These emerging collaborations have supported implementation and monitoring of indicators in the Global strategy to accelerate tobacco control 2019–2030. Such partnerships should be actively pursued and leveraged in the future, while encouraging Parties to share national data with other UN entities – with the understanding that by doing so they will eventually strengthen global monitoring of progress under the WHO FCTC and the Protocol.

3. The 2025 reporting cycle reveals a commendable global momentum in strengthening tobacco control legislation. Nearly 90% of reporting Parties have enacted comprehensive national laws, with many updating or introducing new regulations since 2023. Notably, several Parties are pioneering tobacco-free generation policies and other measures that they consider to be forward looking, signalling a shift towards long-term public health protection. However, the disparity observed in implementation – particularly in areas such as multisectoral coordination and regulation of the constantly spreading novel and emerging tobacco products and nicotine products – highlights the need for sustained political will, sustainable national financing of tobacco control and intersectoral collaboration. Parties are urged to prioritize legislative coherence and ensure that tobacco control remains a central pillar of national health strategies, for example, those addressing noncommunicable diseases (NCDs).

4. Despite some progress, tobacco industry interference remains a significant implementation barrier, cited by over half of the reporting Parties, with a quarter of reporting Parties calling it the most important barrier. In contrast, only a quarter of reporting Parties reported meaningful advances in implementing Article 5.3, which underscores a critical vulnerability in protecting global tobacco control efforts. Governments should consider adopting and enforcing robust transparency and accountability mechanisms on interactions with the tobacco industry, including codes of conduct and disclosure requirements, to mitigate undue influence. Strengthening enforcement capacity and insulating policy-making from vested interests are essential to uphold the integrity of implementation of the WHO FCTC, in line with treaty obligations and the objectives of the Global Strategy.

5. Progress in measures relating to the reduction of demand for tobacco – such as taxation, smoke-free environments, packaging and labelling, and tobacco dependence and cessation support – has been uneven. Some Parties have introduced innovative approaches (e.g. health warnings on individual cigarettes and digital cessation tools); however, others have reduced taxes on certain tobacco products, potentially undermining public health gains. Public education campaigns and cessation services are expanding, yet gaps remain in accessibility and reach. Efforts to curb the supply of tobacco through measures such as the control of movement of tobacco products, elimination of illicit trade and restrictions on sales to minors are advancing.

6. Progress has been made in the number of WHO FCTC Parties ratifying or acceding to the Protocol to Eliminate Illicit Trade in Tobacco Products, or considering such a move; establishing markings on tobacco products, including tracking and tracing systems; and strengthening enforcement mechanisms. However, support for economically viable alternatives for tobacco growing remains limited, with only 12% of tobacco-growing Parties implementing such programmes.

7. Environmental concerns, including waste management and pollution from tobacco products, are gaining attention but require broader adoption of extended producer responsibility schemes. Policy-makers should integrate environmental sustainability and economic transition support into national tobacco control agendas to ensure holistic and equitable progress to combat the tobacco epidemic.

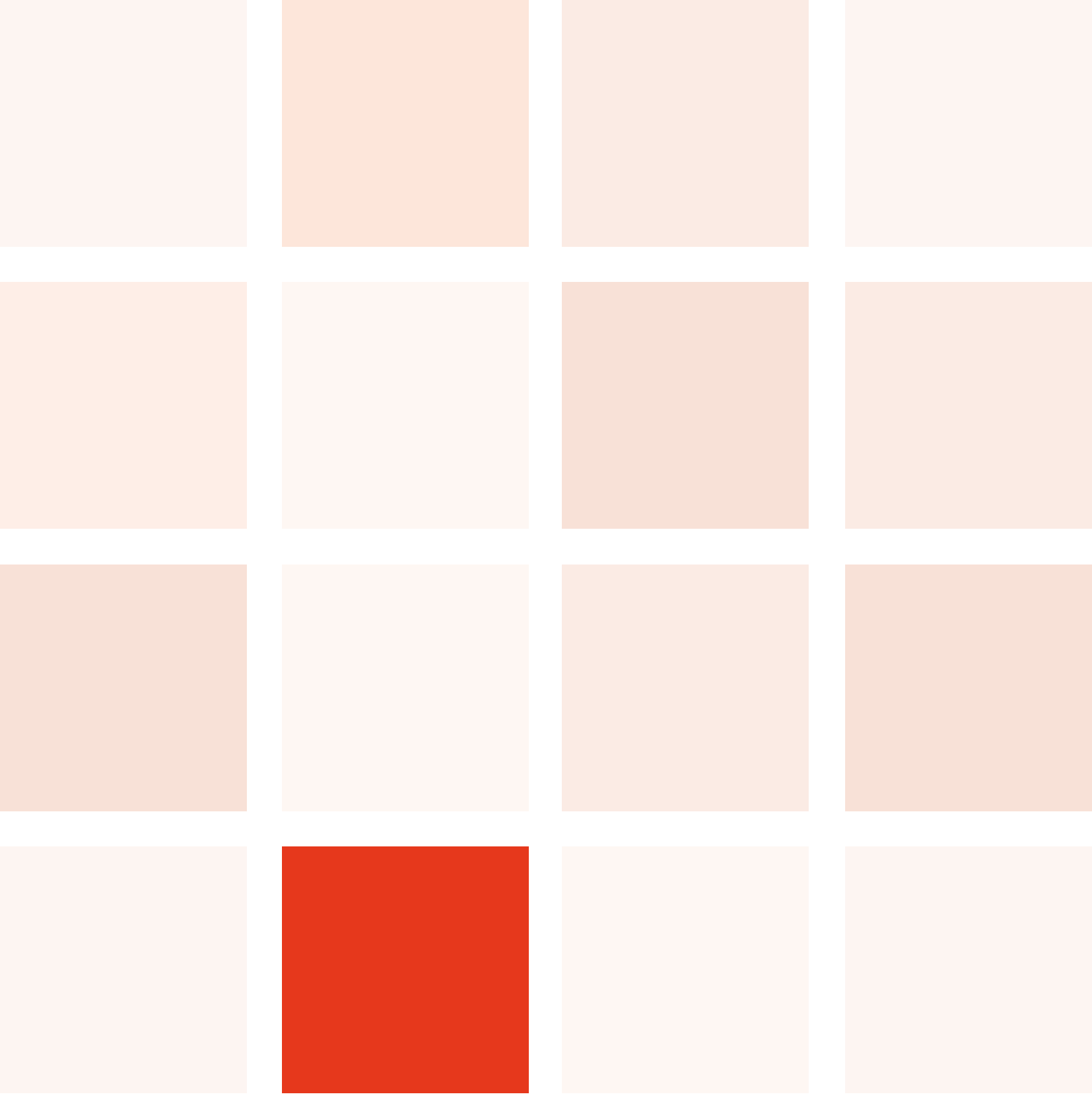
8. An increasing number of Parties now have novel and emerging tobacco and nicotine products on their markets, and many have adopted regulations to address them. These include excise taxes; requirements in relation to their contents, emissions and disclosure of information; restrictions on advertising and promotion; sales bans for minors; and enhanced monitoring and research on these products.

9. The present report highlights sustained, strong demand from the Parties for international cooperation, technical and financial assistance, and capacity-building – particularly in research, surveillance and legislative development. Nevertheless, persistent barriers – especially human and financial resource constraints – continue to hinder implementation of the Convention. The global tobacco control community must intensify support for low- and middle-income Parties through targeted assistance, knowledge exchange, and institutional support and strengthening.

10. Having reached the 20th anniversary of the entry into force of the WHO FCTC, Parties are called upon to champion its implementation and to integrate it into global policy efforts as a development priority. This includes mobilizing the necessary technical and financial resources (both domestic and international) to close the implementation gap and address the wide-ranging harms caused by tobacco, from its role in driving NCDs and deepening poverty, to its environmental toll through land degradation and plastic pollution.

Annex 1.
List of Parties that have submitted a report on implementation of the WHO FCTC in the 2025 reporting cycle

Region	Total number of Parties	Reports submitted	Parties that submitted reports	Parties that have not submitted reports	Percentage of reporting
African	45	24	Algeria, Angola, Benin, Botswana, Burkina Faso, Cabo Verde, Côte d'Ivoire, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Kenya, Liberia, Madagascar, Malawi, Mauritius, Mozambique, Nigeria, Senegal, Seychelles, South Africa, Togo, Zimbabwe.	Burundi, Cameroon, Central African Republic, Chad, Comoros, Congo, Democratic Republic of the Congo, Equatorial Guinea, Guinea, Guinea-Bissau, Lesotho, Mali, Mauritania, Namibia, Niger, Rwanda, Sao Tome and Principe, Sierra Leone, Uganda, United Republic of Tanzania, Zambia.	53%
Americas	30	22	Antigua and Barbuda, Belize, Brazil, Canada, Chile, Colombia, Costa Rica, Dominica, Ecuador, El Salvador, Grenada, Guyana, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Lucia, Trinidad and Tobago, Uruguay, Venezuela (Bolivarian Republic of).	Bahamas, Barbados, Bolivia, Guatemala, Honduras, Saint Kitts and Nevis, Saint Vincent and the Grenadines, Suriname.	73%
South-East Asia	10	6	Bhutan, Democratic People's Republic of Korea, India, Maldives, Sri Lanka, Thailand.	Bangladesh, Myanmar, Nepal, Timor-Leste.	60%
Europe	52	45	Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, European Union, Finland, France, Georgia, Germany, Greece, Hungary, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Montenegro, Netherlands (Kingdom of the), Norway, Poland, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Türkiye, Ukraine, United Kingdom of Great Britain and Northern Ireland.	Iceland, Portugal, North Macedonia, San Marino, Tajikistan, Turkmenistan, Uzbekistan.	87%
Eastern Mediterranean	19	13	Afghanistan, Bahrain, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Lebanon, Libya, Oman, Qatar, Syria, Tunisia, United Arab Emirates.	Djibouti, Kuwait, Pakistan, Saudi Arabia, Sudan, Yemen.	68%
Western Pacific	27	19	Australia, Brunei Darussalam, Cambodia, Cook Islands, Fiji, Japan, Malaysia, Marshall Islands, Micronesia (Federated States of), Nauru, New Zealand, Palau, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Vanuatu, Viet Nam.	China, Kiribati, Lao People's Democratic Republic, Mongolia, Niue, Papua New Guinea, Philippines, Tuvalu.	70%
GLOBAL	183	129	129	54	70%



The Secretariat of the WHO Framework Convention on Tobacco Control

Hosted by: World Health Organization

Avenue Appia 20,
1211 Geneva 27,
Switzerland

Tel. +41 22 791 50 43
Fax +41 22 791 58 30
Mail: fctcsecretariat@who.int
Web: fctc.who.int