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Global progress in implementation of the WHO FCTC

Report by the Convention Secretariat

INTRODUCTION AND METHODOLOGY

1. At the fourth session (Punta del Este, Uruguay, 15–20 November 2010), the Conference of the Parties (COP) adopted decision FCTC/COP4(16) entitled “Update and harmonization of reporting arrangements under the WHO Framework Convention on Tobacco Control”. In it the COP requested the Convention Secretariat to submit global progress reports based on the biennial implementation reports of Parties for the consideration of each regular session of the COP.
2. In accordance with decision FCTC/COP4(16), the Secretariat conducted the 2016 reporting cycle and received responses from 133 Parties¹ (74% of the 180 that were due to report). Five Parties (Dominica, El Salvador, Guinea, Nicaragua and Zimbabwe) reported for the first time, but there are still seven Parties that have never submitted an implementation report (Angola, Cape Verde, Equatorial Guinea, Ethiopia, Guinea-Bissau, Liberia and Zambia).
3. Parties’ reports were analysed by the Secretariat, with assistance from WHO. This report presents initial findings illustrating the work of the Parties, describing global status and trends in implementation of the Convention. These findings may still be subject to change as the responses will be verified with the relevant Parties. A more detailed analysis of the information received from the Parties will be presented in the 2016 Global Progress Report.

¹Throughout the present report, unless otherwise stated, the information presented is based on the analysis of reports submitted by the following Parties; Afghanistan, Algeria, Antigua and Barbuda, Australia, Austria, Azerbaijan, Bahamas, Bahrain, Belgium, Belize, Benin, Bhutan, Bosnia and Herzegovina, Brazil, Burkina Faso, Burundi, Cameroon, Canada, Chile, China, Colombia, Congo, Cook Islands, Costa Rica, Côte d’Ivoire, Croatia, Cyprus, Czech Republic, Democratic Republic of the Congo, Denmark, Djibouti, Dominica, Ecuador, Egypt, El Salvador, Estonia, European Union, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Grenada, Guatemala, Guinea, Guyana, Honduras, Hungary, Iceland, India, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Madagascar, Malaysia, Maldives, Mali, Malta, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Moldova (Republic of), Montenegro, Myanmar, Netherlands, New Zealand, Nicaragua, Niger, Nigeria, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Philippines, Poland, Portugal, Republic of Korea, Russian Federation, Saint Lucia, Samoa, San Marino, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, South Africa, Spain, Sri Lanka, St. Kitts and Nevis, Suriname, Swaziland, Sweden, Syrian Arab Republic, Thailand, the Former Yugoslav Republic of Macedonia, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Uganda, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Vanuatu, Viet Nam, Yemen and Zimbabwe.

IMPLEMENTATION STATUS

Prevalence of tobacco use

4. Among all Parties, the average adult smoking² prevalence rate estimated³ for the year 2014 was 20.5% (34.6% of males; 6.2% of females). This amounts to a small, however statistically not significant drop since 2012, when the respective prevalence was 21.1% (35.6% of males; 6.6% of females).

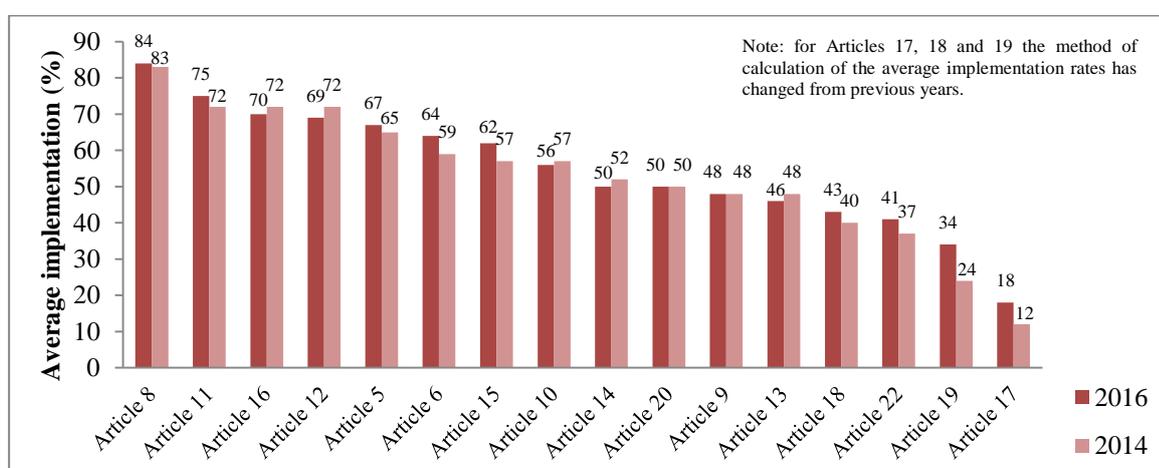
5. For smokeless tobacco product use, the average prevalence among Parties in 2014 was 7% (9% of males and 5.1% of females). Although the availability of data on smokeless tobacco use is slowly improving, there are still data gaps and therefore these results are indicative only.

6. Regarding tobacco use for young people aged 13-15 among Parties, the proportion of boys who smoke (9.8%) is more than double that of girls (4%). In addition, around 5% of boys and 3% of girls consume smokeless tobacco.

Implementation rates by article

7. The status of implementation was assessed based on key indicators under each substantive article. Figure 1 shows that implementation rates are uneven across articles. For example, two of the time bound articles have the highest implementation rates (Articles 8 and 11), in contrast, while Article 13, another time bound article, still has a significantly lower implementation rate.

Figure 1. Average implementation rates of substantive articles in 2016, as compared to 2014



² Smoking tobacco usually covers cigarettes and sometimes, depending on the methodology used by the Party, also waterpipes and other forms of smoking tobacco. This is not consistent. In terms of total tobacco use, there is not enough available data to calculate trends.

³ WHO's Department of Prevention of Noncommunicable Diseases calculated weighted average prevalence rates using the latest data reported by the Parties and derived from the WHO Global Health Observatory.

Progress across reporting cycles

8. As seen in Figure 1, over the past two reporting cycles, implementation rates increased by at least 5 percentage points for articles 6, 15, 17, and 19. However, there are no notable changes in the implementation rates of other substantive articles.

IMPLEMENTATION OF THE CONVENTION BY PROVISIONS**General obligations (Article 5)**

9. A number of Parties reported progress in consolidating their multisectoral strategies, legislative frameworks and tobacco control infrastructure, inter alia, the elaboration of new tobacco control strategies and comprehensive tobacco control laws and establishing or reinforcing existing coordinating mechanisms.

10. Out of the 173 Parties that submitted at least one implementation report, 83% (144) adopted new tobacco control legislation or have strengthened existing laws since their ratification of the Convention. One example of new regulation is the European Union's (EU) Tobacco Products Directive 2014/40/EU, which impacts tobacco control legislation in many Parties. Additional progress needs to be made, as 36 Parties have not yet adopted or strengthened their legislation.

11. Several Parties (Antigua and Barbuda, Bahamas, Burundi, Gambia, Georgia, Guyana, Mauritania, Papua New Guinea and Saint Lucia) reported that there are delays, sometimes of more than five years, in passing tobacco control bills.

12. Under Article 5.3, Parties continue to include measures to prevent tobacco industry interference in national legislation (and other policy documents, such as strategies and action plans). Additionally, more Parties reported national consultations or other communication channels to inform non-health government departments on their obligations under Article 5.3. In some cases, such consultations resulted in the elaboration of national guidelines.

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

13. Of all reporting Parties, 122 provided enough information to allow an analysis of their tobacco taxation policies. However, most of the data refer to cigarettes. For other tobacco products, data were insufficient for the calculation of price indices or of average tax rates of trend analysis. Some 115 Parties reported levying some form of excise tax on cigarettes, while another seven Parties, which do not have local cigarette production, reported import duties only. The proportion of Parties applying a combination of specific and ad valorem taxes has increased slightly since 2014. More than 50% of Parties using specific excise (alone or in combination with ad valorem excise) have increased their rates since 2014, including some (Australia, Brazil, New Zealand) that have raised rates by more than inflation. Several Parties (Colombia, Costa Rica and Philippines) determine by legislation how to adjust their rates in relation to inflation or other parameters; some other Parties, which are in the process of joining the EU, carry out adjustments to align tax policy and rates to those of the EU.

Protection from exposure to tobacco smoke (Article 8)

14. Around half of the Parties reported progress, mostly in consolidating regulations, monitoring and where appropriate, extending, smoke-free policies adopted earlier, while a number of Parties adopted new legislation. A few Parties (Australia, Canada, China, Malaysia, Mexico) reported progress at subnational level and five (France, Ireland, Italy, Slovakia, the United Kingdom) reported bans on smoking in private cars in the presence of children. Earlier trends of extending the smoking

bans to outdoor areas, mostly beaches and playgrounds, continued. Three European Parties (Hungary, Latvia and Spain) reported that they had limited the use of Electronic Nicotine Delivery Systems/Electronic Non-Nicotine Delivery Systems (ENDS/ENNDS) in all places with smoking bans. Among challenges faced by Parties, a few (Bosnia and Herzegovina, Cook Islands, Oman) reported weak enforcement and insufficient compliance with smoke-free rules.

Regulation and disclosure of the contents of tobacco products (Articles 9 and 10)

15. Under Article 9, several Parties reported the adoption of new or amended legislation, including requirements for reduced ignition propensity cigarettes, lowering the permissible standard of emissions and banning additives in tobacco products. Although several Parties (Colombia, Croatia, Ecuador, Iran and Pakistan) reported a lack of accredited testing facilities, there are examples of international cooperation to establish and operate testing facilities, as in the case of Iran and Singapore. By contrast, challenges still exist, as when Brazil⁴ and the EU faced legal action on tobacco product regulation filed by the tobacco industry. Regarding Article 10, the most commonly mentioned advance was the development of legislation, with a few Parties also reporting the establishment of websites for tobacco product disclosure.

Packaging and labelling of tobacco products (Article 11)

16. Parties reported progress in amending or initiating legislation to comply with the requirements of Article 11. In particular, the size of pictorial health warnings has been increased, for example in Nepal which implemented the world's largest graphic health warnings on tobacco packs in 2015 (90%) and in Vanuatu which this year required tobacco packs to carry graphic health warnings occupying 90% of the principal display surface on the front and back. In addition, there has been a domino effect as Parties to the Convention have adopted plain packaging. The example of Australia has now been followed by Ireland, France, and the United Kingdom, with other Parties including Hungary having already adopted legislation towards this end. Canada, New Zealand and Norway, among others, have announced their intention to implement plain packaging. Finally, Parties increasingly granted or requested and received licences for the use of their pictorial health warnings.

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

17. A number of Parties reported the launch of new educational or public awareness campaigns or programmes, or the successful continuation of those previously established. A few Parties also actively engaged using social media and non-traditional media channels, such as producing "web drama", "web-toon" and "viral videos" as in the Republic of Korea. In addition, a number of Parties mentioned new training or sensitization and awareness programmes addressed to professionals, mainly within healthcare and educational facilities. Despite overall strong achievements, a few Parties also mentioned that lack of resources had led to cutbacks in planned activities.

Tobacco advertising, promotion and sponsorship (Article 13)

18. A number of Parties reported progress in enacting or drafting new bans and restrictions. These included new legislation or administrative provisions for comprehensive bans, plain packaging and bans for point-of-sale displays and advertising. A few Parties highlighted bans or restrictions for electronic cigarette advertising. In contrast, Pakistan reported that the proposed advertising law had not proceeded due to tobacco industry challenge. The imposition of penalties for cross-border

⁴ http://www.who.int/fctc/publications/Best_practices_in_implementation_of_Article_9.pdf?ua=1

advertising and cooperation in its' elimination are still less utilized measures: these were reported only by around third of the Parties.

Measures concerning tobacco dependence and cessation (Article 14)

19. A number of Parties mentioned progress in training programmes on smoking cessation methods, and improved counselling services. For example, Ireland established a new coordination structure for smoking cessation services, together with national standards, targeted online training modules (smoking in pregnancy, smoking and mental health), and annual goals for staff to be trained in intervention methods. A number of Parties also referred to the development or amendment of clinical guidelines and the establishment of new quitlines. Inclusion of tobacco dependence treatment in the curricula of medical, dental, nursing or pharmacy schools was reported by less than half the Parties.

Illicit trade in tobacco products (Article 15)

20. As Parties prepare for the entry of force for the Protocol to Eliminate Illicit Trade in Tobacco Products⁵, there has been notable progress in almost all indicators under article 15. These include the adoption of new tracking and tracing systems – this indicator shows a more than 10 percentage point increase compared with 2014. A number of Parties also provided details on the progress made in adopting such systems and in the use of electronic databases that enable monitoring and control of products in the supply chain, as well as information sharing. Three other areas of progress include strengthening customs checks, promoting intersectoral coordination, and elaborating new legislation concerning the illicit trade. For example, the United Kingdom is considering a licencing scheme for tobacco manufacturing equipment and for the entire tobacco supply chain. In 2015, Trinidad and Tobago prepared a framework for the surveillance of illicit tobacco products.

Sales to and by minors (Article 16)

21. A number of Parties reported progress with new legislation or provisions for preventing sales to and by minors. Specifically referenced were requirements and guidance for more active enforcement of age limits, prohibiting the sale of cigarettes in small packets and prohibiting tobacco sales from vending machines. For example, Sweden amended its tobacco control legislation so that municipalities could check retail outlets' compliance on purchases of tobacco and non-prescription medical nicotine products to improve age control. The amendment was accompanied by detailed advice for planning and conducting test purchases. A few Parties also prohibited sales of electronic cigarettes to minors or were in the process of doing so.

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

22. Despite low levels of overall implementation rates in Article 17, several Parties indicated the importance of providing alternatives to tobacco growers such as: substitution of tobacco by other crops, providing incentives, such as grants, for substitution programmes, and creating other employment opportunities for tobacco farmers. In contrast, some Parties, such as Afghanistan and Panama reported a lack of interest in, or opposition from, other non-health sectors to alternative livelihood projects. On the other hand, China, one of the leading tobacco producers, reported a 23% decrease in tobacco acreage from 2012 to 2015 and an increase in promoting alternative measures and enhancing the level of rural infrastructure.

⁵ Currently 19 Parties have ratified or accessed the Protocol and 21 are still required for the Protocol to enter into force.

23. Under Article 18, implementation remains low, although several Parties indicated that there are plans to improve safety legislation, regulations and policies to protect the environment and the health of populations. In addition, adoption of good practices for cultivation and production of tobacco without the use of fertilizers, plant protection products, and reductions in water consumption were mentioned in Parties' reports.

Liability (Article 19)

24. New indicators for Article 19 have been in use since the 2014 reporting cycle and are now comparable. There is notable progress of 10 percentage points in Parties' reports including measures on liability in tobacco control legislation. For example, the National Health Insurance Service of the Republic of Korea filed a lawsuit against the tobacco industry in April 2014 seeking compensation for damage caused by their products, and the Government of Brazil is considering the launch of such a lawsuit. Additionally, two class action suits were launched in the Canadian province of Quebec.

Research, surveillance and exchange of information (Article 20)

25. A number of Parties indicated progress in generating new local data on tobacco use. Establishing new surveillance systems for tobacco monitoring, or improving current systems, for example by more frequent data collection or inclusion of new products such as electronic cigarettes, were also highlighted. Several Parties advanced research supporting the development or evaluation of tobacco control legislation, educational and communication efforts, and smoking cessation services. A few Parties reported that they were unable to conduct new research or had to postpone their surveys due to a lack of funding. Furthermore, there is still relatively little information exchange on tobacco industry practices.

International cooperation and assistance (Article 22)

26. Parties continue to report mainly on receiving assistance, as opposed to providing assistance, from other Parties, international and nongovernmental organizations. Assistance was related mostly to either establishing or strengthening capacity in national tobacco control programmes and, to a lesser extent, on cessation and regulating tobacco control measures. Finland provided an example of its bilateral tobacco control project with Serbia, under the auspices of the EU, whereby the two countries were paired for information exchange and the establishment of programmes to support implementation of the Convention and EU Directive 2014/40/EU. Similar projects have been established as a part of the South-South and triangular cooperation efforts of the Secretariat⁶.

PRIORITIES, NEEDS, GAPS AND CHALLENGES TO IMPLEMENTATION

27. Almost all Parties commented on their priorities, of which the five most frequently mentioned were: tobacco cessation; education and communication; illicit trade and ratification of the Protocol; protection from exposure to tobacco smoke and packaging and labelling.

28. In addition to the deficiencies already mentioned under each article, some cross-cutting gaps were also identified. One in every three Parties indicated a lack of sufficient and sustainable financial resources for implementation of the Convention and one sixth reported that they needed additional human resources. Other identified gaps include: the lack of education and media campaigns to raise awareness, enforcing existing legislation and promoting acceptance by non-health sectors. Over two

⁶ Document FCTC/COP/7/17.

thirds of the Parties reported constraints or barriers in implementing the Convention, such as interference by the tobacco industry, a need of better enforcement of legislation, insufficient political support and weak intersectoral coordination.

29. Over the past decades, forms of tobacco use have evolved and the 2016 reporting instrument included, for the first time, specific questions on policies related to new and emerging tobacco or nicotine products. Reports revealed that around two thirds of Parties have either smokeless tobacco products, waterpipes, and/or ENDS/ENNDS available in their markets. However, remarkably few Parties have adopted and implemented any policies or regulations specific to those products.

SUMMARY OBSERVATIONS

30. The initial analysis of Parties' 2016 reports provides significant lessons. It is important to note the increasing number of Parties which reported progress in developing or amending tobacco control legislation. Upward trends of strengthening time-bound requirements continue to be identified, as Parties advance towards plain packaging or large pictorial warnings; banning the display of tobacco products at points of sale; and extending smoke-free environmental legislation to cover outdoor areas in addition to those indoors. More progress is also detectable in implementing measures under articles 6, 15, 17 and 19.

31. No further progress has been seen in the implementation rates of most articles since 2014, and a significant number of Parties have still not confirmed compliance with time bound measures. The lack of human and financial resources remain the most frequently mentioned deficiency, while the tobacco industry continues to be the most important barrier in implementation of the Convention. New approaches are therefore needed to further motivate Parties to act and to support those requiring implementation assistance. The COP's country assistance framework could be further tailored to better address the needs of Parties; similarly, Parties should be further assisted to identify and address their needs, either through needs assessments jointly undertaken with the Convention Secretariat, or through a formal mechanism of implementation review⁷ which could generate a constructive dialogue on how to improve a Party's implementation, including identification of means to close existing gaps.

32. Parties' implementation of specific policies on new and emerging tobacco products is much lower than those that allow such products to be sold. Although several well documented advanced practices exist, more focus is required for these products, including research, policy development and monitored implementation. The newly established knowledge hubs on smokeless tobacco use and waterpipes could be instrumental in achieving progress in these areas.

ACTION BY THE CONFERENCE OF THE PARTIES

33. The COP is invited to note this report and provide further guidance.

⁷ Document FCTC/COP/7/15.