Global progress in implementation of the WHO FCTC

Report by the Convention Secretariat

Purpose of the document

This document presents initial results from the analysis of data received in the 2018 reporting period. The full version of the 2018 Global Progress Report on implementation of the WHO Framework Convention on Tobacco Control will feature a more detailed analysis of individual reports (available at http://untobaccocontrol.org/impldb/) and can be found at www.who.int/fctc/reporting.

Action by the Conference of the Parties

The Conference of the Parties (COP) is invited to note this report and provide further guidance.

Contribute to the Sustainable Development Goals (SDGs), if applicable: SDG 3, Target 3.a and SDG 17, Target 17.18.
Link to the workplan and budget item: N/A.
Additional financial implications if not included in the workplan and budget: None.
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INTRODUCTION AND METHODOLOGY

1. The Convention Secretariat conducted the 2018 reporting cycle in accordance with decision FCTC/COP4(16). Of all 181 Parties, 142 (78%) formally submitted complete 2018 implementation reports. Several other Parties updated some of their data before the date that data was extracted. This document summarizes the key findings of the analysis of the Parties’ data and draws some initial observations on the implementation of the Convention.

IMPLEMENTATION STATUS

Prevalence of tobacco use

2. Since 2016, over 50 Parties have reported back to the Convention Secretariat on the new adult tobacco prevalence surveys. The analysis of the adult smoking prevalence data is ongoing. The results will be included in the full version of the 2018 Global Progress Report on implementation of the WHO Framework Convention on Tobacco Control and will be made available for COP8.

3. The average adult prevalence of smokeless tobacco use among Parties in 2016 was 7% (8% of males and 5% of females). These figures have changed very little since the previous analysis. Although the availability of data on smokeless tobacco use is slowly improving, there are still data gaps. These results are therefore indicative only.

4. Among young people aged 13–15, prevalence of smoking among boys (9.3%) is more than double that of girls (4.2%). Around 5% of boys and 3% of girls consume smokeless tobacco.

IMPLEMENTATION RATES BY ARTICLE

5. The status of implementation was assessed based on key indicators under each substantive article. Among all Parties, the average implementation rates improved since 2016.2 (Fig. 1). Two of the time-bound articles, Articles 8 and 11, continue to have the best implementation rates. In contrast, Article 13, another time-bound article, continues to lag somewhat behind.

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1 The 2018 reporting period ended on 31 March 2018, but upon request from the Parties the data extraction date was extended. For the analysis presented here, data including all submissions and updates in the reporting system by 17 April 2018 was utilized. The following Parties have formally submitted reports by this time: Afghanistan, Algeria, Angola, Australia, Austria, Azerbaijan, Bahrain, Bangladesh, Barbados, Belarus, Belgium, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cabo Verde, Cambodia, Cameroon, Canada, Chad, Chile, China, Colombia, Comoros, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Czech Republic, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Djibouti, Ecuador, Egypt, El Salvador, Equatorial Guinea, Estonia, European Union, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Grenada, Guatemala, Guinea-Bissau, Guyana, Honduras, Iceland, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kazakhstan, Kenya, Kiribati, Kuwait, Lao People's Democratic Republic, Latvia, Lebanon, Liberia, Libya, Lithuania, Luxembourg, Madagascar, Malaysia, Maldives, Mali, Malta, Marshall Islands, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Mozambique, Myanmar, Nepal, Netherlands, New Zealand, Nicaragua, Nigeria, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Saint Lucia, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovenia, Solomon Islands, South Africa, Spain, Sudan, Suriname, Sweden, Syrian Arab Republic, Thailand, the former Yugoslav Republic of Macedonia, Togo, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Viet Nam, Yemen, Zambia and Zimbabwe.

2 In the analyses of the previous reports, the denominator has been the number of reporting Parties of the respective reporting period. In 2018, for the first time since the analysis of Parties’ reports begun in 2007, results were compared to the total number of Parties to the WHO FCTC. The 2016 implementation rates were also recalculated among all Parties (180 in 2016) to 1) allow comparability with the 2018 calculation; and 2) include all 151 reports submitted in the 2016 reporting cycle, not only those 133 that were submitted by the end of the designated reporting cycle of 2016.
6. Among 90 tobacco-growing Parties (50% of all 181 Parties), no improvement was noted in the average implementation of the provisions under Economically viable alternatives (Article 17) and Protection of the environment and the health of persons (Article 18).

Fig. 1. Average implementation rates of substantive articles among all Parties in 2016–2018.

![Average implementation rates of substantive articles among all Parties in 2016–2018.](image)

**PROGRESS REPORTED BY THE PARTIES, BY PROVISIONS**

**General obligations (Article 5)**

7. Overall, 84% of Parties reported having a focal point for tobacco control, 64% a tobacco control unit and 74% a national coordinating mechanism. Several Parties (Afghanistan, Cameroon, Georgia, Madagascar, Nigeria, Saint Lucia and Zambia) reported that recently they have created a new mechanism.

8. A comprehensive, multisectoral national strategy has been reported to be in place in two thirds of Parties. More than 20 Parties reported having developed new national tobacco control action plans, while some Parties integrated tobacco control in their health and development programmes. For example, China adopted the *Healthy China 2030 Plan Outline*, which prioritizes a number of areas of implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC). In Qatar, the *National Health Strategy 2018–2022* includes tobacco control. In India, the *National Health Policy 2017* identifies coordinated action on addressing tobacco, alcohol and substance abuse as one of the seven priority areas for improving health. Some Parties that are taking part in the FCTC 2030 project have considered developing action plans in line with this project.

9. Altogether, 71% of Parties reported they have taken measures to prevent tobacco industry interference. For example, Georgia’s new law will only allow for strictly necessary and transparent interactions with the tobacco industry. In 2017, France adopted a government decree to improve transparency of the operation of the tobacco industry, with special regard to its expenditures, which includes lobbying. Some other Parties have reported having conducted national workshops and developing codes of conduct or information materials. Three Parties (Brazil, South Africa and Sri Lanka) have established tobacco industry observatories to monitor the activities of the industry. The WHO FCTC Secretariat’s Knowledge Hub for Article 5.3 was launched in Thailand in November 2017.

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

10. Among all 181 Parties, 156 (86%) have enough tax-related information in the database (including information received before the 2018 reporting cycle) to allow an analysis of their tobacco
taxation policies. Of these, 146 (94%) indicated that they implemented tax and/or price policies to reduce the demand for tobacco. Most Parties provided data on cigarettes. The global median total tax burden on the most popular price category of tobacco products is 63%.

11. With regards to the reported progress, several member states of the Cooperation Council for the Arab States of the Gulf (Bahrain, Kuwait, Oman, Qatar, Saudi Arabia and the United Arab Emirates) have recently imposed, for the first time, excise taxes on tobacco products. This is applied in the form of a selectivity tax of 100% of the retail price; a 5% value-added tax (VAT) was also imposed on tobacco products. Additionally, Australia is the only Party to index tobacco excise taxes to wage inflation, and this is to ensure that tobacco products do not become relatively more affordable over time. Since 2013, Australia has consistently increased the excise tax on cigarettes by 12.5% each year, and intends to continue with this strategy until at least 2020. As a result, the retail price of cigarettes in Australia is among the highest in the world. Only 20% of all Parties earmark a proportion of their tobacco taxation income for funding national plans or strategies on tobacco control.

Protection from exposure to tobacco smoke (Article 8)

12. Among all Parties, 91% reported that they have banned smoking in all public spaces. Several Parties reported extending their smoking bans to outdoor areas, such as parks (Luxembourg, Malaysia and Singapore), outdoor dining areas (Australia and Sweden), tourist attractions and pilgrimage sites (Viet Nam), childcare facilities or playgrounds (Luxembourg, Republic of Korea and Sweden), and balconies in housing cooperatives (Finland). Bans on smoking in cars when minors are present were recently enacted by Finland, France, Luxembourg, Malta, Qatar and Slovenia.

13. Several Parties (Barbados, Croatia, Finland, Georgia, Luxembourg, Norway, Poland, Portugal and Slovenia) reported amending their smoking bans to cover new and emerging tobacco products. Guyana, Georgia and the Czech Republic succeeded in passing long-awaited comprehensive smoke-free bills. Regional or local progress was highlighted by Bosnia and Herzegovina, Canada, China, Malaysia, Pakistan and the Philippines. For example, new provincial legislation in Quebec (Canada) requires colleges, universities and hospitals to adopt a policy regarding smoking on their grounds.

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

14. Of all Parties, 46% have reported testing and measuring the contents and emissions of tobacco products, while 56% regulate their contents and 47% their emissions. Progress has been noted by several European Parties that have adopted the 2014 European Union Tobacco Products Directive into their national legislation. Furthermore, Brazil banned all flavours in tobacco products in 2012 but was challenged by the National Confederation of Industries on constitutional grounds. The Supreme Court has recently found the action to be constitutional and has granted the mandate to the Brazilian Health Regulatory Agency (ANVISA) to regulate tobacco products and the tobacco industry. In 2017, Canada amended its legislation to prohibit menthol in cigarettes, blunt wraps and most cigars.

15. Over half of the Parties require disclosure of information on the contents and emissions of tobacco products, and many reported the continuing development and implementation of legislation under this article. Of note, Italy developed a website to disclose available information to the public. In Canada, the numerical values of toxic emissions on tobacco packages have been replaced by four text-based statements that provide clear, concise and easy to understand information about the toxic substances found in tobacco smoke.

Packaging and labelling of tobacco products (Article 11)

16. Altogether, 88% of Parties have reported requiring health warnings. As an important development concerning a regional block, European Union (EU) member states have begun
implementing the 2014 EU directive and increased the size of their combined text and pictorial warnings to cover 65% of the package surface.

17. Georgia has increased the required size of health warnings to 60% of the whole surface. In addition, India has increased pictorial health warnings to 85% of the principal display areas.

18. Following Australia’s lead, France, Ireland, Hungary, Norway, Slovenia and the United Kingdom of Great Britain and Northern Ireland have passed legislation on plain packaging, and some of them have already commenced implementation. Other Parties (Belgium, Georgia, Lithuania, Mauritius, New Zealand, the Russian Federation, South Africa, Sri Lanka and Uruguay) have expressed interest to implement similar measures.

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

19. Ninety per cent of the Parties have reported implementation of educational and public awareness programmes, and many of them are in connection with World No Tobacco Day. New campaign initiatives were reported by Bulgaria (student competition), France (#MoisSansTabac), Italy (women’s health) and Tonga (first national quit smoking campaign). Georgia, Nigeria and Vanuatu launched campaigns to support newly adopted smoke-free legislation. Azerbaijan, with support of the International Union Against Tuberculosis and Lung Disease (the Union), and the Bloomberg Philanthropies, carried out a project to advocate for stronger tobacco control legislation.

20. Only 30% of Parties targeted their programmes to ethnic groups. Australia’s Tackling Indigenous Smoking programme aims to prevent the uptake of smoking and support smoking cessation among Aboriginal and Torres Strait Islander people.

Tobacco advertising, promotion and sponsorship (Article 13)

21. Of all Parties, 72% have reported having a comprehensive ban on all tobacco advertising, promotion and sponsorship. New legislation was reported by Azerbaijan, China, Georgia, Lithuania, Oman, Qatar, Slovenia, Thailand and Turkmenistan. The Australian Capital Territory, the Czech Republic, Luxembourg and the Netherlands amended their legislation to ban advertising and promotion of electronic cigarettes. China banned Internet advertising and the use of charitable donations to promote tobacco products.

22. Cross-border advertising remains, in general, less regulated. Of the Parties with advertising bans, only 60% cover cross-border advertising originating from their country and 67% advertising entering their country. Of all Parties, only 36% impose penalties on cross-border advertising.

Measures concerning tobacco dependence and cessation (Article 14)

23. Sixty per cent of Parties have reported adopting national guidelines for tobacco cessation. India integrated cessation with the national tuberculosis TB control programme to ensure synergy between the two interventions. The majority of Parties conducted media campaigns (71%) or local events (80%) to promote smoking cessation, and 69% included diagnosis and treatment in their health-care system.

24. Several Parties highlighted progress in training on tobacco dependence treatment. Bosnia and Herzegovina, as well as Ecuador, systematically trained medical doctors, nurses or health-care technicians. Mexico has developed a competency standard for providing brief advice for smoking cessation. In Myanmar, primary health-care staff members in 90 townships were trained in brief advice as part of the implementation of the WHO Package of Essential Noncommunicable Disease Interventions for Primary Health Care in Low-resource Settings (PEN).
Illicit trade in tobacco products (Article 15)

25. In 2016–2018, 30 Parties ratified the Protocol to Eliminate Illicit Trade in Tobacco Products. This brought the current number of Protocol Parties to 46. On 27 June 2018, with 40 State Parties plus the European Union, the conditions for the Protocol entering into force were met. Accordingly, it will enter into force on 25 September 2018. Parties are already preparing for its implementation. For example, Brazil held seminars on the Protocol to establish a plan of action for its implementation. Australia announced an additional Aus$ 7.7 million fund that would go towards its Tobacco Strike Team. The aim of the team is to proactively target, disrupt and dismantle organized crime syndicates involved in large-scale importations of illicit tobacco and their global supply chains. Parties in the EU have adopted national legislation adopting the tracking-and-tracing requirements of the EU tobacco products directive.

26. Of all Parties, 35% have reported having a tracking-and-tracing regime, and 63% require marking that assists in determining the origin of the product. Altogether 72% reported having legislation in this area. On the other hand, only 18% report having data on the percentage of smuggled tobacco products within their jurisdiction.

Sales to and by minors (Article 16)

27. Of all Parties, 85% have prohibited tobacco sales to minors. Several Parties had amended their legislation to cover new products in the ban. This includes heated tobacco products in the Republic of Korea, and electronic cigarettes in the Czech Republic, Poland and Slovenia. The Republic of Korea has also banned the sale of products mimicking tobacco under the Juvenile Protection Act. Austria is raising the minimum legal age for the purchase of tobacco products from 16 to 18, and Luxembourg reported being in a similar transition. Brazil reported that the National Congress is processing a bill that would raise the minimum legal age to 21. Norway reported that they have set up a tobacco sales registry which covers electronic cigarettes and herbal tobacco products.

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

28. Several Parties reported progress in implementing these articles. Sri Lanka announced it would gradually phase out tobacco growing by 2020 and provide for alternatives to tobacco growers. The crops that were reported as being used as alternatives to tobacco include potatoes (Sierra Leone and Tunisia); saffron (Afghanistan); corn, bean, mandarin and avocado (Colombia); pineapple, sugar cane and coffee (Costa Rica); cocoa bean and coffee (Ecuador); and kenaf (Malaysia). Several Parties began promoting programmes that would replace tobacco growing with livestock (fish, dairy products and small livestock) production. On the other hand, some Parties still incentivize tobacco growing as part of more general agricultural support programmes through schemes that do not make a distinction between supported crops.

29. In an innovative project, France is helping tobacco sellers gradually diversify their opportunities by selling other goods. A Transformation Fund was created to support this project and contains a budget of € 20 million per year until 2021.

30. In terms of efforts that aim to better protect the environment in tobacco-growing areas, China has reported on energy-saving and emission-reduction work in the cigarette production process. Ecuador, Panama and several EU member states have comprehensively addressed the protection of the environment and the health of people working in the tobacco sector. Honduras has reported a new multisector engagement on environmental protection, while Pakistan has organized training programmes for tobacco farmers regarding safe use of pesticides and the Philippines have focused on reforestation projects. Palau has become the first country to request immigrants to sign a pledge that

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3 As of 11 July 2018.
they will act in an ecologically responsible way on the island. This includes not smoking in restricted areas, not throwing cigarette butts in the ocean or on the beach, and not exposing others to second-hand smoke. In the Russian Federation, the Ministry of Health proposed a new ecological tax on cigarettes. In India, the Ministry of Health and Family Welfare provided support to a public interest litigation case. This case was filed by a nongovernmental organization, Doctors for You, at the National Green Tribunal aimed at declaring cigarettes and bidi butts as toxic waste, as well as addressing deforestation caused by tobacco curing and the adverse health impact of tobacco growing.

**Liability (Article 19)**

31. Of all Parties, 51% reported that criminal liability is contained in their tobacco control legislation. As implementation of Article 19 still poses challenges to Parties, the Convention Secretariat has launched the *Article 19 Civil Liability Toolkit* to assist Parties in this area.

32. Several Parties (the Czech Republic, Ecuador, Grenada, Poland and Turkey) indicated progress in the development or amendment of legislation. The Brazilian Government continues to gather information about liability actions, in the field of doctrine and jurisprudence, based on national and international law.

**Research, surveillance and exchange of information (Article 20)**

33. Seventy-one per cent of Parties have a national system for surveillance of patterns of tobacco consumption. Several Parties reported conducting new tobacco surveys and research activities. Trinidad and Tobago introduced a new framework for a surveillance system for tobacco and other related products. Myanmar conducted a trend analysis workshop, which compared the findings from Global Youth Tobacco Survey (GYTS) 2001, 2007, 2011 and 2016. Chile carried out a study on the living, working and financial conditions of the farmers whose main source of income derives from the cultivation of tobacco. Bahrain reported that research on the economic impact of tobacco use in the states of the Cooperation Council for the Arab States of the Gulf will be conducted in 2018. The United Kingdom of Great Britain and Northern Ireland mentioned that the Tobacco Control Plan for England has committed Public Health England to update its evidence report on e-cigarettes and other novel nicotine delivery systems annually until 2022.

**International cooperation and assistance (Article 22)**

34. Less than half of the Parties have reported providing assistance to other Parties, and the most common form of assistance was transfer of skills and technology. Over half of the Parties have reported receiving assistance, especially in relation to the transfer of skills and technology (64%), and expertise for tobacco control programmes (64%).

35. Brazil and the Philippines have formed collaborative relationships in providing and exchanging assistance. Brazil aided the Philippines in areas of alternative livelihoods and good governance, while the Philippines provided technical assistance to Malaysia, Maldives, Mongolia and Nepal on tobacco taxation. Both projects have been implemented in the frame of South–South and Triangular cooperation, initiated by the Convention Secretariat. Noticeable trends in assistance were observed in the areas of litigation, taxation, legislation and programme development; technical support in developing policies relating to the Protocol; the implementation of Article 5.3; and workshops on strengthening the implementation of the WHO FCTC.

36. The Government of the United Kingdom of Great Britain and Northern Ireland invested £15 million in supporting 15 Parties in strengthening their implementation of the WHO FCTC within the framework of the FCTC 2030 project managed by the Convention Secretariat. Australia and Norway also supported the Convention Secretariat by carrying out impact-assessment missions as mandated by the COP. Canada provided a grant to the Convention Secretariat to support the work related to the development of the Medium-term Strategic Framework, as well as a secondment to
support the Secretariat’s work in areas related to reporting and knowledge management. Panama has supported the Convention Secretariat and hosted a number of regional meetings to strengthen the implementation of the treaty. The grant received from the EU in 2012 was been terminated at the end of 2017 and had a great impact in implementation work of the Parties supported by it. New, smaller grants from the EU are being dedicated for work under the Protocol to Eliminate Illicit Trade in Tobacco Products. The WHO FCTC Knowledge Hubs are now operational and have started conducting capacity-building activities and technical assistance in their respective work areas.

PRIORITIES, NEEDS, GAPS AND CHALLENGES TO IMPLEMENTATION

37. Most reporting Parties have reported on their priorities. Obligations under Article 5 of the Convention (General obligations) were most frequently mentioned as priorities. These priorities include developing legislation, regulations, national strategies and action plans, as well as establishing or strengthening the national tobacco control infrastructure (coordinating mechanisms, capacity, etc.).

38. Programmes to support tobacco cessation (Article 14) and education, communication and public awareness (Article 12) follow as other important priorities. More than one fifth of the Parties consider enforcement of various WHO FCTC measures as priority, and 23 Parties indicated that they address ratifying or acceding to the Protocol on a priority basis. As a new feature, a dozen of Parties now consider new and emerging tobacco products as priority, and 11 Parties also see adopting plain packaging as a prime concern.

39. Of all Parties, 60% had identified specific gaps in the implementation and 101 also commented on needs and gaps. Of these, almost two thirds – even several high-income countries – indicated that the financial resources available do not match their needs. About one third reported the same on human resources, or a combination of the two shortcomings. Some Parties indicated specific needs for technical assistance; these include tobacco taxation, drafting of legislation, conducting various research projects and scaling up of their cessation programmes. Some Parties also noted issues such as lack of political will, insufficient intersectoral cooperation, and mobilization of non-health sectors for tobacco control.

40. In terms of constraints and barriers to the implementation, more than 40 different challenges that Parties have encountered were enumerated. Similar to previous reporting cycles, Parties of all income levels noted that interference by the tobacco industry (and its allies) was the most common challenge to overcome. Some Parties specifically mentioned that the target of tobacco industry interference is the non-health sectors. The second other most frequently mentioned challenge was the lack of capacity and of appropriately skilled/trained personnel. Constraints mentioned by more than 10 parties each include: lack or insufficient coordination between sectors; lack of effective law enforcement; absence, weakness or delays in passing/implementing national legislation/regulation; insufficient or sustainable financial resources or competing priorities in resource allocation; and lack of awareness of the WHO FCTC or the harmful effects of tobacco. Political instability and lack of political commitment, as well as the insufficient support or involvement from the civil society, were also mentioned by several Parties.

41. An increasing number of Parties indicated that the appearance of new and emerging tobacco products poses as a challenge for both regulators and enforcers of tobacco regulations. Around two thirds of Parties have smokeless tobacco products, water pipes, and/or electronic nicotine/non-nicotine delivery systems available in their markets. Around half of the Parties have now adopted and implemented policies or regulations specific to those products.
SUMMARY OBSERVATIONS

42. Overall, implementation of the Convention improved in the 2016–2018 period for most of the Convention articles. Smoke-free environments, tobacco packaging and labelling, and communications campaigns and programmes are the leading three areas in terms of implementation rates.

43. As for the progress in significant trends, it is to be noted that a domino effect was seen in Parties introducing plain packaging and in the number of Parties ratifying the Protocol. Advances in research and surveillance under Article 20 are contributing to improved monitoring of progress with SDGs and the global noncommunicable disease (NCD) targets, and should be further encouraged. Strengthening the implementation of Articles 17 and 18 is vital for enhancing the use of supply-side reduction measures of the Convention and for the protection of the environment.

44. The lack of human and financial resources remains the most frequently cited deficiency, while the tobacco industry continues to be the most important barrier in the implementation of the Convention. Several recent initiatives supported by the Convention Secretariat, such as the establishment of tobacco industry monitoring centres, WHO FCTC Knowledge Hubs focusing on Article 5.3, and the Article 19 Civil Liability Toolkit are important means that could support Parties in the areas where implementation rates are lower. Information exchanges and collaboration between Parties in this area are vital.

ACTION BY THE CONFERENCE OF THE PARTIES

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

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