



WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

CONFERENCE OF THE PARTIES TO THE
WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL

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Global progress in implementation of the WHO FCTC

Report by the Convention Secretariat

Purpose of the document

This document presents results from an analysis of the implementation reports of the Parties to the WHO Framework Convention on Tobacco Control (WHO FCTC) on implementation of the Convention received in the 2020 reporting cycle, as well as information received in updates from the Parties in spring 2021. The document also contains the first report on the indicators of the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025*.

The full version of the *2021 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control* is available at www.who.int/fctc/reporting. Individual reports from the Parties for the 2020 reporting cycle are available at <http://untobaccocontrol.org/impldb/>.

Action by the Conference of the Parties

The Conference of the Parties is invited to note this report.

Contribute to the SDGs, if applicable: Target 3.a and Goal 3. Target 17.18 and Goal 17.

Link to the workplan and budget item: None.

Additional financial implications if not included in the workplan and budget: None.

Related document(s): Contribution and impact of implementing the WHO FCTC on achieving the noncommunicable disease global target on reduction of tobacco use.

BACKGROUND

1. The Secretariat of the WHO Framework Convention on Tobacco Control (WHO FCTC) conducted the 2020 reporting cycle in accordance with decision FCTC/COP4(16). Of all 181 Parties to the Convention required to report in the 2020 cycle, 139 (77%) formally submitted their implementation reports.¹ Most of the remaining Parties updated their data fully or partially before 22 May 2020, the cut-off date for inclusion of Party reports in this analysis.

2. Due to the postponement of the Ninth Session of the Conference of the Parties (COP9) to the WHO FCTC because of the COVID-19 pandemic the Convention Secretariat decided to publish the corresponding *Global Progress Report on the Implementation of the WHO Framework Convention on Tobacco Control* in 2021 and reached out to the Parties in order to gather any additional information they might have gathered since the submission of their 2020 reports. Seventeen Parties sent updates by the end of February 2021.

3. This document summarizes the key observations on the implementation of the Convention, as well as on the indicators to monitor the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025*. More detailed analysis and case studies from the progress reported by the Parties, together with the complete baseline data for the Global Strategy indicators, are presented in the full version of the *2021 Global Progress Report on the Implementation of the WHO FCTC* available on the website of the Convention Secretariat.

OVERALL PROGRESS IN THE IMPLEMENTATION OF THE CONVENTION

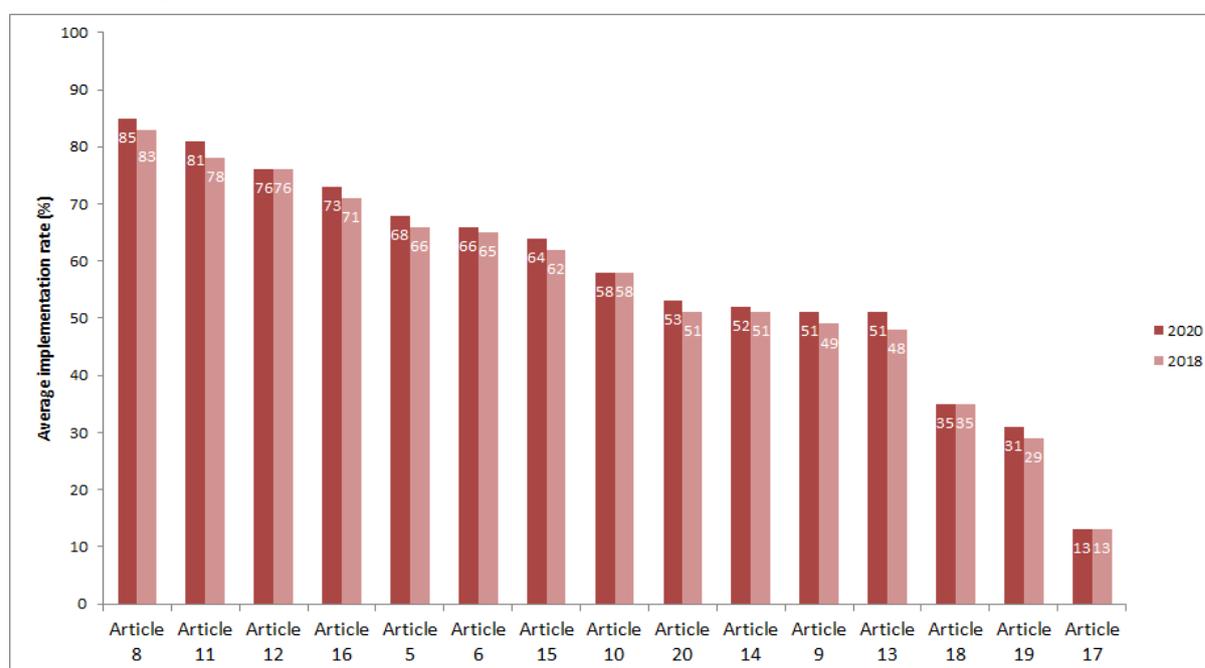
4. The overall status of the implementation of the Convention was assessed based on key indicators under each substantive article. Among all Parties, the average implementation rates slightly improved as compared to 2018² (Fig. 1). Two of the time-bound articles, Articles 8 and 11, continue to have the best implementation rates. In contrast, Article 13, another time-bound article, continues to lag behind.

¹ The 2020 reporting period ended on 31 March 2020, 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 22 May were utilized. The following Parties had formally submitted reports by that time: Afghanistan, Algeria, Antigua and Barbuda, Armenia, Australia, Austria, Azerbaijan, Bahrain, Bangladesh, Belarus, Belgium, Belize, Benin, Bolivia (Plurinational State of), Bosnia and Herzegovina, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cabo Verde, Cambodia, Cameroon, Canada, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czech Republic, Democratic People's Republic of Korea, Democratic Republic of the Congo, Denmark, Djibouti, Ecuador, Egypt, El Salvador, Estonia, European Union, Fiji, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Guinea-Bissau, Guyana, Honduras, Hungary, Iceland, India, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Jordan, Kiribati, Kuwait, Lao People's Democratic Republic, Latvia, Lebanon, Lesotho, Libya, Lithuania, Luxembourg, Malaysia, Mali, Mauritania, Mauritius, Mexico, Micronesia (Federated States of), Mongolia, Montenegro, Mozambique, Myanmar, Namibia, Nauru, Nepal, Netherlands, New Zealand, Nicaragua, Niger, Niue, Norway, Oman, Pakistan, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Russian Federation, Saint Lucia, Samoa, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, Solomon Islands, Spain, Sudan, Suriname, Sweden, Syrian Arab Republic, Thailand, Republic of North Macedonia, Togo, Tonga, Trinidad and Tobago, Tunisia, Turkey, Turkmenistan, Tuvalu, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United Republic of Tanzania, Uruguay, Vanuatu, Venezuela (Bolivarian Republic of), Viet Nam and Zimbabwe.

² The key indicators utilized for the average implementation rate calculations are available in Annex 2 of the Global Progress Report. For the 2021 Global Progress Report, the 2018 implementation rates were recalculated among all 181 Parties utilizing the latest available data on the reporting platform from the 2018 reporting cycle.

Among the tobacco-growing Parties (48% of all 181 Parties in 2020), no improvement was noted in the average implementation of the provisions under Articles 17 and 18.

Fig. 1. Average implementation rates of substantive articles among all 181 Parties in 2018–2020*



*Note: Rates for Articles 17 and 18 were calculated among tobacco-growing Parties (84 in 2018, 87 in 2020).

PROGRESS REPORTED BY THE PARTIES, BY PROVISIONS

General obligations (Article 5)

5. A comprehensive, multisectoral national strategy has been reported to be in place by 71% of all Parties, an increase from 2018 (67%). Some Parties have reported integrating tobacco control in public health or development strategies, plans or programmes with broader scopes. This is a welcome tendency as it will, on the one hand, raise the profile of the WHO FCTC and mobilize non-health sectors to contribute to the implementation of the Convention; on the other hand, it promotes the WHO FCTC as a key contributor to economic wealth and development.

6. Altogether, 41% of Parties have reported that they are addressing the implementation of Article 5 in a comprehensive manner by having not only comprehensive multisectoral national strategies but also by having a focal point for tobacco control, a national coordinating mechanism and measures to prevent tobacco industry interference, in line with the Article 5.3. Additionally, 33% of Parties have three out of these four measures in place.

Measures relating to the reduction of demand for tobacco (Articles 6–14)

7. Under Article 6 (Price and tax measures to reduce the demand for tobacco), reporting of data related to tobacco taxation and pricing, as required in Article 6.3 of the Convention, still remains a challenge for many Parties, especially for tobacco products other than cigarettes. In the 2020 reporting cycle, three in every four Parties provided tax information; however, less than one in every three Parties

provided 2020 price data. Neither the proportion of Parties earmarking tobacco taxes for public health or the number of Parties that prohibit or restrict imports of tax- and duty-free tobacco products by international travellers has changed since the previous analysis. Among the Parties for which enough information on tobacco taxes was available, 38 Parties reported having an average total tax burden for cigarettes of 75% or more of the retail price. In a more apparent tendency, more Parties that have engaged in creating “road maps” of tax increases for a number of years in the future, instead of implementing year-by-year increases.

8. As reiterated in the Guidelines for implementation of Article 8 (Protection from exposure to tobacco smoke), Parties should strive to provide universal protection, by law, within five years of the WHO FCTC’s entry into force for that Party, by ensuring that all indoor public places, all indoor workplaces, all public transport and possibly other (outdoor or quasi-outdoor) public places are free from exposure to second-hand tobacco smoke. Even though the rates of implementation of smoking bans in some of the aforementioned settings have been high for a long period of time, the picture is less promising when analysing the comprehensiveness of the bans in different settings.¹ By 2020, only 32% of Parties reported having complete smoking bans in all indoor public places, workplaces and public transport, and 26% of Parties reports bans in most of these settings. The previously observed pattern of extending existing smoking bans to outdoor areas and cars when children are present has continued. Parties seem to put more emphasis on enforcing their smoke-free rules.

9. Under Articles 9 (Regulation of the contents of tobacco products) and 10 (Regulation of tobacco products disclosures), despite the progress observed in recent years, only around half of all Parties regulate, test or measure the contents and the emissions of tobacco products. There seems to be a positive tendency in banning characterizing flavours or additives in tobacco products. Over two thirds of Parties require the disclosure of information on the contents of tobacco products to government authorities, but fewer Parties (61%) require the same for the emissions of products. Public disclosure, especially in relation to emissions, remains uncommon.

10. Two thirds of all Parties now require that health warnings cover at least 50% of the main display area of tobacco packages, as stipulated in the Article 11 (Packaging and labelling of tobacco products) and its Guidelines for implementation. An increasing number of Parties have adopted plain packaging, accelerating the international trend to restrict the use of tobacco packaging as a form of advertising and promotion, and to increase the effectiveness of the health warnings. However, only 54% of Parties have reported having adopted all the required characteristics for effective and prominent health warnings.²

11. Under Article 12 (Education, communication, training and public awareness), over nine in every 10 Parties reported implementing educational and public awareness programmes. Importantly, a number of Parties have succeeded in sustaining and further developing their previously established campaigns

¹ List of the included settings from the reporting instrument: (1) airplanes; (2) ground public transport (buses, trolley buses, trams); (3) government buildings; (4) health-care facilities; (5) educational facilities; (6) universities; (7) private workplaces; (8) motor vehicles used as places of work (e.g. taxis, ambulances or delivery vehicles); (9) cultural facilities; (10) shopping malls; (11) pubs and bars; and (12) restaurants. Trains, ferries and nightclubs were omitted from the analysis due to the variation in the existence of these settings among Parties.

² A list of the included measures from the reporting instrument encompasses: (1) prohibition of misleading descriptors; (2) required health warnings; (3) health warnings approved by the competent national authority; (4) rotated health warnings; (5) large, clear, visible and legible health warnings; (6) health warnings occupying no less than 30% of the principal display areas; (7) health warnings occupying 50% or more of the principal display areas; and (8) health warnings in the form of pictures or pictograms.

or activities. More Parties also seem to utilize programme evaluation results in designing their new campaigns, and they promote strategic collaboration between educational and health agencies.

12. One quarter of the Parties are still due to adopt a comprehensive ban on all tobacco advertising, promotion and sponsorship, another time-bound measure, under Article 13 (Tobacco advertising, promotion and sponsorship). An important note is that only 8% of all Parties have banned all types of tobacco advertising, promotion and sponsorship fully in line with the scope recommended in the Guidelines for Implementation of Article 13.¹ Additionally, despite the evidence showing the risk of exposure to advertising and promotion via the Internet, especially in the case of children and young people, progress is needed in the majority of Parties to regulate this platform. As an indication of positive progress, more Parties report having included novel and emerging tobacco products and nicotine products in their tobacco advertising, promotion and sponsorship regulations.

13. Under Article 14 (Demand reduction measures concerning tobacco dependence and cessation), a higher percentage of Parties (64%) reported having developed or having in place national guidelines for tobacco cessation than in 2018. Still, only 56% of the Parties reported that they integrate tobacco dependence treatment in the curricula of medical schools, and even fewer Parties include it in the curricula of other health professions. Additional efforts have been put in place in a group of countries, also with the coordination of the WHO FCTC Knowledge Hub on International Cooperation in Uruguay, to integrate tobacco cessation with tuberculosis–HIV prevention and control programmes.

Measures relating to the reduction of the supply of tobacco (Articles 15–18)

14. The implementation of most measures under the Article 15 (Illicit trade in tobacco products) has continued to improve since 2018. For example, notable progress was observed in the development of tracking and tracing regimes to further secure the distribution system and assist in the investigation of illicit trade. This is attributable, in part, to a renewed effort of the Parties to the WHO FCTC that also became Parties to the Protocol to Eliminate Illicit Trade in Tobacco Products, which had 63 Parties as of 15 June 2021. However, measuring illicit trade in tobacco products is still an important challenge for Parties. Only 21% of the reporting Parties responding have information on the percentage of illicit tobacco products in their national tobacco market, which marks a minor improvement since 2018 (18%). The WHO FCTC Parties that are also Parties to the Protocol had to report on their work carried out under the Protocol for the first time in 2020, and the first global progress report on the implementation of the Protocol provides baseline data on the implementation of this treaty.

15. Parties continued to strengthen the implementation of all provisions under Article 16 (Sales to and by minors). Still, there are 18 Parties that have not reported that they prohibit sales of tobacco products to minors, and six Parties reported that the minimum age for tobacco purchases is below 18 years of age. A ban on the sale of tobacco products in any manner in which they are directly accessible, such as open store shelves and from vending machines, continues to need further attention from the Parties.

16. Articles 17 (Provision of support for economically viable alternatives) and 18 (Protection of the environment and the health of persons) continue to be the least implemented provisions of the

¹ A list of the included types of tobacco advertising, promotion and sponsorship from the reporting instrument encompasses: (1) the display of tobacco products at points of sales; (2) domestic Internet; (3) global Internet; (4) brand stretching and/or sharing; (5) product placement; (6) the depiction/use of tobacco in entertainment media; (7) tobacco sponsorship of international events/activities; (8) corporate social responsibility; (9) cross-border advertising originating from the country; and (10) cross-border advertising entering the country.

Convention. Of all Parties, 48% report tobacco growing in their jurisdictions. Among these Parties, over two thirds still do not promote viable alternatives for tobacco growers, and over nine in every 10 do not promote alternatives for tobacco workers or individual sellers. Parties could also benefit from more standardized monitoring and data collection in relation to the number of tobacco growers and workers in their jurisdiction. As a positive note, a downward trend in the global tobacco production has been reported by the United Nations Industrial Development Organization (UNIDO), and innovative new measures to reduce the environmental consequences of tobacco packaging and filters were reported to have been adopted by the Parties. In 2020, the Convention Secretariat established a new WHO FCTC Knowledge Hub for Articles 17 and 18, hosted by the Fundação Oswaldo Cruz in Brazil.

Liability (Article 19)

17. Criminal liability measures in tobacco control legislation became notably more common in the 2020 reporting cycle, with 58% of all Parties reporting having adopted such measures. Major lawsuits against tobacco companies were in progress in several Parties, such as the health-care cost recovery action launched in Brazil in 2019.

Research, surveillance and exchange of information (Article 20)

18. Parties continued to strengthen their national systems for epidemiological surveillance of the determinants, patterns and consequences of tobacco use. Improvement was observed, especially in the surveillance systems for the exposure to tobacco smoke, with 64% of Parties now reporting having implemented them. In another positive development, many Parties that have only recently initiated tobacco control monitoring or that have a relatively infrequent tobacco surveillance history, had new or recent data available on the WHO FCTC reporting platform. Important economic data relating the burden of tobacco use and the benefits of WHO FCTC implementation at the national level have been made available to low- and middle-income countries participating in the Convention Secretariat's FCTC 2030 project.¹ This resulted in notably better availability of data on tobacco-related mortality and the economic burden as compared to 2018. However, still only half of Parties have data on tobacco-related mortality and even less (40%) on the economic burden of tobacco in their jurisdiction.

International cooperation and assistance (Article 22)

19. Both providing and receiving assistance became more common in the 2020 reporting cycle. The World Health Organization (WHO) and other United Nations agencies, the Convention Secretariat, the Parties themselves, regional organizations, nongovernmental organizations and the WHO FCTC Knowledge Hubs are recognized by the Parties as important sources of assistance for the implementation of the Convention. More and more Parties have noted that the WHO FCTC Knowledge Hubs are increasingly active in helping Parties in accordance with Specific Objective 1.1.2 (Strengthen the role of knowledge hubs in assisting the Parties) of the Global Strategy.

20. Australia, the European Union, Norway, Panama, the Republic of Korea and the United Kingdom of Great Britain and Northern Ireland provided financial resources to the Convention Secretariat to help Parties in their implementation work. This included support for other projects crafted in accordance with the workplan adopted by the Conference of the Parties. In particular, Australia, Norway and the United

¹ The FCTC 2030 project supports Parties, eligible to receive official development assistance to achieve Sustainable Development Goals, by accelerating implementation of the WHO FCTC. Information about the project is available on the Convention Secretariat website.

Kingdom of Great Britain and Northern Ireland provided generous funding to support the FCTC 2030 project.

Novel and emerging tobacco products and nicotine products (unrelated to a specific Article)

21. The availability of novel and emerging tobacco products and nicotine products continued to increase. Now, 74% of Parties report availability of water-pipe tobacco, 70% of smokeless tobacco and 65% of electronic nicotine delivery systems (ENDS) in their national markets. Adopting and implementing policies or regulations specific to these products became more common as compared to 2018, reported by slightly over half of all Parties. Additionally, 35% of Parties reported having electronic non-nicotine delivery systems (ENNDS) and 34% heated tobacco products (HTPs) available in their markets. Only around one third of all Parties have reported adopting and implementing policies or regulations specific to either ENNDS or HTPs, signalling that this is an area for increased action in the future.

PRIORITIES, NEEDS AND GAPS, AND CHALLENGES TO IMPLEMENTATION

22. Most Parties have reported on their priorities for implementation of the WHO FCTC. The obligations that fall under objectives of the Global Strategy, most importantly under Article 5 (General obligations), were most frequently mentioned. These included, in this order of those most frequently cited, the development of legislation, enforcement of existing regulations including the imposition of fines for offences, the establishment of a national tobacco control infrastructure, the development of a national strategy and/or action plan on tobacco control, and the elaboration of regulations.

23. Similar to 2018, 60% of Parties responded that they have identified specific gaps between the resources available and the needs identified in implementation of the Convention. For most Parties that commented on these gaps, the situation has not changed since 2018. This finding might indicate the need for more focused and coordinated support to address these gaps. The most frequently mentioned gap is the lack of sufficient financial resources. Some of the Parties argued that the resources provided by their government are not sufficient, and some other Parties indicated that their sole funder is either WHO or a partner/donor from outside the country. Closing this gap would require more attention to Article 26 of the Convention and Specific Objective 3.2.3 of the Global Strategy (Mobilize sustainable resources for tobacco control).

24. Despite the progress, implementation challenges still remain and they prevent the Convention from fulfilling its full potential and developing its full impact. The most frequently mentioned barrier continued to be the interference by the tobacco industry, including the industries producing novel and emerging tobacco products and nicotine products.

25. At the same time, some major legal challenges by the tobacco industry against laws or regulations implementing the WHO FCTC were concluded in favour of public health. Examples of these are the 2019 decision of the Supreme Court of Kenya to dismiss an appeal brought by British American Tobacco (BAT), ending the company's challenge to the Tobacco Control Regulations, and the World Trade Organization (WTO) Appellate Body ruling in 2020 confirming that plain packaging is no more trade restrictive than necessary to achieve its public health objective and that it does not violate any international trademark obligations – a landmark legal victory for public health.

26. According to reports from the Parties, it has become clear that the reporting system of the WHO FCTC would benefit from further improvement. This was also noted by an external audit carried out in 2019, reflecting on the operations of the Convention Secretariat. Identified gaps that could be addressed include, among others, the burden of the high number of reporting questions required of the Parties, the many open questions that make systematization of data difficult, the duplication of questions with other reporting platforms that Parties are contributing to, the lack of the provision of sufficient documentation to support responses by Parties, and the lack of capacity at the Convention Secretariat to review information and provide feedback to Parties.

GLOBAL STRATEGY TO ACCELERATE TOBACCO CONTROL

27. The Global Strategy contains 20 indicators to measure progress in implementation of the objectives identified under its three strategic goals. To describe these indicators, the Convention Secretariat developed an *Indicator Compendium for the Global Strategy*.¹

28. For those indicators that are based on the Parties' WHO FCTC implementation reports, the reports submitted in the 2018 reporting cycle were used as the baseline. For those indicators for which information was not available in the reporting instrument of the WHO FCTC, proxy indicators and/or additional data sources were used according to the methodologies defined in the Indicator Compendium, with information collected through desk research or from the relevant stakeholders.

29. The baseline results are available as a new chapter of the full version of the Global Progress Report. The baseline report also provides insights to further develop the respective data for the indicators, or what additional resources and data should be used.

30. Additionally, the respective figures from the 2020 reporting cycle are provided to detect any developments. The regular update of these data will allow the Convention Secretariat to detect and document progress in implementation of the Global Strategy by the respective stakeholders.

CONCLUSIONS

31. Overall, implementation of the Convention continued to modestly improve in the 2018–2020 period for most of the WHO FCTC articles. However, there is a clear need for Parties to address many of the Articles in a more comprehensive manner. This is most urgently needed for the Global Strategy indicators under the Articles 5 and 6 and the time-bound measures under the Articles 8, 11 and 13. Additionally, the progress in implementing Articles 17 and 18 have stagnated at a low level, despite the fact that almost half of Parties reported having tobacco grown in their jurisdiction.

32. Article 15 has experienced certain progress in its implementation, supported by the entry into force of the Protocol in 2018. Parties to the WHO FCTC have started their collaborative work in the time-bound areas of the Protocol, including establishment of tracking and tracing regimes, and have started to build a framework for assistance and cooperation under the Protocol. Additionally, baseline data on the implementation of this new treaty has been collected for the publication of the first global progress report in implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products.

¹ Global Strategy to Accelerate Tobacco Control Advancing Sustainable Development Through the Implementation of the WHO FCTC 2019–2025: Indicator Compendium. January 2020. See: https://www.who.int/fctc/cop/g-s-2025/GS-2025_Indicator-Compendium.pdf.

33. The lack of financial resources available for Parties' implementation work continues to be a critical gap, only worsened by the emergence and consequences of the COVID-19 pandemic. The most frequently mentioned implementation barrier continues to be interference by the tobacco industry, including the industries producing novel and emerging tobacco products and nicotine products, the presence of which continues to increase in national markets.

34. Regarding the reporting instrument, the Bureau of the Conference of the Parties (COP), following discussion with the Bureau of the Meeting of the Parties to the Protocol at the resumed Joint Fourth Bureaus Meeting, held 4 June 2021, mandated the Convention Secretariat to explore how to improve the reporting system of the WHO FCTC and to report on the issue to the Tenth Session of the Conference of the Parties.

ACTION BY THE COP

35. The COP is invited to note this report.

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