

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2017

Monitoring tobacco use and prevention policies

Executive summary

fresh and alive



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Monitor	Monitor tobacco use and prevention policies
Protect	Protect people from tobacco smoke
Offer	Offer help to quit tobacco us
Warn	Warn about the dangers of tobacco
Enforce	Enforce bans on tobacco advertising, promotion and sponsorship

Raise Raise taxes on tobacco

Overview

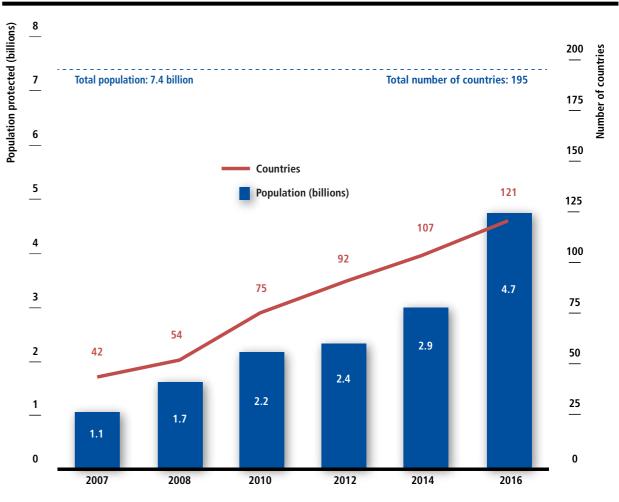
Remarkable progress has been made in global tobacco control since MPOWER was introduced a decade ago as a tool to help implement the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC). Nearly two thirds of countries (121 of 194) – comprising 63% of the world's population – have now introduced at least one MPOWER measure at the highest level of achievement (not including Monitoring or Mass media campaigns, which are assessed separately).

Overall progress has been steady, with roughly 15 new countries reaching bestpractice level on one or more measures every 2 years. As a result, about 4.7 billion people are now covered by at least one best-practice policy intervention at the national level. This is a substantial increase from the 42 countries protecting a total of 1 billion people (15% of the world's population) at best-practice level in 2007, and shows what can be achieved when tobacco control is prioritized by governments and civil society.

Tobacco control monitoring is vital but needs attention

Monitoring tobacco use and prevention policies – the focus of this sixth *WHO report on the global tobacco epidemic* – is an area neither sufficiently prioritized nor adequately funded by countries. As the foundation of effective tobacco control policy development and implementation, monitoring is an essential component of the WHO FCTC, but as of 2016 only about one third of countries, with a total

AT LEAST ONE SELECTED TOBACCO CONTROL POLICY AT HIGHEST LEVEL OF ACHIEVEMENT (2007–2016)



of 2.9 billion people, have comprehensive monitoring systems in place at bestpractice level. The comprehensive level requires recent, representative and periodic surveys for both adults and youth to have taken place.

While this is an improvement from 2007, when only about one in four countries were monitoring tobacco use at recommended levels, the number of countries with best-practice monitoring has dropped from 77 to 76 since 2014. This is primarily because previously conducted surveys were not repeated within the recommended 5-year window. There are 35 countries (most of which are low- or middle-income) that have weak tobacco use monitoring systems or conduct no surveys at all.

Key findings

Each MPOWER measure (except Monitoring tobacco use and prevention policies) saw new countries adopting best tobacco control practices since the last report.

- Six countries (Afghanistan, Cambodia, El Salvador, Lao People's Democratic Republic, Romania and Uganda) newly adopted complete smoke-free laws covering all indoor public places and workplaces. (One country, Saudi Arabia, introduced the possibility of designated smoking rooms in drinking and catering facilities and thus dropped from the group of highest achieving countries, for a net gain of five countries).
- Six countries (El Salvador, Estonia, India, Jamaica, Luxembourg and Senegal) advanced to best-practice level with their tobacco use cessation services.
- Thirty-four countries with a total of 2 billion people adopted large graphic pack warnings, including Bangladesh and India, as well as 23 countries in the European Union that incorporated the EU warning label directive into their national laws.
- Seven mainly low- and middle-income countries (Afghanistan, Kuwait, Nigeria, Qatar, Republic of Moldova, Senegal and Uganda) introduced a comprehensive ban on all tobacco advertising, promotion

and sponsorship (TAPS), including at the point-of-sale.

Three countries (Argentina, Austria and Malta) newly raised tobacco taxes so that they comprise at least 75% of the retail price. However, because five countries did not maintain high taxes at best-practice level, there was a net loss of two countries with taxes at appropriately high levels.

Significant progress in low- and middle-income countries

As in previous years, low- and middleincome countries continued to make significant progress. 10 low- and middleincome countries that previously had no

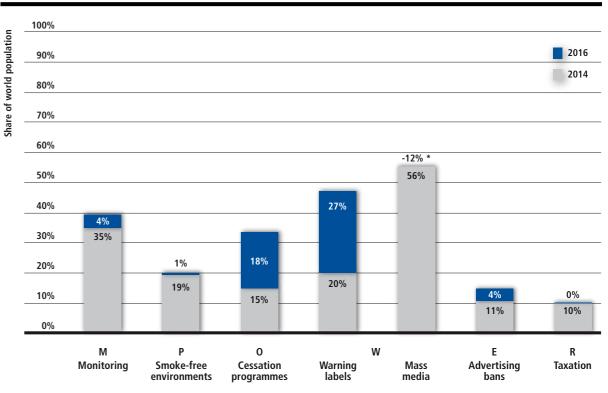
comprehensive tobacco control policy have introduced one or more best-practice MPOWER measure since 2014. However, two countries dropped from one measure in 2014 to none in 2016, for a net gain of 1.6 billion people in low- and middle-income countries covered by at least one MPOWER measure at the highest level. About 3.7 billion people in low- and middle-income countries - 59% of all people living in those countries – are now covered by at least one best-practice MPOWER measure, and one in four people living in low- and middle-income countries are now covered by an MPOWER measure at the highest level for the first time.

Some countries have yet to adopt a single MPOWER measure

All countries have the ability to implement strong tobacco control policies to protect their populations from tobacco use and second-hand smoke exposure, and the illness, disability and death that they cause. Although the adoption of comprehensive tobacco control policies

Nearly two thirds of countries – comprising 63% of the world's population – have now at least one MPOWER measure in place at the highest level of achievement.

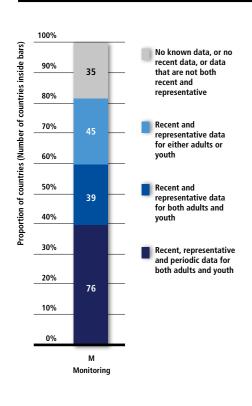
INCREASE IN THE SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2014 TO 2016

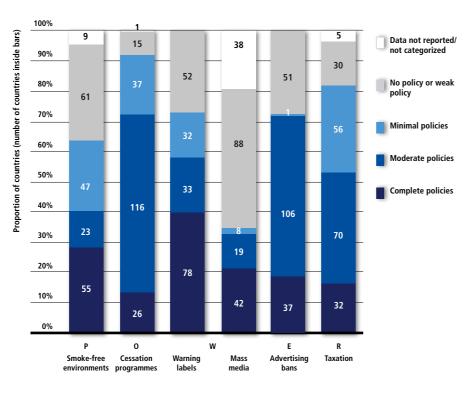


Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level.

* The share of the world population covered by a national mass media campaign with all best-practice criteria was 44% in 2016, a decline of 12% compared to 2014.

THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2016





has advanced steadily since 2007, there is much work to be done. There are 57 countries that have yet to adopt a single MPOWER measure at the highest level of achievement (including Monitoring and Mass media campaigns). Additionally, the pace of progress for adopting some MPOWER measures has been slower than for others. For example, adoption of complete TAPS bans and raising tobacco taxes to sufficiently high levels is much too slow in the majority of countries.

Conclusion

Substantial progress has been made in implementing the WHO FCTC since its adoption in 2003. Some of these successes are demonstrated by the many countries adopting MPOWER measures at bestpractice level, showing that it is possible to effectively address the tobacco epidemic and save lives, regardless of population size or income.

In the decade since MPOWER was introduced and the monitoring of its progress began, there have been substantial advances in the adoption of strong tobacco control policies in all regions of the world and among countries of all income levels. Such achievements in a relatively short time have been impressive – nearly two thirds of the world's people (4.7 billion) are now protected by at least one best-practice tobacco control measure, 3.6 billion more

people than were similarly covered just a decade ago. However, 2.7 billion people still have no protection from the illness, disability and death caused by tobacco use and second-hand smoke exposure, or from associated economic, environmental and social harms.

The progress that has been made so far is encouraging. Successful adoption of the MPOWER measures at best-practice levels has already resulted in decreases in tobacco use that have saved millions of lives and hundreds of billions of dollars, and there is tremendous potential for even larger gains. But while progress in implementing comprehensive tobacco control policies has been steady, it has also not been enough to end the tobacco epidemic. Even though tobacco use has declined in some countries and regions, population growth means the absolute

number of tobacco users is not yet decreasing.

All Parties to the WHO FCTC have made specific commitments to implement strong tobacco control policies – including effective monitoring programmes - as an important means of fulfilling their obligation to protect the health of their people. Substantial progress in all MPOWER policy areas over the past decade has achieved real and measurable gains that provide a solid foundation for future progress, but much work remains to be done. More than a billion people worldwide continue to use tobacco products, and the toll of illness, death and other harms will continue to be staggering unless we accelerate the trajectory of progress demonstrated in this report.





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