



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

The present report describes the status of implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) based on the implementation reports submitted by Parties to the WHO FCTC in the 2023 reporting cycle. The document also contains a new status 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 2023 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control will be made available before the Tenth session of the Conference of the Parties to the WHO FCTC at <https://fctc.who.int/who-fctc/reporting/global-progress-reports>. Individual reports from the Parties will be available at <https://fctc.who.int/who-fctc/reporting/implementation-database>.

Action by the Conference of the Parties

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

Contribution to the Sustainable Development Goals (SDGs): All SDGs; in particular SDG 3 and Target 3.a.

Link to 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* (Supplementary information)

BACKGROUND

1. The Convention Secretariat conducted the 2023 reporting cycle for the WHO Framework Convention on Tobacco Control (WHO FCTC) in accordance with decision FCTC/COP4(16). Of the 182 Parties to the Convention required to report in the 2023 cycle, 134 (74%) formally submitted their implementation reports.¹ Most of the remaining Parties updated their data by the cut-off date for inclusion of Party reports in this analysis but have not formally submitted their reports.

2. The present report summarizes 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*. A detailed analysis of the information provided by the Parties, including examples of progress made by the Parties and case studies of advanced implementation of the WHO FCTC, together with the complete baseline data for the Global Strategy indicators, will be presented in the full version of the 2023 *Global Progress Report on the Implementation of the WHO Framework Convention on Tobacco Control*. The full report will be available on the WHO FCTC website.

OVERALL PROGRESS IN THE IMPLEMENTATION OF THE CONVENTION

3. The overall status of the implementation of the Convention was assessed based on key indicators under each substantive article. Implementation rates per article continue to vary and will be presented in the sections below.

4. Comprehensive implementation of key measures under the time-bound articles, as well as Article 5 of the Convention, was analysed globally and according to WHO region (see Figure). Comprehensive implementation of Articles 5, 8 and 11 varies greatly among WHO regions, and comprehensive implementation of Article 13 is lower in all WHO regions.

¹ For the analysis presented here, all reports submitted and updated in the reporting platform were extracted on 1 May 2023. The following Parties had formally submitted reports by that time: Albania, Algeria, Andorra, Angola, Antigua and Barbuda, Armenia, Australia, Austria, Azerbaijan, Bahrain, Bangladesh, Barbados, Belgium, Belize, Benin, Bhutan, Bolivia (Plurinational State of), Bosnia and Herzegovina, Botswana, Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cabo Verde, Canada, Chad, Chile, China, Colombia, Comoros, Congo, Cook Islands, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czechia, Democratic Republic of the Congo, Denmark, Ecuador, Egypt, El Salvador, Estonia, European Union, Finland, France, Gabon, Gambia, Georgia, Germany, Ghana, Greece, Guatemala, Guinea-Bissau, Guyana, Hungary, Iceland, India, Iran (Islamic Republic of), Iraq, Ireland, Italy, Jamaica, Japan, Kazakhstan, Kiribati, Kuwait, Latvia, Lebanon, Libya, Lithuania, Luxembourg, Malaysia, Maldives, Malta, Marshall Islands, Mauritius, Mexico, Micronesia (Federated States of), Montenegro, Nepal, Netherlands (Kingdom of the), New Zealand, Nicaragua, Nigeria, Norway, Oman, Palau, Panama, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Qatar, Republic of Moldova, Romania, Russian Federation, Saint Kitts and Nevis, Saint Lucia, Samoa, San Marino, Sao Tome and Principe, Saudi Arabia, Senegal, Serbia, Seychelles, Sierra Leone, Singapore, Slovakia, South Africa, Spain, Sri Lanka, Sudan, Suriname, Sweden, Syrian Arab Republic, Thailand, Togo, Tonga, Trinidad and Tobago, Tunisia, Türkiye, Turkmenistan, Tuvalu, Ukraine, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, Uruguay, Uzbekistan, Vanuatu, Viet Nam and Yemen. The status of submitted reports is available at <https://fctc.who.int/who-fctc/reporting/parties-reporting-timeline>.

PROGRESS REPORTED BY THE PARTIES, BY PROVISION

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

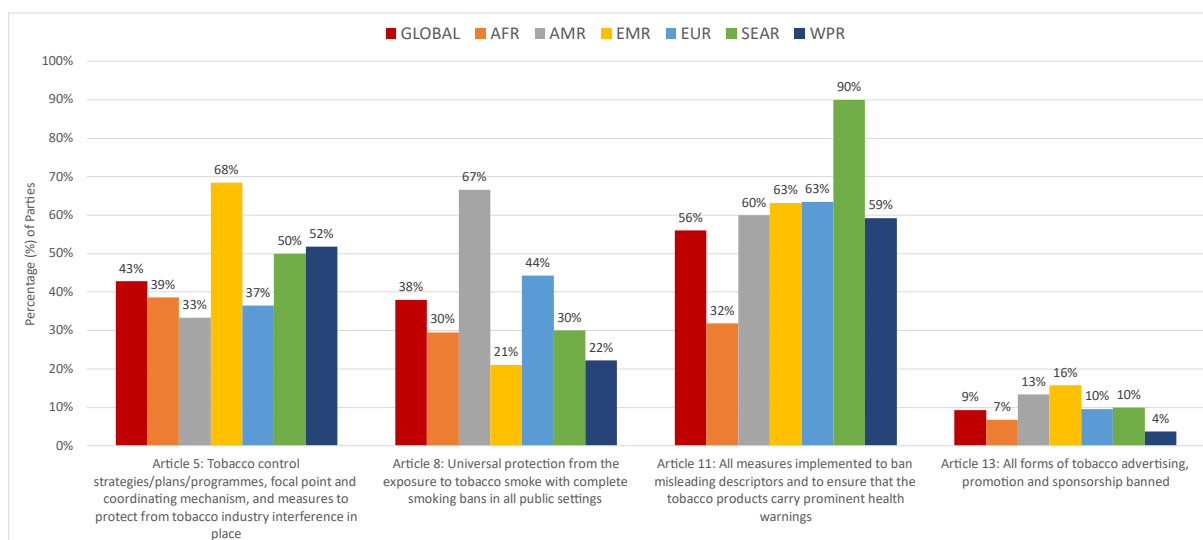
5. In relation to **Article 2.1 (Measures beyond those required by the Convention and its protocols)**, several Parties reported in different parts of their reports on plans to reduce tobacco use prevalence to under 5% or achieve a smoke- or tobacco-free generation by a certain date through various mechanisms. These Parties include, but are not limited to, the European Union, Finland, Ireland, the Kingdom of the Netherlands, New Zealand, Norway, Sweden, and the United Kingdom of Great Britain and Northern Ireland. Canada reported, in its review of its tobacco control strategy, that it is exploring new opportunities to reduce tobacco consumption and achieve a prevalence of less than 5% by 2035. A limitation on the number of outlets allowed to sell tobacco products was mentioned by two Parties (Kingdom of the Netherlands and New Zealand) as a strategy to reduce access to these products.

General obligations (Article 5)

6. In relation to **Article 5.1**, a comprehensive multisectoral national strategy, has been reported to be in place in 74% of Parties, showing an increase from 2020 (71%) and 2018 (67%). Almost 8% of Parties have reported developing and endorsing new tobacco control strategies, and six Parties reported that they are in the process of doing so. In addition, a few Parties reported that they are in the process of elaborating noncommunicable disease (NCD) prevention or public health plans, with tobacco control integrated into them. This positive development has also been highlighted in the Convention Secretariat report *Integration of WHO FCTC implementation with the control and prevention of noncommunicable diseases*.¹ China reported that it had integrated tobacco control into a series of national strategies, plans and programmes in the past three years, in areas such as national economic and social development, family education, and development plans for women and children.

¹ Available at: <https://fctc.who.int/publications/m/item/launch-of-new-publication-integration-of-who-fctc-implementation-with-the-control-and-prevention-of-noncommunicable-diseases>.

Figure. Percentage of Parties that have reported implementing all the key measures¹ under Articles 5, 8, 11 and 13 in 2023, globally and by WHO region



7. In relation to **Article 5.2**, 74% of Parties reported that they have in place a national coordinating mechanism for tobacco control. Nine Parties reported having established new national coordinating mechanisms, while one Party reported that it integrated coordination of tobacco control into the work of an existing multisectoral committee responsible for NCDs. Four additional Parties reported that such a mechanism is under development. Two of them, Colombia and Costa Rica, indicated that this process is part of their FCTC 2030 projects.

8. Further, 87% of Parties reported that they established or reinforced and financed the establishment of a focal point for tobacco control, and 70% reported the same for a tobacco control unit. Austria reported that in 2021, it had established the Tobacco Coordination Office, a joint institution of the Ministry of Health and the Austrian Agency for Health and Food Safety, which monitors the enforcement of the Tobacco and Non-Smoker Protection Act.

9. In relation to **Article 5.3**, 72% of Parties reported having adopted or implemented some measures to protect public health policies from commercial and other vested interests of the tobacco industry. More Parties seem to ensure that the public has access to information on the activities of the tobacco industry (42% compared to 38% in 2020). A number of Parties reported progress in establishing rules that guide civil servants in respect of interactions with the tobacco industry, including codes of conduct.

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

10. Under **Article 6 (Price and tax measures to reduce demand for tobacco)**, the proportion of Parties reporting data related to cigarette price improved by 20% in the new reporting cycle. However, the reporting of prices of other tobacco products remains a challenge. Parties in five WHO regions reported an increase in the minimum price of cigarettes compared to data from 2020. Over three quarters of Parties provided tax information, and it was observed that a mixed excise tax system (a combination of specific and ad valorem taxes) continues to be the most common excise tax structure implemented

¹ The key indicators utilized for the Figure will be listed as an annex to the extended version of the 2023 Global Progress Report.

globally. Parties in four WHO regions reported an increase in the average tobacco tax burden. However, as in the previous reporting cycle, only the European Region has an average tobacco tax burden that meets the 75% tax benchmark. The proportion of Parties earmarking tobacco taxes for public health increased by 6%. The number of Parties that prohibit imports and purchases of cigarettes by international travellers decreased by 2%. Despite some progress under this article, among the few Parties reporting on consideration of the effect of inflation and economic growth on taxes, less than one of every three Parties reported having a mechanism in place to regularly update taxes to maintain the decrease in affordability.

11. In relation to **Article 8 (Protection from exposure to tobacco smoke)**, as stated in its Guidelines for implementation, Parties should strive to provide universal protection – 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. More Parties (95%) report banning smoking at least in some of the spaces mandated in Article 8. The number of Parties reporting that they do so through national law, subnational regulation, and through administrative and executive orders has increased in all categories, at the expense of voluntary agreements. More Parties report having established complete bans in settings such as government buildings (an increase of 3 percentage points), health-care facilities (4 percentage points), educational facilities (2 percentage points) and universities (4 percentage points), and private workplaces (5 percentage points). Another positive trend is observed in relation to public transport facilities and indoor public places (for example, a 7% increase in complete bans for shopping malls was reported). Since their last report, most often Parties reported progress in introducing new legislation or regulations concerning smoke-free environments, and a similar number of Parties reported strengthening enforcement of their smoke-free measures.

12. In relation to **Article 9 (Regulation of the contents of tobacco products) and Article 10 (Regulation of tobacco products disclosures)**, approximately half of the Parties reported regulating, testing or measuring the contents and emissions of tobacco products. Progress continued in testing and measuring the contents of tobacco products, with 52% of Parties reporting having implemented these measures, as compared to 49% in 2020. Altogether, 70% of Parties require the disclosure of information on the contents of tobacco products to government authorities, but fewer Parties (62%) require the same for the emissions of tobacco products. Public disclosure of contents has become more common, reported by 58% of Parties, while it remains less common for emissions (47%). A positive trend has been observed in banning flavours or additives in tobacco products. However, access to governmental or independent laboratories for testing contents and/or emissions of tobacco products is still identified as a challenge by several Parties.

13. In relation to **Article 11 (Packaging and labelling of tobacco products)**, although a slightly higher percentage of Parties (69%) reported requiring health warnings covering at least 50% of the main display area of tobacco packages, approximately one third of Parties still need to comply with this requirement. Seventy-three per cent of Parties reported ensuring that health warnings include pictures or pictograms, representing a slight improvement compared to 70% in 2020. Minor progress was observed on the number of Parties reporting having adopted all the required characteristics for effective and prominent health warnings (56%). Several Parties have adopted new regulations increasing the size of the health warnings of tobacco products: Tunisia (from 30% to at least 70%), Ukraine (from 50% to 65%) and Uzbekistan (from 40% to 65%). Finland and Oman have adopted plain packaging, while Georgia approved the regulations that enable its introduction. A WHO Collaborating Centre for Tobacco Plain Packaging was established in Saudi Arabia in November 2022.

14. Under **Article 12 (Education, communication, training and public awareness)**, most Parties (92%) reported that they had implemented educational and public awareness programmes. Importantly, many Parties succeeded in sustaining and further developing campaigns or activities established in the previous reporting period, or prior to it. In addition, many Parties reported the implementation of new communication campaigns. A positive trend was observed in that more Parties have been implementing programmes targeted to ethnic groups (30% compared to 27% in 2020) and reflecting the cultural background of targeted population groups (45% compared to 39% in 2020). Further, progress was also observed in implementing programmes covering adverse environmental consequences of tobacco production, reported by 49% of Parties (compared to 46% in 2020). Targeted training or awareness-raising programmes were most often addressed to health workers and educators.

15. The implementation of measures under the **Article 13 (Tobacco advertising, promotion and sponsorship)** slightly improved since 2020. More Parties have now adopted additional bans on the display and visibility of tobacco products at points of sale (now included by 54% of Parties), brand stretching and/or brand sharing (54%), and product placement as a means of advertising or promotion (73%). More Parties are now banning cross-border advertising, promotion and sponsorship originating from their territory (49% compared to 47% in 2020). Bans on tobacco advertising, promotion and sponsorship on the global Internet continue to be implemented by only 24% of Parties. Further, the number of Parties that reported having banned all types of tobacco advertising, promotion and sponsorship (9% of Parties), in line with the *Guidelines for implementation of Article 13* of the WHO FCTC, has increased only minimally. Mexico adopted a total ban on the advertising, promotion and sponsorship of tobacco products in December 2021.

16. While approximately two thirds (65%) of Parties have developed integrated guidelines under **Article 14 (Demand reduction measures concerning tobacco dependence and cessation)**, support services remain less available. Quit lines are reported by 44% of Parties (an increase from 39% in 2020). Only 57% of Parties report programmes for the diagnosis and treatment of tobacco dependence in primary health care. Integrating tobacco dependence treatment in the curricula of health professionals also remains underutilized, with 57% of Parties reporting it for medical schools.

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

17. Under **Article 15 (Illicit trade in tobacco products)**, progress continued in the development of tracking and tracing regimes to further secure the distribution system and assist in the investigation of illicit trade. Some 46% of Parties reported progress in this area, compared to 43% in 2020. However, the implementation of most of the other measures under this article showed no further improvement. Slightly more Parties (24%) now reported having information on the percentage of illicit tobacco products on the national market, but collecting such data remains a challenge. Additional Parties have ratified or acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products since the last reporting cycle, as follows: Egypt, Hungary, Kenya, the Kingdom of the Netherlands and Seychelles in 2020; Ghana and Greece in 2021; the Republic of Moldova and Paraguay in 2022; and Rwanda in 2023.

18. Parties continued to strengthen the implementation of most provisions under **Article 16 (Sales and by minors)**. For example, 63% of Parties (compared to 59% in 2020) reported banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves. A few other Parties reported initiatives or concrete actions to raise the age limit under which the sale of tobacco products is prohibited to 18 or older. For example, Singapore raised the minimum legal age from 20 to 21 as of 1 January 2021.

19. Forty-seven per cent of Parties reported tobacco growing in their jurisdictions, a figure which remains stable compared to the previous reporting cycle. **Article 17 (Provision of support for economically viable alternatives)** and **Article 18 (Protection of the environment and the health of persons)** continue to be weakly implemented among these Parties. Less than one third of these Parties (31%) promote viable alternatives for tobacco growers, suggesting minor progress in this area (compared to 29% in 2020). Only 8% of these Parties promote economically viable alternatives for tobacco workers, and 2% of Parties do so for individual sellers. India reported on the implementation of a Crop Diversification Programme supporting tobacco farmers to shift to alternative crops.

20. Despite the growth observed in the global manufacturing of tobacco products between 2021 and 2022 (particularly in the second quarter of 2021, linked to recovery after the COVID-19 pandemic), the latest estimates confirmed the return to a downward trend in the fourth quarter of 2022, as reported by the United Nations Industrial Development Organization (UNIDO).¹

Liability (Article 19)

21. Some progress is observed in relation to implementation of **Article 19**. Both criminal liability measures in tobacco control legislation (63% of Parties) and criminal liability provisions outside of the tobacco control legislation that could apply to tobacco control (36%) became more common. Minor progress was also observed in civil liability measures specific to tobacco control (36%) and general civil liability provisions that could apply to tobacco control (44%). Legal challenges raised by the tobacco industry have persisted in several Parties. However, the legislation or regulations mandating the implementation of WHO FCTC have been upheld by their respective courts.

Research, surveillance and exchange of information (Article 20)

22. Sixty-five per cent of Parties (an increase from 62% in the 2020) reported training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation. In addition, more Parties reported having a national surveillance system for the consequences of tobacco consumption (51% compared to 48% in 2020). Importantly, more Parties reported the regional and global exchange of publicly available national information on the practices of the tobacco industry (46% compared to 41% in 2020). Several Parties continued to report progress with carrying out new surveys or research.

International cooperation and assistance (Article 22)

23. In contrast to previous years, fewer Parties reported having engaged in providing and receiving most types of assistance. Only receiving assistance for training or sensitization programmes in accordance with Article 12 became slightly more common (52% compared to 50% in 2020). A few countries from the European Region highlighted their participation in the Joint Action on Tobacco Control 2 project, which aims to strengthen the cooperation between European Union Member States in tobacco control through knowledge sharing and collaborative research.

¹ World Manufacturing Production – Quarterly Report (Q4 2022). United Nations Industrial Development Organization, available at: <https://stat.unido.org/content/publications/world-manufacturing-production---quarterly-report>.

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

24. More Parties (76% compared to 71% in 2020) reported the availability of smokeless tobacco products in their national markets. A similar development was observed in relation to waterpipe tobacco, reported now by 79% of Parties (75% in 2020). Over half of Parties (57%) reported having adopted policies or regulations for waterpipe tobacco and smokeless tobacco, which represents a slight increase since the previous reporting cycle in the case of waterpipe tobacco and no change in the case of smokeless tobacco. Uzbekistan now requires the placement of health warnings on the mouthpiece and waterpipe flask.

25. A significant increase in the presence of novel and emerging tobacco products in the markets of the Parties has been reported. Heated tobacco products (HTPs) can now be found in 49% of Parties (compared to 34% in 2020). Accordingly, there has been a slight increase in the adoption and implementation of policies or regulations for these types of products. However, less than half of Parties regulate HTPs (43%).

26. The presence of novel and emerging nicotine products in more markets has also been observed. Electronic nicotine delivery systems (ENDS) are now present in 74% of Parties (compared to 65% in 2020), and electronic non-nicotine delivery systems (ENNDS) are available in 52% of Parties (compared to 35% in 2020). In relation to the adoption and implementation of policies or regulations, only over half of Parties regulate ENDS (60%) and approximately one third of Parties (36%) regulate ENNDS. In 2020, the Russian Federation expanded its ban on advertising, promotion and sponsorship to nicotine-containing products and devices for its consumption, including ENDS, devices for their use and water pipes.

27. Some Parties regulate HTPs and ENDS together. For example, the Philippines published in 2022 an administrative order containing the first set of graphic health warnings for vapor products, heated tobacco products and other similar products. Panama adopted in 2022 a law prohibiting the use, import and sale of electronic cigarettes and HTPs.

PRIORITIES, NEEDS AND GAPS, AND CHALLENGES TO IMPLEMENTATION

28. Almost all Parties have reported on their national priorities for implementation of the Convention. The obligations under **Article 5 (General obligations)** were mentioned by most Parties, particularly in relation to the development of legislation, the enforcement of existing regulations including the imposition of fines for offences and the development of a national strategy and/or action plan on tobacco control. The next most-mentioned set of priorities were the implementation of measures under **Article 14 (Demand reduction measures concerning tobacco dependence and cessation)**, mentioned by almost one half of Parties, followed by those under **Article 6 (Price and tax measures to reduce the demand for tobacco)** and under **Article 8 (Protection from exposure to tobacco smoke)**.

29. Sixty-three per cent of Parties responded that they have identified specific gaps between the resources available and the needs identified in the implementation of the Convention. Of those Parties, 93% provided details on the gaps they identified. The three most frequently mentioned gaps were: the lack of or insufficient financial resources; the lack of human resources and expertise for tobacco control; and the need for more training and capacity-building in tobacco control. The areas where Parties would like to see more financial resources devoted include education, communication, training and public awareness activities, including public education campaigns; tobacco cessation activities; monitoring

compliance, inspections and other enforcement activities, including at the borders; and research and tobacco industry monitoring activities.

30. Eighty-seven per cent of Parties provided information on constraints and barriers to implementation of the Convention. The most reported implementation barrier continues to be interference by the tobacco industry and those working to further its interests, reported by one third of Parties. Challenges include interference by the tobacco industry with the policy-making process, primarily through non-health sectors and litigation. One Party reported that tobacco manufacturing has recently been established in the country, while another Party underlined that the local tobacco industry is considered an important contributor to the local economy, which acts as a barrier to the implementation of the Convention.

31. The second most often indicated barrier, mentioned by one in six Parties, is the lack of or insufficient intersectoral cooperation and coordination. The next most commonly cited constraints (by around one in 10 Parties) are: the lack of or insufficient enforcement (which results in poor implementation of tobacco control legislation); limited knowledge, in particular of decision-makers, about the WHO FCTC, including its Article 5.3; and political issues, including political instability (emergency situations or “unsuitable” political conditions, international sanctions, ongoing political reforms or economic crises).

GLOBAL STRATEGY TO ACCELERATE TOBACCO CONTROL

32. The progress made on the 20 indicators of the *Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025* were reviewed and where appropriate, compared to the baseline data collected in the previous reporting cycle. Some highlights of the findings are presented below.

33. Under **Strategic Goal 1**, the progress of Parties is addressed in the previous sections of the present report. The WHO FCTC Knowledge Hubs, in their reports submitted to the Convention Secretariat on their work carried out in 2022, reported that they provided assistance to 126 Parties in more than 150 instances. This represents a significant increase in the provision of support by WHO FCTC Knowledge Hubs as compared to the previous reporting cycle. It should be noted, however, that during the COVID-19 pandemic most of the assistance was provided through online means, which permitted outreach and support on a broader scale. In relation to the indicator on the number of Parties involved in South–South and Triangular (SST) cooperation programmes, despite the fact that specific SST projects existed in the past, no such projects have been implemented since 2020. The Convention Secretariat facilitated SST cooperation between Parties through the FCTC 2030 project. 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. For example, Georgia assisted Armenia in the development of tobacco regulations. Fiocruz (Brazil), which also serves as the WHO FCTC Knowledge Hub for Articles 17 and 18 of the Convention, supported Mozambique with tobacco control capacity-building.

34. Under **Strategic Goal 2**, the Convention Secretariat reiterated to Parties the importance of including implementation of the WHO FCTC in the voluntary national reviews (VNRs) on their domestic implementation of the Sustainable Development Goals (SDGs). The Convention Secretariat promoted its publication on this matter¹ during a webinar in November 2022 (following a first webinar

¹ Guide for WHO FCTC Parties on including SDG Target 3.a in voluntary national reviews, available at <https://fctc.who.int/publications/i/item/9789240014046>.

in June 2021). On that occasion, new research was carried out to study how many Parties included implementation of the WHO FCTC in their VNRs. In 2021–2022, in the 83 VNRs analysed, 37% of Parties listed SDG Target 3.a in their reports, and 35% of Parties reported on SDG Target 3.a. Furthermore, 39% of Parties listed the indicator of SDG Target 3.a (indicator 3.a.1) in their reports, and 48% of Parties reported on data related to it. Despite the positive fact that some Parties have covered SDG Target 3.a and/or indicator 3.a.1 in their VNRs, the percentages have still not changed significantly as compared to earlier research that analysed VNRs from 2016 to 2019. From the 2023 reporting cycle, for the first time, reference to VNRs was included in Party responses to an open-ended question under Article 20 of the Convention. The inclusion of a question on this matter in a revised WHO FCTC reporting instrument is proposed for consideration at the Tenth session of the COP (COP10) (document FCTC/COP/10/13).

35. Under **Strategic Goal 3**, an implementation review mechanism for the WHO FCTC is proposed for consideration at COP10 (document FCTC/COP/10/14). In addition, an indicator to measure the gap in global funding for implementation of the WHO FCTC was developed, and a calculation of the global funding gap was undertaken.

36. As the current cycle of the Global Strategy is scheduled to end in 2025, a possible extension of the Global Strategy is proposed for consideration at COP10 (document FCTC/COP/10/16).

CONCLUSIONS

37. Even though the current analysis revealed some positive developments, the level of acceleration in implementation of the WHO FCTC that was anticipated through uptake of the Global Strategy has not been achieved. This may be partially attributable to the COVID-19 pandemic.

38. There is a need for Parties to devote more attention to comprehensive implementation of the treaty in general, but with particular attention to priority articles listed in the Global Strategy, including Articles 5, 6, 8, 11 and – the least implemented – Article 13. Implementation of Articles 8 and 11 is usually within the competency of the ministry of health of Parties, and is considered by WHO as one of the most highly effective and cost-efficient set of measures that can be adopted, even in countries with limited resources. In addition to low implementation cost, such measures are commonly supported by the general population.

39. Data reported under Article 6 show improvement since the previous reporting cycle. Minimum cigarette prices have increased in five WHO regions, while the average tobacco tax burden has increased in four WHO regions. Nonetheless, tax measures are the single most effective means to decrease tobacco use and at the same time increase government revenue, and yet they have been only implemented at the level of the recommended benchmark of 75% of the retail price by 21% of Parties.

40. Parties seem to be giving increased attention to implementation of Articles 9 and 10 of the Convention and to the regulation of novel and emerging tobacco products and nicotine products; more Parties are reporting that these products have appeared in their national markets. Also, there was a small increase in the number of Parties reporting that they used the partial guidelines for implementation of these articles in the development of their tobacco product regulation.

41. The fight against illicit trade in tobacco products has drawn more attention among the Parties, with 10 Parties to the WHO FCTC becoming Parties to the Protocol since the previous reporting cycle. Implementation of Article 15 could be further supported by an increase in the number of Parties to the

Protocol. Further information on the implementation of the Protocol is contained in the 2023 *Global Progress Report on Implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products*.

42. Article 5 and related measures were the most mentioned priorities for the implementation of the WHO FCTC. To achieve comprehensive implementation of the Convention, Parties reported that the most frequent gaps between available resources and their needs in implementing the Convention were insufficient financial and human resources and expertise for tobacco control. They also highlighted the need for training and capacity-building in tobacco control. Parties may wish to increase their resort to resources and support provided by WHO and the Convention Secretariat to strengthen their capacity for tobacco control (including through WHO collaborating centres, the WHO Study Group on Tobacco Regulation (TobReg), the WHO Tobacco Laboratory Network (TobLabNet), WHO FCTC Knowledge Hubs, the FCTC 2030 project, databases and toolkits). Finally, the most commonly cited implementation barrier reported by Parties continues to be the interference by the tobacco industry and those working to further its interests. While the health sector is familiar with the requirements of Article 5.3 and its Guidelines for implementation, a whole-of-government approach is necessary to protect policy-making from tobacco industry interference; thus, implementation of Article 5.3 and its Guidelines for implementation should extend to all branches of government.

ACTION BY THE CONFERENCE OF THE PARTIES

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

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