

## Global progress in implementation of the WHO FCTC

### Report by the Convention Secretariat

#### Purpose of the document

This 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 2025 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 2019–2030.

The extended version of the 2025 Global Progress Report on Implementation of the WHO FCTC will be made available before the Eleventh session of the Conference of the Parties to the WHO FCTC at <https://fctc.who.int/convention/progress/global-progress-reports>. Individual reports from the Parties will be available at <https://extranet.who.int/fctcapps/fctcapps/fctc/implementation-database>.

#### Action by the Conference of the Parties

The Conference of the Parties (COP) 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 2025 reporting cycle for the WHO Framework Convention on Tobacco Control (WHO FCTC) in accordance with decision FCTC/COP4(16) and subsequent decisions of the COP, including decision FCTC/COP10(19). Of the 183 Parties to the Convention required to report in the 2025 cycle, 129 (69%) formally submitted their implementation reports.<sup>1</sup>
2. The information utilized for analysis of progress in this reporting cycle derives from various data sources. The Convention Secretariat notes that both the questionnaire and the reporting platform used by the Parties have changed for this reporting cycle. In decision FCTC/COP10(19), the Conference of the Parties (COP) to the WHO FCTC adopted a revised reporting instrument (as contained in Annex 2 of document FCTC/COP/10/13). Subsequently, as mandated by the COP, the Secretariat developed a new online reporting platform, incorporating the revised reporting instrument into it. Due to the revision of the reporting instrument, most of the indicators have changed compared to previous reporting cycles; therefore, in many cases, new baseline data had to be collected or obtained from external data sources.
3. Further, also under the mandate of the COP, the Convention Secretariat collaborated with the World Health Organization (WHO) to obtain data collected for the biennial WHO reports on the global tobacco epidemic; especially for the MPOWER indicators,<sup>2</sup> some of which correspond to the WHO FCTC time-bound measures. WHO data were subsequently used to complement information collected through the reporting instrument of the WHO FCTC. Other external official

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<sup>1</sup> The following Parties officially submitted reports in the 2025 reporting cycle for the WHO FCTC, indicating their corresponding WHO region: African Region (AFR), Eastern Mediterranean Region (EMR), European Region (EUR), Region of the Americas (AMR), South-East Asia Region (SEAR) and Western Pacific Region (WPR): Afghanistan (EMR), Albania (EUR), Algeria (AFR), Andorra (EUR), Angola (AFR), Antigua and Barbuda (AMR), Armenia (EUR), Australia (WPR), Austria (EUR), Azerbaijan (EUR), Bahrain (EMR), Belarus (EUR), Belgium (EUR), Belize (AMR), Benin (AFR), Bhutan (SEAR), Bosnia and Herzegovina (EUR), Botswana (AFR), Brazil (AMR), Brunei Darussalam (WPR), Bulgaria (EUR), Burkina Faso (AFR), Cabo Verde (AFR), Cambodia (WPR), Canada (AMR), Chile (AMR), Colombia (AMR), Cook Islands (WPR), Costa Rica (AMR), Côte d'Ivoire (AFR), Croatia (EUR), Cyprus (EUR), Czechia (EUR), Democratic People's Republic of Korea (SEAR), Denmark (EUR), Dominica (AMR), Ecuador (AMR), Egypt (EMR), El Salvador (AMR), Estonia (EUR), Eswatini (AFR), Ethiopia (AFR), European Union (EUR), Fiji (WPR), Finland (EUR), France (EUR), Gabon (AFR), Gambia (AFR), Georgia (EUR), Germany (EUR), Ghana (AFR), Greece (EUR), Grenada (AMR), Guyana (AMR), Hungary (EUR), India (SEAR), Iran (Islamic Republic of) (EMR), Iraq (EMR), Ireland (EUR), Israel (EUR), Italy (EUR), Jamaica (AMR), Japan (WPR), Jordan (EMR), Kazakhstan (EUR), Kenya (AFR), Kyrgyzstan (EUR), Latvia (EUR), Lebanon (EMR), Liberia (AFR), Libya (EMR), Lithuania (EUR), Luxembourg (EUR), Madagascar (AFR), Malawi (AFR), Malaysia (WPR), Maldives (SEAR), Malta (EUR), Marshall Islands (WPR), Mauritius (AFR), Mexico (AMR), Micronesia (Federated States of) (WPR), Montenegro (EUR), Mozambique (AFR), Nauru (WPR), Netherlands (Kingdom of the) (EUR), New Zealand (WPR), Nicaragua (AMR), Nigeria (AFR), Norway (EUR), Oman (EMR), Palau (WPR), Panama (AMR), Paraguay (AMR), Peru (AMR), Poland (EUR), Qatar (EMR), Republic of Korea (WPR), Republic of Moldova (EUR), Romania (EUR), Russian Federation (EUR), Saint Lucia (AMR), Samoa (WPR), Senegal (AFR), Serbia (EUR), Seychelles (AFR), Singapore (WPR), Slovakia (EUR), Slovenia (EUR), Solomon Islands (WPR), South Africa (AFR), Spain (EUR), Sri Lanka (SEAR), Sweden (EUR), Syrian Arab Republic (EMR), Thailand (SEAR), Togo (AFR), Tonga (WPR), Trinidad and Tobago (AMR), Tunisia (EMR), Türkiye (EUR), Ukraine (EUR), United Arab Emirates (EMR), United Kingdom of Great Britain and Northern Ireland (EUR), Uruguay (AMR), Vanuatu (WPR), Venezuela (Bolivarian Republic of) (AMR), Viet Nam (WPR), Zimbabwe (AFR).

<sup>2</sup> A set of measures introduced by WHO in 2008 to support implementation of the WHO FCTC and its Guidelines for implementation related to reducing the demand for tobacco products. These measures include monitoring tobacco use and prevention policies (M); protecting people from tobacco smoke (P); offering help to quit tobacco use (O); warning about the dangers of tobacco (W); enforcing bans on tobacco advertising, promotion and sponsorship (E); and raising taxes on tobacco (R).

data sources relevant to tobacco control were also reviewed and analysed; some of these are presented in this report, as appropriate.

4. The present report describes the main directions of progress in global implementation of the Convention since the previous reporting cycle, and gives examples of implementation as provided by the Parties. It also includes a summary of progress on the indicators to monitor the Global Strategy to Accelerate Tobacco Control: Advancing Sustainable Development through the Implementation of the WHO FCTC 2019–2025 adopted in decision FCTC/COP8(16) and extended to 2030 in decision FCTC/COP10(15).

5. An extended version of this report with more information, quantitative data and analysis of data from most of the external datasets will form the basis of the *2025 Global Progress Report on Implementation of the WHO Framework Convention on Tobacco Control*, to be made available on the WHO FCTC website later this year.<sup>3</sup>

## **Progress, including significant changes, reported by the Parties, by selected provisions**

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

6. Over one in four Parties that submitted their implementation report indicated that they had implemented, since the submission of their previous report, forward-looking measures that could be said to be contemplated within the scope of **Article 2.1** of the WHO FCTC: “measures beyond those required by this Convention and its protocols”. Several Parties reported tobacco-free generation policies, either enacted or currently considered, including Belgium, the European Union (EU), France, the Maldives, Norway, Slovenia and the United Kingdom of Great Britain and Northern Ireland. For example, France’s National Tobacco Control Programme (2023–2027) aims for children born since 2014 to become the first generation of non-smokers (achieving a smoking rate of <5%). In the Maldives, a new law prohibits access to tobacco and nicotine products for those born on or after 1 January 2007 (effective 1 November 2025), while the United Kingdom’s Tobacco and Vapes Bill, introduced to Parliament, aims to create a smoke-free generation by gradually phasing out the sale of tobacco products across the country. The Bill makes it an offence to sell tobacco products, herbal smoking products and cigarette papers to anyone born on or after 1 January 2009.

### **General obligations (Article 5)**

7. Almost half of reporting Parties indicated that there had been a significant change in their implementation of this article. Among these, in respect of **Article 5.1**, new or recent national strategies and action plans were reported by Australia, Brunei Darussalam, Finland, France, Georgia, Ghana, Iran (Islamic Republic of), Jordan, New Zealand, the Republic of Moldova, Slovenia, Spain and Tonga.

8. In relation to **Article 5.2(a)**, almost all Parties that submitted their implementation report in this cycle reported having a focal point for tobacco control, but only two thirds indicated having a national multisectoral coordinating mechanism for tobacco control. Several Parties reported establishing, reorganizing or reactivating their national multisectoral committees or bodies for

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<sup>3</sup> [WHO FCTC Global Progress Reports](#) (accessed 9 July 2025).

tobacco control. These include Algeria, Armenia, Brunei Darussalam, the Cook Islands, Ethiopia, Malawi, the Marshall Islands, Montenegro, Mozambique, Palau, the Republic of Moldova, the United Arab Emirates and Zimbabwe.

9. Of the reporting Parties, 90% indicated that they have a comprehensive set of national laws, legislation or regulations that specifically address tobacco control. Of those, in 2023 and 2024, at least 79 Parties had adopted new or amended existing tobacco control laws or regulations. In their reports, the following Parties reported on their amendments of laws or regulations as progress under **Article 5.2(b)**: Australia, Belgium, Bulgaria, Chile, Colombia, Ecuador, Eswatini, Germany, Malaysia, Malta, New Zealand, Peru, Serbia, Seychelles, Tonga, Ukraine and Venezuela (Bolivarian Republic of). A few other Parties indicated that they are in the process of adopting new or amended existing tobacco control laws or regulations.

10. Under Article 5, Parties were asked whether any tobacco or nicotine products are legally available on their national market. Among Parties reporting on tobacco products, 104 said that waterpipe tobacco was available, followed by smokeless tobacco products (97) and heated tobacco products (HTPs) (89). Of those reporting on nicotine products, 91 Parties said that electronic nicotine delivery systems (ENDS) were available, followed by nicotine pouches (70). Electronic non-nicotine delivery systems (ENNDS) were reported as being available by 89 Parties.

11. Concerning combating tobacco industry interference, only one quarter of the reporting Parties mentioned any significant progress in the implementation of **Article 5.3** of the WHO FCTC. Several Parties (Canada, Czechia, the EU, Oman, Panama, Spain, the United Kingdom and Ukraine) reported having taken measures to increase transparency and disclosure of interactions that occur with the tobacco industry. A few other Parties (the Cook Islands, Kenya (draft), Kyrgyzstan, Peru and Slovenia) included measures concerning Article 5.3 of the Convention in their national legislation. Of the Parties that submitted reports, 44% indicated having established measures to limit unnecessary interactions with the tobacco industry by government bodies and people working for these bodies. Some of these Parties (Brazil, Finland – concerning the Finnish Institute for Health and Welfare, Malta, Montenegro and the Republic of Korea) reported having put in place codes of conduct or internal guidance for public officials concerning interactions with the tobacco industry.

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

12. Almost half of reporting Parties indicated that a significant change had occurred in the implementation of **Article 6 (Price and tax measures to reduce the demand for tobacco)** of the WHO FCTC in their jurisdiction. The changes fall into four broad categories: new, increased tax rates on traditional smoking tobacco products (excluding HTPs); extending taxation or increasing tax rates for novel and emerging tobacco (including HTPs) and nicotine products; introducing a new tax structure for various products; and changes concerning excise stamps – reported by two Parties. Of these, Bahrain had introduced new legislation requiring tax stamps on tobacco products, and Azerbaijan had implemented a tracking and tracing system for excise-stamped goods, including tobacco products. Four additional Parties reported on considering tax increases. On the other hand, three Parties reported reducing taxes on some products: Georgia had reduced the tax on snuff by 50%; New Zealand had reduced the excise tax rate for HTPs by 50%; and Sweden had reduced the tax on snus by 20%.

13. Concerning **Article 8 (Protection from exposure to tobacco smoke)**, around one third of Parties that submitted reports indicated a significant implementation change. The reported changes can be categorized as amendments of legislation and policy changes to ensure protection

from exposure to tobacco smoke; inclusion of new product categories in the national legislation and regulations; further expansions of the smoke-free areas to environments not covered previously; strengthening enforcement and penalties for non-compliance; and public awareness and communication campaigns, including community engagement. The Cook Islands' Parliament passed the Tobacco Products Control Amendment Act in May 2024, and strengthened anti-tobacco communication and community engagement as part of the "Smoke-free Islands Campaign". In the EU, the European Council updated an earlier recommendation by adopting Council Recommendation on Smoke- and Aerosol-free Environments in December 2024. The Recommendation addresses the changing market situation by seeking to discourage the use of HTPs and electronic cigarettes, both of which are being heavily marketed to young people. It is expected to guide policies in EU Member States.

14. In relation to **Article 9 (Regulation of the contents of tobacco products)** less than one third of Parties that submitted reports in this cycle communicated significant changes in their product regulation environment. Among these Parties, a little more than half confirmed regulating the contents of tobacco products. The majority of those reports concerned changes in their regulatory frameworks and legislations – most often in relation to banning flavours or additives, or to product registration and reporting requirements. Nigeria and the Syrian Arab Republic reported progress in developing their national standards for tobacco products. Several countries reported on developing or upgrading their laboratory testing and analytical capacity, including Gabon, India, Iran (Islamic Republic of) and Kenya.

15. Only about one in ten reporting Parties indicated any significant changes to their requirements under **Article 10 (Regulation of tobacco product disclosures)** of the WHO FCTC. Almost two thirds of respondents indicated that they require manufacturers or importers of tobacco products to disclose information about the emissions of tobacco products to governmental authorities, while a larger number of reporting Parties imposed a similar requirement about the contents of tobacco products. Several Parties (Australia, Bahrain, Colombia, Kenya, Latvia, the Maldives and the Republic of Korea) reported new requirements they had put in place requiring manufacturers and importers to provide regular reports disclosing the contents and emissions, as appropriate, of their products to government authorities; Bosnia and Herzegovina and Thailand also reported on requiring disclosure to the public.

16. Regulation of ENDS and ENNDS in relation to product contents and disclosures still lags behind regulation of tobacco products. Among the reporting Parties that responded to these questions, in the case of ENDS, 40 Parties reported testing and measuring the contents, and 29 reported testing and measuring the emissions of these products. Further, 54 Parties reported disclosing data on testing and measuring the contents to government authorities and 37 Parties reported disclosing data on emissions to government authorities. In the case of ENNDS, the numbers of reporting Parties for these indicators (measuring and testing the contents and emissions, and disclosures on the results to government authorities) were around half of those for ENDS.

17. In relation to **Article 11 (Packaging and labelling of tobacco products)**, around one third of reporting Parties mentioned developments in this area. Several Parties reported progress compared to their previous implementation status. Côte d'Ivoire, Georgia, Lao People's Democratic Republic and Oman had adopted and implemented plain packaging rules since the previous Global Progress Report, while the Syrian Arab Republic reported having drafted plain packaging standards. In 2022, the European Commission adopted Delegated Directive (EU) 2022/2100, which withdrew certain exemptions in respect of HTPs and established stricter

labelling requirements; many EU Member States reported transposing the provisions of the Delegated Directive into national law. Israel and Tunisia had introduced pictorial warnings, while Iraq and Peru reported increasing the size of their warnings. Brazil, Cambodia, India, Kenya, Nigeria, Paraguay and the Republic of Korea reported having introduced new sets of pictorial warnings. In 2023 in Canada, the Tobacco Products Appearance, Packaging and Labelling Regulations were adopted under the authority of the Tobacco and Vaping Products Act; these Regulations, among others, required the display of health warnings directly on individual tobacco products (cigarettes, little cigars with tipping paper and tubes, and cigarettes without tipping paper). On 13 December 2024, through an amendment to the Public Health (Tobacco and Other Products) Regulations 2024, Australia required on-product health messages to be printed on the paper covering the filter of a cigarette.

18. Under **Article 12 (Education, communication, training and public awareness)**, almost half of the reporting Parties indicated having made significant changes to implementation, and around half provided a description of educational and public awareness programmes they had implemented. These include national and regional mass media campaigns using various media, including digital and social media platforms, as well as community events and community mobilization efforts. The main themes of public awareness messages included the dangers of tobacco use, second-hand smoke and nicotine addiction; messages targeting children, adolescents and educational institutions; messages involving community leaders, influencers or grass-roots mobilization; and messages promoting quitlines, mobile applications and support services for cessation. Several Parties also reported use of online platforms, influencers and digital tools to disseminate messages. A number of Parties provided examples of programmes primarily to train health professionals on providing cessation support to their patients.

19. Around a quarter of reporting Parties mentioned examples of progress in the implementation of measures under **Article 13 (Tobacco advertising, promotion and sponsorship)**. Although 26 Parties reported that they were not in a position to undertake a comprehensive ban on tobacco advertising, promotion and sponsorship (TAPS) due to their constitution or constitutional principles, 21 of these reported that they apply restrictions on all TAPS. Several Parties reported extending their regulations concerning TAPS to novel tobacco products and nicotine products; others specifically mentioned introducing a display ban at points of sale. A few Parties (Belarus, the Cook Islands, Kyrgyzstan and Venezuela (Bolivarian Republic of) and, at the subnational level, the Federation of Bosnia and Herzegovina) had introduced comprehensive TAPS bans, while Peru's new TAPS ban applies to tobacco products and their substitutes, and includes a partial ban on TAPS for ENDS. India, Nigeria and the Republic of Korea reported specifically targeting movies, broadcasting and media production outlets. For example, the Government of India, acknowledging the noticeable transition of viewership from traditional television and movie screens to over-the-top streaming platforms, announced the Cigarettes and Other Tobacco Products Amendment Rules on 31 May 2023 to coincide with World No Tobacco Day. These amendments extended the existing Tobacco-Free Films and TV Rules dated 2012 to over-the-top streaming platforms, making India the first country to enforce such measures in the digital streaming domain.

20. Several Parties (Australia, Finland, Greece, India, Ireland, Jordan, Lithuania, the Maldives, Palau and Spain and, at the subnational level, the Federation of Bosnia and Herzegovina) reported good overall progress in their implementation of more than one requirement under **Article 14 (Demand reduction measures concerning tobacco dependence and cessation)** and its Guidelines for implementation. Specifically, out of a total of 67 Parties that reported having developed such guidance, a few Parties reported new or updated cessation guidelines or other guiding documents

(Austria, Colombia, Denmark, Finland, India, Lithuania and Malta); expanding cessation services – that is, increasing the number of centres where tobacco users could get help to quit (Cambodia, India, Ireland, Jordan, Lithuania, Madagascar, the Maldives and Mauritius); including cessation medication in essential medicines lists (including nicotine replacement therapy in Burkina Faso and cytisine in Thailand); launching new quitlines (Lithuania and the Maldives); and using modern technologies to provide cessation help – including web-based technology (Greece, Lithuania and Ukraine), mobile applications (Australia and New South Wales as a subnational jurisdiction) and generative artificial intelligence (Republic of Korea). Nicotine replacement therapy was reported as the tobacco dependence treatment medication most available for legal purchase (83% of reporting Parties), followed by bupropion (65%), varenicline (55%) and cytisine (40%).

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

21. Under **Article 15 (Illicit trade in tobacco products)**, almost one third of reporting Parties indicated that there had been changes since the submission of their last implementation report. Since 2023, four Parties to the WHO FCTC have acceded to the Protocol to Eliminate Illicit Trade in Tobacco Products: Poland and Rwanda in 2023, Jordan in 2024 and North Macedonia in 2025. Four other Parties (Georgia, Liberia, Slovenia and Thailand) reported that they consider acceding to or ratifying the Protocol to be a priority. A number of Parties reported the adoption or amendment of laws and regulations to strengthen control over the tobacco trade, including on licensing, penalties and customs regulations. Three quarters of Parties that submitted a report in this cycle responded that they apply markings to units of tobacco packaging, and two Parties (the EU and France) reported expanding their tracking and tracing systems through unique identifiers or tax stamps to all tobacco products. Many Parties proceeded with the establishment of new enforcement bodies, task forces, or increased funding and staffing for enforcement on this article – including Australia at the national and subnational levels (with new measures adopted in New South Wales, Queensland, South Australia and Tasmania). On cross-border trade in tobacco products, the majority of reporting Parties require customs, tax and other authorities to collect and monitor data; 78% of reporting Parties also coordinate and exchange information on this matter. Four out of five reporting Parties responded that they destroy or dispose of all confiscated tobacco, tobacco products and manufacturing equipment, and almost two thirds do so using environmentally friendly methods.

22. Parties continued to strengthen the implementation of most provisions under **Article 16 (Sales to and by minors)**. Almost all Parties reporting in this cycle responded that they ban sales of tobacco products to minors. Of these 125 Parties, many reported having raised the minimum age at which a person may purchase tobacco products, with four Parties (the Cook Islands, Ethiopia, Ireland and the Maldives) raising it to 21 years. Belgium reported having implemented a verification of sale for those under the age of 25 years. Many other Parties had expanded the ban on sales to minors by incorporating in their legislation other tobacco products and/or nicotine products. Some Parties provided details on their enforcement mechanisms, and fines for violations were also increased in several Parties.

23. On **Article 17 (Provision of support for economically viable alternative activities)**, among the Parties that submitted a report in this cycle, 58% reported tobacco manufacturing in their jurisdictions, 57% reported tobacco growing and 53% tobacco processing. Among those that grow tobacco, only 12% reported having implemented programmes or measures to promote economically viable and sustainable alternatives. Under the Common Agricultural Policy 2023–2027, the EU offers co-financed support for rural development, including for tobacco growers transitioning to alternative crops; this was reported by Greece to have been used to

implement a series of mechanisms to support transition for tobacco farmers. Kenya has continued to support farmers transitioning away from tobacco cultivation through the Tobacco-Free Farms initiative. The Department of Agricultural Extension in Thailand appointed a committee in 2025 to develop support measures and career transition options for tobacco growers. Promotion of crop diversification and alternative livelihoods, including support for tobacco growers, was reported by Malaysia, Paraguay, the Republic of Moldova, Sri Lanka, Thailand and Viet Nam (the last two having implemented pilot programmes).

24. In relation to **Article 18 (Protection of the environment and the health of persons)**, among Parties that submitted reports and reported tobacco processing and/or growing in the country, 22 Parties mentioned implementation of programmes or measures that take into consideration the protection of the environment in tobacco cultivation and 14 Parties indicated implementation of programmes or measures that take into consideration protection of the health of people in relation to the environment in tobacco cultivation. The implementation of extended producer responsibility schemes was reported by the EU, applicable to all its Member States (and mentioned in the reports of Denmark, Estonia, Germany, Ireland, Malta, Slovenia and Spain), and Montenegro. Other regulations addressing environmental and health impacts of tobacco were reported by Azerbaijan, Bosnia and Herzegovina, Brazil, India, Kenya, Paraguay and Senegal. The Netherlands (Kingdom of the) and Palau highlighted their efforts through public awareness initiatives related to this article.

25. The contribution of tobacco products to global manufacturing value added has continued to decline over the past two decades, as reported by the United Nations Industrial Development Organization.<sup>4</sup> In 2022, the tobacco products sector accounted for just 0.8% of global manufacturing value added – less than half of its 2002 share of 1.8%.

## **Liability (Article 19)**

26. Only nine reporting Parties indicated progress in relation to the implementation of this article. Some Parties reported having introduced new laws or legislative amendments, of which several included new penalties for violations of the provisions established by law (Bosnia and Herzegovina, Canada and Lithuania). In the EU, the directive on corporate sustainability due diligence entered into force in July 2024. Germany introduced a Single-Use Plastics Fund Act to transpose the extended producer responsibility of the Single-Use Plastics Directive of the EU, while Malta reported having developed the Extended Producer Responsibility (Tobacco Filters Containing Plastic) Regulations in 2024. Further, 13 Parties reported the taking of any criminal and/or civil liability action, including for compensation where appropriate, against the tobacco industry. Nigeria reported that the Federal Competition and Consumer Protection Commission had imposed a fine of US\$ 110 million on British American Tobacco and its affiliates, in response to a range of infringements of Nigerian law.

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

27. Of a total of 33 Parties reporting progress in implementing this article, 23 reported having developed national surveys and studies, including the Global Youth Tobacco Survey and the Global Adult Tobacco Survey. Many other Parties reported on other research and studies on specific topics, including the use of tobacco products and nicotine products, and health impacts. Based on

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<sup>4</sup> [International Yearbook of Industrial Statistics 2024](#). Vienna: United Nations Industrial Development Organization; 2024 (accessed 2 July 2025).



Parties' reports, new research most frequently focused on the patterns, determinants and health consequences of tobacco consumption (42 Parties); followed by novel and emerging tobacco or nicotine products (39); and the patterns, determinants and health consequences of exposure to tobacco smoke (27). A small number of Parties referred to collaboration and partnerships with organizations to develop publications (Spain and, at subnational level, the Federation of Bosnia and Herzegovina) or with other Parties through sharing experiences on the use of the WHO FCTC Guidelines for implementation (Senegal).

## **Cooperation in the scientific, technical, and legal fields and provision of related expertise (Article 22)**

28. Of those Parties that provided reports in this cycle, 21 indicated having achieved any significant change in the implementation of this article. Initiatives mentioned included technical assistance and capacity-building (including through the FCTC 2030 project of the Convention Secretariat, the "Joint Action on Tobacco Control – 2" project of the European Commission and the assistance received from WHO FCTC Knowledge Hubs), information and knowledge sharing, training and education, research and development, and international cooperation.

## **Priorities and challenges to implementation**

29. Among the reporting Parties, 80% indicated their priorities; the 103 Parties listed a total of 334 priorities – an average of 3.24 per Party. Thirty categories of priorities can be identified. The most frequently mentioned priorities were implementation of cessation programmes/activities (36 Parties); developing new, or amending the existing legislation or regulation (33); public awareness programmes and capacity-building (32); promoting smoke-free environments (22); controlling illicit trade in tobacco products, including implementation measures under the Protocol or ratifying/acceding to the Protocol (20); product regulation (Article 9), including reducing attractiveness, banning additives and establishing a national laboratory (20); tobacco taxation (19); advancing implementation of Article 5.3 to address tobacco industry interference (18); enforcement of existing legislation in different areas (18); research, generation of local data, surveillance and information exchange (17); banning TAPS (16); developing tobacco control infrastructure, including national coordinating mechanisms for tobacco control and strengthening leadership in tobacco control (14); and packaging and labelling of tobacco products (13). A few other priorities were mentioned by fewer than 10 Parties each.

30. Among the constraints and barriers, the three most reported were lack of staff/human resources (reported by 88 Parties out of 129 that submitted reports); lack of financial resources (87); and interference by the tobacco industry and its allies (66). Among the 66 Parties that reported on this last constraint, half (33) considered it their main barrier to implementation.

## **Global Strategy**

31. 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 2019–2030 was reviewed and, where appropriate, compared to the data collected in the previous reporting cycle. Some highlights of the findings are presented below.

32. Under **Strategic Goal 1**, the significant changes achieved by the Parties are addressed in the previous sections of the present report, by article. The WHO FCTC Knowledge Hubs, in the reports

submitted to the Convention Secretariat on their work carried out in 2024, reported that they had assisted 95 Parties. This number is slightly lower than the figure reported in the previous cycle.

33. In relation to the indicator on the number of Parties involved in South–South and Triangular cooperation programmes, even though specific projects existed in the past, no such projects have been implemented since 2020. The Convention Secretariat facilitated South–South and Triangular 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.

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). In 2023–2024, in the 76 VNRs analysed, 28 Parties (37%) reported on SDG Target 3.a, and 17 Parties (22%) listed SDG Target 3.a (indicator 3.a.1). These figures have not changed significantly since the 83 VNRs analysed in 2021–2022, in which 35% of Parties reported on SDG Target 3.a, and 39% on SDG Target 3.a (indicator 3.a.1). A question on this matter has been included in the revised WHO FCTC reporting instrument following decision FCTC/COP/10(19), to raise awareness among the WHO FCTC focal points of this opportunity to promote their work on WHO FCTC implementation through their VNRs.

35. Also under **Strategic Goal 2**, the Convention Secretariat examined the number of Parties where WHO country offices included WHO FCTC in their country cooperation strategy (CCS). Of a total of 58 CCS reports and 2 CCS briefs examined, WHO FCTC implementation was included in 32 (53% of cases), Target 3.a was included in 18 (30%) and tobacco control in 57 (95%).

36. Under **Strategic Goal 3**, arrangements were made for the establishment of a voluntary implementation peer review and support mechanism for the WHO FCTC, pursuant to decision FCTC/COP10(22); a report on its implementation will be provided by the Convention Secretariat in document FCTC/COP/11/11. 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.

37. The current cycle of the Global Strategy was scheduled to end in 2025. However, in decision FCTC/COP10(15), the COP decided to extend the Global Strategy until 2030 to ensure coherence and alignment with the 2030 Agenda for Sustainable Development.

## Conclusions

38. In the 2025 reporting cycle, both the reporting instrument of the WHO FCTC and the online reporting platform were renewed. In spite of the novelty of the reporting environment, almost the same number of Parties submitted an implementation report by complying with the provided deadline, as in the previous reporting cycles. However, the importance of further raising awareness among Parties about the reporting process and its implications – through various channels – has become evident, to ensure that all Parties submit their implementation reports in each cycle and on time.

39. The 2025 reporting cycle reveals a commendable global momentum in strengthening tobacco control legislation. Nearly 90% of reporting Parties have enacted comprehensive national laws, with many updating or introducing new regulations. Notably, several Parties are pioneering tobacco-free generation policies and other measures which they consider to be forward-looking

measures, signalling a shift towards long-term public health protection. However, the disparity observed in implementation – particularly in areas like multisectoral coordination and regulation of the constantly spreading novel and emerging tobacco products and nicotine products – highlights the need for sustained political will, sustainable national financing of tobacco control and intersectoral collaboration. Parties are urged to prioritize legislative coherence and ensure that tobacco control remains a central pillar of national health strategies – including, for example, those addressing noncommunicable diseases.

40. Despite some progress, tobacco industry interference remains a significant implementation barrier, cited by over half of the reporting Parties, with a quarter of reporting Parties calling it the most important barrier. In contrast with this, only a quarter of reporting Parties reported meaningful advances in implementing Article 5.3, which underscores a critical vulnerability in protecting global tobacco control efforts. Governments should consider adopting and enforcing robust transparency and accountability mechanisms on interactions with the tobacco industry, including codes of conduct and disclosure requirements, to mitigate undue influence. Strengthening enforcement capacity and insulating policy-making from vested interests is essential to uphold the integrity of implementation of the WHO FCTC, in line with treaty obligations and in alignment with the objectives of the Global Strategy.

41. Progress in measures relating to the reduction of demand for tobacco – such as taxation, smoke-free environments, packaging and labelling, and tobacco dependence and cessation support – has been uneven. While some Parties have introduced innovative approaches like plain packaging, health warnings on individual cigarettes and digital cessation tools, others have reduced taxes on certain tobacco products, potentially undermining public health gains. Public education campaigns and cessation services are expanding, yet gaps remain in accessibility and reach. Parties should continue committing to evidence-based fiscal policies in line with the Guidelines for implementation of Article 6 of the WHO FCTC, invest in cessation services infrastructure, and leverage digital platforms to amplify public awareness – especially among young people and subpopulations experiencing vulnerability. Efforts to curb the supply of tobacco through measures like the control of movement of tobacco products, elimination of illicit trade and restrictions of sales to minors are advancing. Progress has been made in the number of WHO FCTC Parties ratifying/acceding to the Protocol to Eliminate Illicit Trade in Tobacco Products or considering such move, establishing markings on tobacco products, including tracking and tracing systems, and strengthening enforcement mechanisms. However, support for economically viable alternatives for tobacco growing remains limited, with only 12% of tobacco-growing Parties implementing such programmes. Environmental concerns, including waste management and pollution from tobacco products, are gaining attention but require broader adoption of extended producer responsibility schemes. Policy-makers should integrate environmental sustainability and economic transition support into national tobacco control agendas to ensure holistic and equitable progress to combat the tobacco epidemic.

42. The present report highlights sustained, strong demand from the Parties for international cooperation, technical and financial assistance, and capacity-building – particularly in research, surveillance and legislative development. Yet, persistent barriers – especially human and financial resource constraints – continue to hinder implementation of the Convention. The global tobacco control community must intensify support for low- and middle-income Parties through targeted assistance, knowledge exchange, and institutional support and strengthening. Parties are called upon to champion the implementation of the WHO FCTC, having reached the 20th anniversary of its entry into force, and its integration in global policy efforts as a development priority, including through the mobilization of the necessary resources to close the implementation gap.

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## **Action by the Conference of the Parties**

43. The COP is invited to note the report.

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