

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2019

Offer help to quit tobacco use

Executive summary

fresh and alive



WHO/NMH/PND/2019.5

© World Health Organization 2019.

Some rights reserved. This work is available under the CC BY-NC-SA 3.0 IGO licence.



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

Overview

Progress in global tobacco control has been strong since MPOWER was introduced in 2007 as a tool to help countries implement WHO FCTC demand reduction measures. Five billion people – about 65% of the world's population – are now covered by at least one MPOWER measure at the highest level of achievement. This number has more than quadrupled since 2007 when only 1 billion people – 15% of the world's population – were protected by at least one MPOWER measure (not including Monitoring and Mass media campaigns, which are assessed separately).

Since the last *WHO report on the global tobacco epidemic*, two years ago, progress has been steady, with 15 countries that previously had no best-practice policies taking action to reach best-practice level on one measure, and a further 21 countries that had at least one measure in place adding at least one more. This means a total of 36 countries introduced one or more MPOWER measures at the highest level of achievement between 2016 and 2018.

Tobacco cessation needs attention

Offering help to quit – the focus of this seventh WHO report on the global tobacco epidemic – is an essential component of any tobacco control strategy. Global targets for tobacco use will not be reached unless current tobacco users quit, and indeed, many tobacco users report that they want to quit. With the help of cost-effective populationbased interventions, as outlined in the "O" measure of MPOWER (Offer help to quit tobacco use), tobacco users greatly increase their chances of successfully quitting. Unfortunately, only 13 new countries have started providing comprehensive cessation programmes since 2007. There are now 23 countries protected by this measure, up from 10 countries in 2007. However, in terms of population coverage, progress is still promising. One third of the world's population -2.4 billion people in 23 countries – have access to cessation services provided at best-practice level. This is 2 billion more people (26% of the world's population) protected by comprehensive cessation support programmes since 2007, meaning that cessation programmes are now the second most adopted MPOWER measure in terms of population coverage. This is thanks to two large countries, India and Brazil, adopting comprehensive cessation support at best-practice level.

AT LEAST ONE SELECTED TOBACCO CONTROL POLICY AT HIGHEST LEVEL OF ACHIEVEMENT (2007–2018)



Key findings

Each MPOWER measure has been adopted at best-practice level by new countries since the last report:

- Seven countries (Antigua and Barbuda, Benin, Burundi, Gambia, Guyana, Niue and Tajikistan) newly adopted complete smoke-free laws covering all indoor public places, workplaces and public transport.
- Four countries (Czechia, Saudi Arabia, Slovakia and Sweden) advanced to best-practice level with their tobacco use cessation services. However, during the same time period, six other countries dropped from the highest group, resulting in a net loss of two countries.
- Fourteen countries (Barbados, Cameroon, Croatia, Cyprus, Georgia, Guyana, Honduras, Luxembourg, Pakistan, Saint Lucia, Saudi Arabia, Slovenia, Spain and Timor-Leste) adopted large graphic pack warnings, including plain packaging for Saudi Arabia.

- Ten countries (Antigua and Barbuda, Azerbaijan, Benin, Congo, Democratic Republic of the Congo, Gambia, Guyana, Niue, Saudi Arabia and Slovenia) introduced comprehensive bans on tobacco advertising, promotion and sponsorship (TAPS), including at point-of-sale.
- Ten countries (Andorra, Australia, Brazil, Colombia, Egypt, Mauritius, Montenegro, New Zealand, North Macedonia and Thailand) moved to the top group for taxes.

Over half of the world's population – 3.9 billion people living in 91 countries – benefit from large graphic pack warnings featuring all recommended characteristics, making it the MPOWER measure with both the highest population coverage and the most countries covered. It is also important to note that by the end of 2018, 10 countries had adopted legislation mandating plain packaging of tobacco products and had issued regulations with implementation dates (Australia, France, Hungary, Ireland, New Zealand, Norway, Saudi Arabia, Thailand, United Kingdom and Uruguay). Plain packaging legislation is also in progress in at least nine other countries.

Significant progress in lowand middle-income countries

Of the 5 billion people protected by at least one complete MPOWER measure, 3.9 billion live in low- and middle-income countries. Brazil and Turkey, the only two countries that have adopted all MPOWER measures at the highest level, are both middle-income countries. In all, 61% of the population living in low- and middle-income countries are protected by at least one complete MPOWER measure, and 44% are protected by at least two complete MPOWER measures.

There has been great improvement in lowincome countries since 2007, when only three of the 34 countries in this income group had a single measure adopted. Today, half (17) of all low-income countries have



THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2018

at least one MPOWER measure in place at best-practice level. There are now eight lowincome countries that have one best-practice measure in place, five that have two, three (Chad, Nepal, Senegal) that have three and one (Madagascar) that has four measures in place. Disappointingly, of the 17 low-income countries with no measures in place at best-practice level, only three run a tobacco control programme from their Ministry of Health with at least five staff.

Incomplete or partial policies are a stepping stone to complete policies

Even where best-practice levels have not yet been achieved, each of the MPOWER measures has received some level of attention in the majority of the world's countries. In addition to the 62 countries with a complete law on smoke-free environments, 70 countries have minimal to moderate laws that ban smoking in some but not all public places, workplaces and public transport, laying the groundwork for establishing a fully effective law in the future. This means that although the partial bans do not currently effectively protect these populations from the harms of secondhand smoke, as public support grows for the bans, only amendments to the law will be needed in some of these countries, whereas the adoption of a new law will be necessary in others.

While only 23 countries have cessation support measures that meet the criteria for best-practice, there are an additional 116 countries that provide fully or partially cost-covered services in some or most health facilities, and 32 more that provide services but do not cost-cover them. This makes a total of 171 countries in which tobacco users wanting to quit can find some level of support.

In addition to the 91 countries that mandate strong graphic health warnings on cigarette packages, 61 other countries have minimal to moderate laws that require some kind of warning on packs. These less-prominent warnings, while not as effective as the best-practice warnings, show some effort is being made to communicate the dangers of tobacco use to consumers, and provide an avenue for these 61 countries to strengthen their mandated warnings to best-practice level in the future.

In addition to the 48 countries that have adopted a TAPS ban, another 103 countries have partial TAPS bans in place, so at least some forms of advertising, promotion and sponsorship are already illegal.

While only 38 countries levy taxes as high as the WHO-recommended 75% of the retail price of a pack of cigarettes, another 62 countries levy taxes comprising between 50% and 75% of the price, and a further 61 levy taxes between 25% and 50%. Essentially, these countries are wellpositioned to further raise taxes as tobacco taxation gains more widespread support.





Note: The tobacco control policies depicted here correspond to the highest level of achievement at the national level. * Mass media coverage refers to 2010, not 2007. Taxation coverage refers to 2008, not 2007. #The population covered by mass media campaigns decreased since 2010.

Conclusion

There has been substantial progress made globally since the 2003 adoption of the WHO FCTC. The successful scaling up of MPOWER measures over the past 10 years to the best-practice level, adopted by countries of all sizes and income levels, is evidence of the successful implementation of the WHO FCTC demand reduction measures. As countries continue to work towards creating and implementing effective tobacco control strategies they can find encouragement in the examples set by other countries that have successfully adopted measures at bestpractice levels.

In the years since MPOWER was launched, the challenges faced have been great. There have been, and will continue to be, setbacks, unexpected barriers, interference from the tobacco industry and difficult political obstacles to overcome. Despite these challenges, there are now 5 billion people who are protected by at least one best-practice tobacco control measure – 3.9 billion more than were covered in 2007. On the other hand, 2.6 billion people remain unprotected by evidence-based tobacco control best practices, leaving them at risk from the health and economic harms caused by tobacco use.

Millions of lives have been saved since the introduction of MPOWER, and it has only been through the coordinated focus of a global community that tobacco control efforts have been so successful. Unfortunately, however, the tobacco epidemic is far from over. Although tobacco use has declined in most countries and regions, population growth means the total number of people using tobacco has remained stubbornly high. Tobacco control programmes are not always quick and easy to implement, and all countries can benefit from strengthened tobacco control policy development and enforcement. Since the last report, only one country – Brazil – has joined Turkey in putting all MPOWER measures in place at their most comprehensive level, and there are only a handful of other countries that have more than two measures in place at best-practice levels. Even in countries where best-practice policies exist, much can be done to strengthen compliance and ensure full impact.

The focus of this report, Offer help to quit tobacco use, is the "O" of MPOWER. Only 23 countries provide cessation services at best-practice level, even though in many countries, many tobacco users report wanting to quit. Nevertheless, progress is being made – 2 billion more people have been covered by comprehensive tobacco cessation services since 2007, and there are 67 countries that are only one step away from providing comprehensive tobacco cessation services. Middle-income countries have made most obvious progress in providing tobacco cessation support in primary care settings and operating national toll-free quit lines since 2007.

Every country has an obligation to protect the health of its people, and all Parties to the WHO FCTC have made a specific commitment to implement strong tobacco control policies, including effective cessation services, as an important means of fulfilling their obligation to protect the health of their people. There has been incredible progress in the 11 years since MPOWER monitoring began but it is only the beginning. It is important that we all recommit to ensuring all the people of the world are protected fully from the great harms of the tobacco epidemic.



6

The WHO report on the global tobacco epidemic, 2019 was made possible by funding from Bloomberg Philanthropies

Photograph © World Health Organization Page 6 – Photographer: David Spitz

Design by Estùdio infinito Layout by Jean-Claude Fattier Printed by WHO Document Production Services, Geneva, Switzerland





20 Avenue Appia • CH-1211 Geneva 27 • Switzerland www.who.int/tobacco