



**World Health
Organization**

WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2013

**Enforcing bans on tobacco advertising,
promotion and sponsorship**

Executive summary

fresh and alive

mpower



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Overview

The WHO Framework Convention on Tobacco Control (WHO FCTC) recognizes the substantial harm caused by tobacco use and the critical need to prevent it. Tobacco kills approximately 6 million people and causes more than half a trillion dollars of economic damage each year. Tobacco will kill as many as 1 billion people this century if the WHO FCTC is not implemented rapidly.

Although tobacco use continues to be the leading global cause of preventable death, there are proven, cost-effective means to combat this deadly epidemic. In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as "MPOWER", these measures correspond to one or more of the demand reduction provisions included in the WHO FCTC:

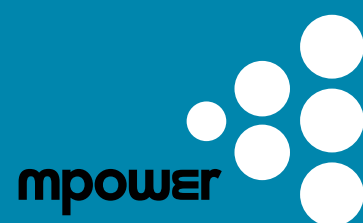
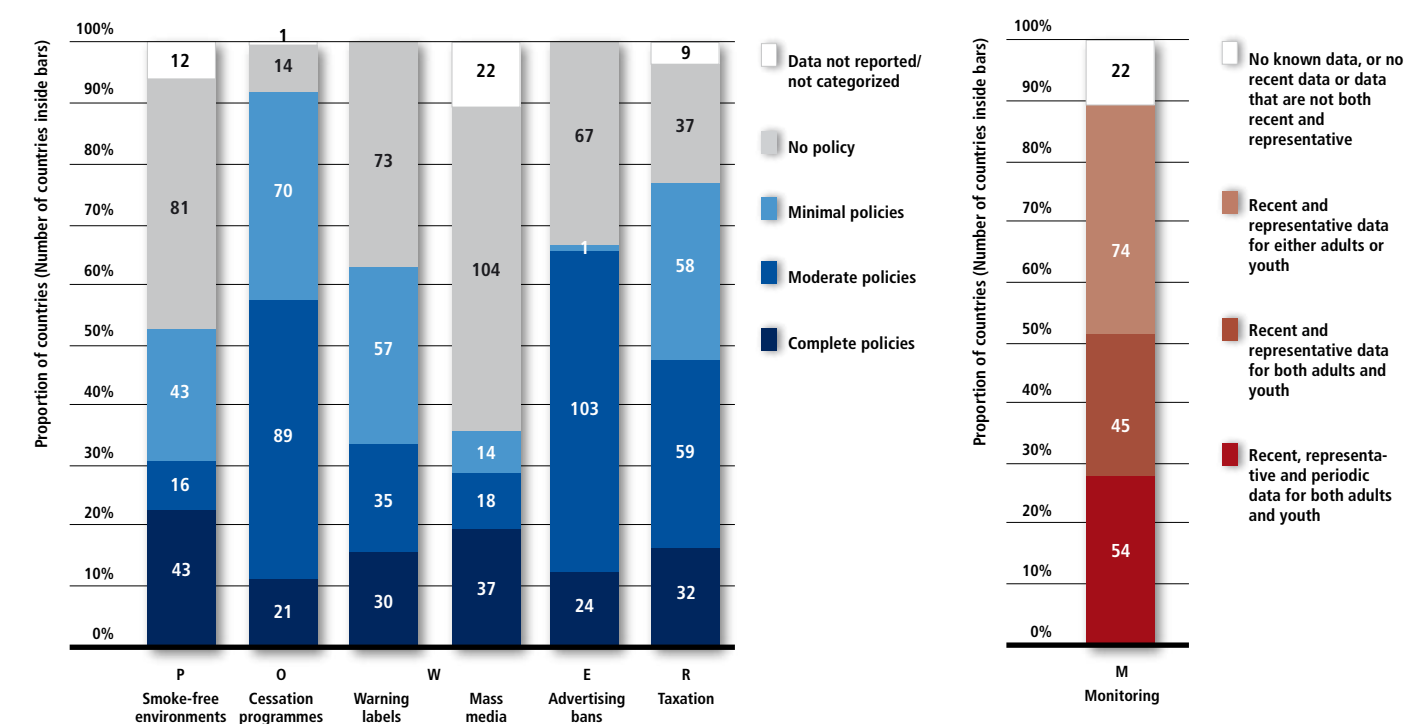
Monitor tobacco use and prevention policies, Protect people from tobacco smoke, Offer help to quit tobacco use, Warn people about the dangers of tobacco, Enforce bans on tobacco advertising, promotion and sponsorship, and Raise taxes on tobacco. These measures provide countries with practical assistance to reduce demand for tobacco in line with the WHO FCTC, thereby reducing related illness, disability and death. The continued success in global tobacco control is detailed in this year's *WHO Report on the Global Tobacco Epidemic, 2013*, the fourth in a series of WHO reports. Country-specific data are updated and aggregated in the report.

This year's report focuses on complete bans on tobacco advertising, promotion and sponsorship (TAPS), which is a highly

effective way to reduce or eliminate exposure to cues for tobacco use. The report provides a comprehensive overview of the evidence base for establishing TAPS bans, as well as country-specific information on the status of complete bans and bans on individual TAPS components.

To ensure ongoing improvement in data analysis and reporting, the various levels of achievement in the MPOWER measures have been refined and, to the extent possible, made consistent with updated WHO FCTC guidelines. Data from earlier reports have also been reanalysed so that they better reflect these new definitions and allow for more direct comparisons of the data across years. As in past years, more detailed country-specific data is published online (<http://www.who.int/tobacco>).

THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2012



- 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

Key findings

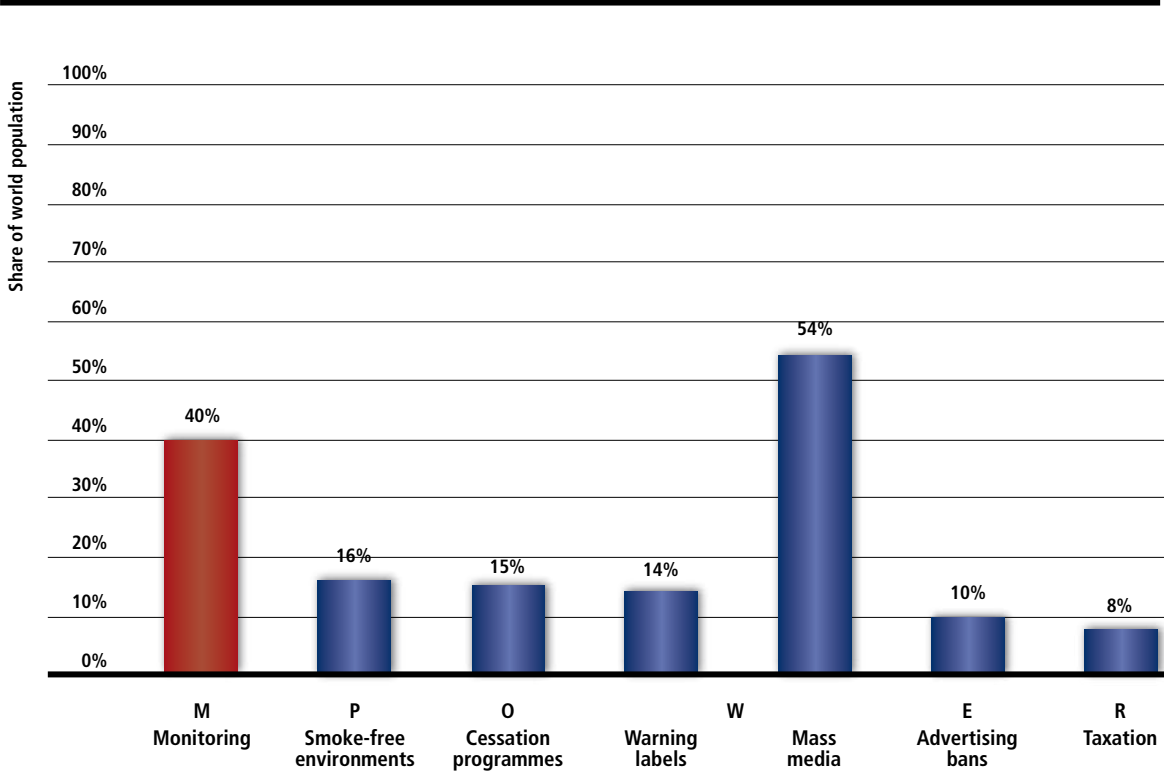
This WHO Report on the Global Tobacco Epidemic, 2013 shows that any country can establish an effective tobacco control programme to reduce tobacco use, regardless of its political structure or income level.

- In total, more than 2.3 billion people – a third of the world’s population – are now protected by at least one of the MPOWER measures at the highest level of achievement. Nearly 1 billion people are protected by two or more measures at the highest level.
- Nearly 1.3 billion people are newly protected by at least one measure applied nationally in the past five years, since WHO released the first report.
- Creation of smoke-free public places and workplaces continues to be the most commonly established measure at the highest level of achievement. There are 32 countries that passed complete smoking bans covering all work places, public places and public transportation means between 2007 and 2012, protecting nearly 900 million additional people. Since 2010, 12 countries and

- one territory, with 350 million people, passed strong smoke-free laws at a national level.
- More than half a billion people in nine countries have gained access to appropriate cessation services in the past five years. However, there has been little progress since 2010, as only four additional countries with a combined population of 85 million were newly provided access to cost-covered services including a toll-free national quit line.
- Effective health warning labels on tobacco packaging continue to be established by more countries. In the past five years, a total of 20 countries with 657 million people put strong warning label requirements in place, with 11 countries (with 265 million people) doing so since 2010.
- National mass media campaigns, first assessed in 2010, have been conducted in the past two years by about one fifth of countries, which have more than half the world’s population.
- Complete bans on all tobacco advertising, promotion and sponsorship

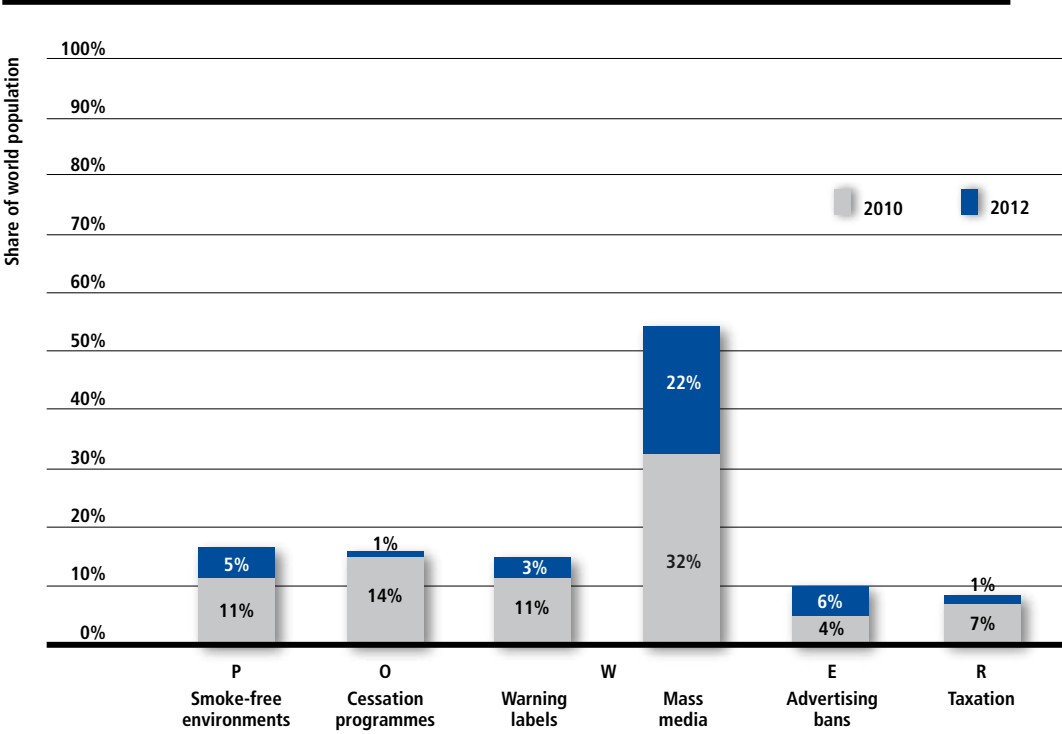
- have been put in place to protect more than half a billion people in 16 countries in the past five years. Since 2010, six countries with nearly 400 million people newly established this measure at the highest level.
- Raising taxes to increase the price of tobacco products remains the measure least likely to be established. Only 14 countries and one territory with 166 million people have increased their tax rates to sufficiently high levels in the past five years, and only six countries with 29 million people have done so in the past two years.
- Adequately staffed national tobacco control government structures have been established by six countries with 413 million people in the past five years. In the past two years, three countries with 150 million people newly established a structure to manage national tobacco control programmes.

SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2012



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

INCREASE IN THE SHARE OF THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2010 TO 2012



Note: Data on Monitoring are not shown in this graph because they are not comparable between 2010 and 2012. The tobacco control policies depicted here correspond to the highest level of achievement at the national level.



Conclusion

Substantial progress has been made in global tobacco control since adoption of the WHO Framework Convention on Tobacco Control ten years ago.

Since WHO introduced the six demand reduction measures (MPOWER) in 2008 in line with the WHO FCTC, the number of countries successfully establishing one or more of the measures at the highest level of achievement and the number of people covered by those measures have more than doubled.

Today, about one third of the world's population is now covered by at least one of the measures at the highest level (not including Monitoring). An additional 3

billion people are covered by national mass media campaigns. As a result, hundreds of millions of tobacco users are protected from the harms of tobacco by governments to improve their health and the health of others, and hundreds of millions of non-smokers are less likely to start. Despite this progress, significant gaps remain in establishing effective tobacco control measures in most countries.

Much more remains to be done to ensure that recent successes in tobacco control can be further expanded. Even as the number of countries establishing complete tobacco control measures has increased, more than half do not yet provide high-level protection for their people on any measure. And while

the number of people covered by high-level measures has increased substantially, two thirds of the world's population have yet to be fully protected in any one area, let alone all of them.

The successes demonstrated by many countries in using demand reduction measures to build capacity to implement the WHO Framework Convention on Tobacco Control show that it is possible to effectively address the tobacco epidemic and save lives, regardless of size or income. However, efforts to incorporate all provisions of the WHO Framework Convention into national tobacco control programmes must be accelerated in all countries to save even more lives.



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