



**World Health  
Organization**

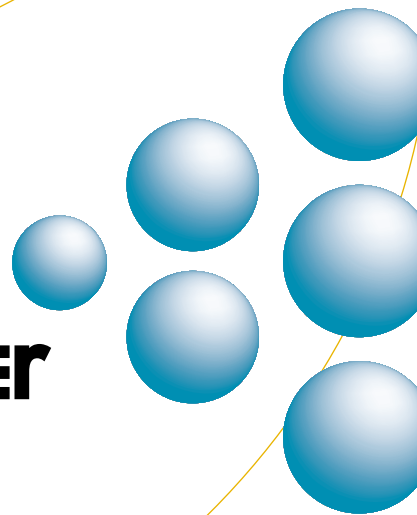
**WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2021**

Addressing new and emerging products

**Executive summary**

fresh and alive

**mpower**



WHO report on the global tobacco epidemic 2021: addressing new and emerging products. Executive summary

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**m**

**Monitor** tobacco use and prevention policies

**p**

**Protect** people from tobacco smoke

**o**

**Offer** help to quit tobacco use

**w**

**Warn** about the dangers of tobacco

**e**

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

**r**

**Raise** taxes on tobacco

# Overview

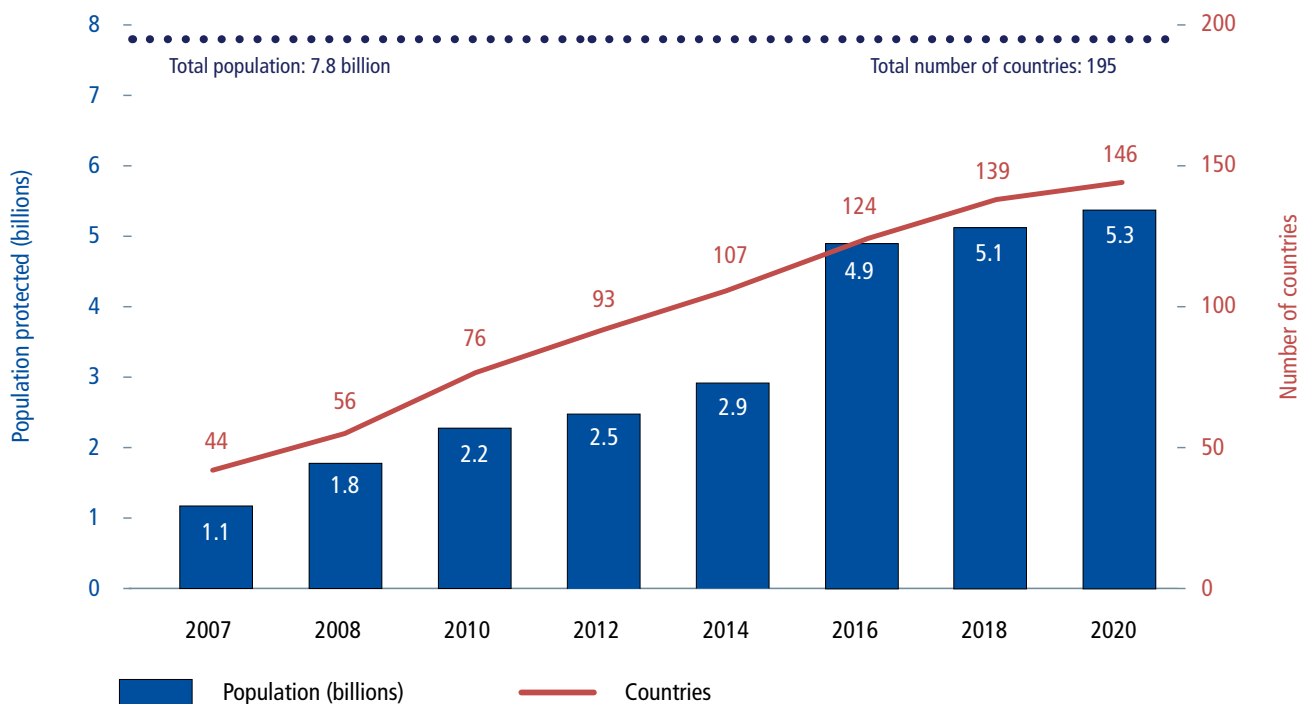
Since publication of the first *WHO report on the global tobacco epidemic* in 2008, the steady progress made by countries on tobacco control has been demonstrated in biennial updates, of which this report is the latest. Despite the exceptional challenges brought on by the COVID-19 pandemic in 2020, that progress continues. Latest results show that, as of 2020, more than 5.3 billion people – 69% of the world’s population – are covered by at least one MPOWER measure adopted at the highest level. Inspiringly, over 4.4 billion people are now covered by multiple, fully adopted MPOWER policies.

The number of countries adopting MPOWER measures continues to rise year-on-year. The number of countries with one MPOWER measure in place has tripled since 2007 – from 44 to 146 countries – and since the last *WHO report on the global tobacco epidemic*, the number of countries with at least two MPOWER policies in place at the highest level of achievement has increased from 84 to 98 (just over half of all countries). In addition, the number of people now living in countries with at least two MPOWER policies in place rose from 3.5 billion in 2018 to 4.4 billion in 2020 – up from 45% of the world’s population to 56% in just 2 years.

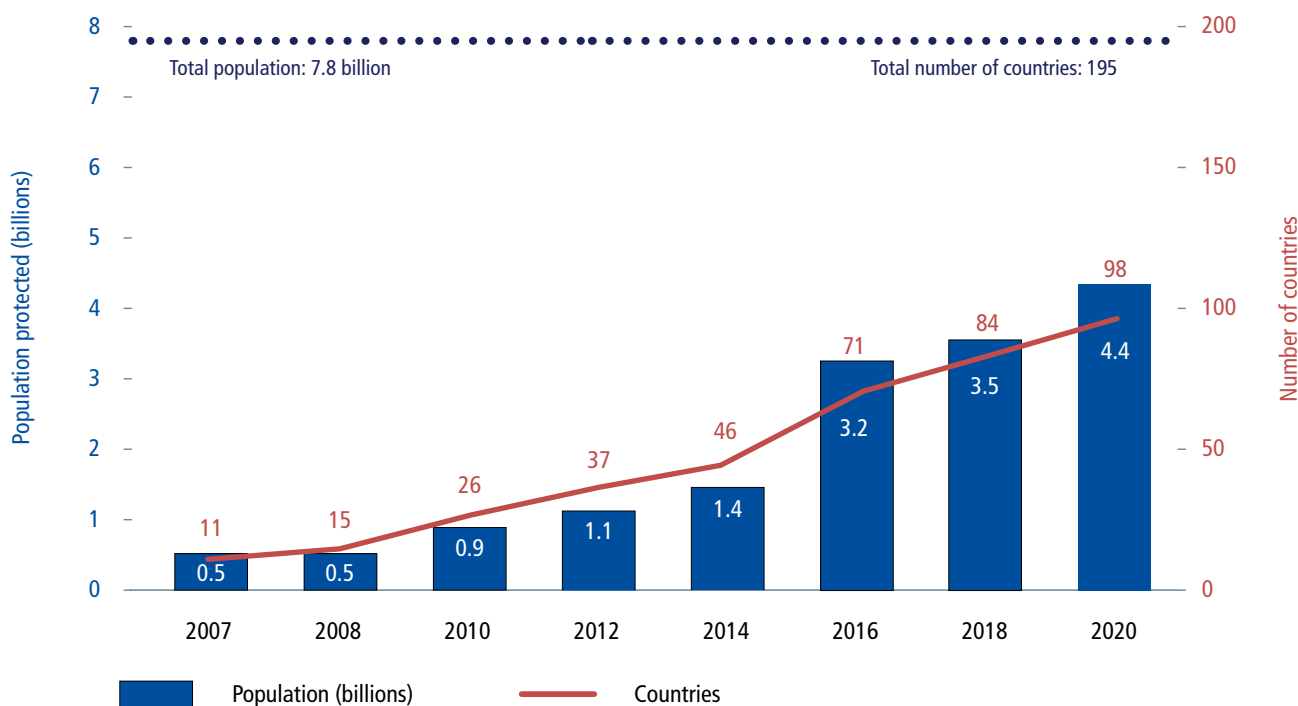
Of the 49 countries that have not yet adopted any MPOWER measure at the highest level, 38 have provisions in place that are just one level below best-practice for one or more MPOWER measures.

Progress has been steady since the last report, with seven countries that previously had no best-practice measures in place (Cook Islands, Côte d’Ivoire, Ethiopia, Iraq, Morocco, Paraguay and Tonga) taking action to reach the highest level on one or more measures. All six countries are low- or middle-income countries.

## AT LEAST ONE MPOWER POLICY AT HIGHEST LEVEL OF ACHIEVEMENT (2007–2020)



## AT LEAST TWO MPOWER POLICIES AT HIGHEST LEVEL OF ACHIEVEMENT (2007–2020)



### More than half the world is now covered by two MPOWER measures at the highest level of achievement

Of the 98 countries now covered by at least two measures, 31 have three measures at the highest level of achievement, and five countries have four measures at the highest level of achievement (Jordan, Ireland, Madagascar, New Zealand and Spain). Meanwhile, the number of countries that have adopted all MPOWER measures at best-practice level remains at two, Brazil and Turkey.

### ENDS need to be regulated

This is the first time that the *WHO report on the global tobacco epidemic* has included data on electronic nicotine delivery systems (ENDS), and it reveals that a total of 111 countries regulate ENDS in some way. Thirty-two of these countries (covering 2.4 billion people)

ban the sale of ENDS, and the other 79 countries have adopted (partially or completely) one or more legislative measures to regulate ENDS, covering 3.2 billion people.

Of the countries that have banned the sale of ENDS, 18 are middle-income countries, nine are high-income countries and the remaining five are low-income countries. The current regulatory options taken by 79 countries include a wide range of measures with no common approach to address these products. Eighty-four countries still have no bans or regulations to address ENDS, leaving them particularly vulnerable to the activities of the tobacco and related industries.

Using ENDS in public places where smoking is banned may re-normalize smoking in public. However, only 30 countries completely ban the use of ENDS in all indoor public places, workplaces and public transport. Only eight countries mandate the appearance of large graphic health warnings on ENDS packaging. Twenty-two countries completely ban the advertising,

promotion and sponsorship of ENDS devices, e-liquids or both (only 15 countries have adopted advertising, sponsorship and promotion bans on both).

Monitoring ENDS use among children and adolescents, as well as adults, through nationally representative surveys is increasingly common. Eighty-seven countries have now collected data on the prevalence of ENDS use among adolescents and 56 countries have collected data on the prevalence of ENDS use among adults.

Of the 86 countries where data are available on ENDS taxation, more than one third do not impose any excise tax on e-liquids. Where taxes have been applied, tax rates are generally low, with only three countries taxing ENDS e-liquids at 75% or more of the retail price.

Age restrictions to ENDS sale and purchase are applied in only 42% of countries where ENDS are not banned, and regulations applied on ENDS flavours can be found in only nine countries.

# Key findings

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

- Five countries (Bolivia, (Plurinational State of) Ethiopia, Jordan, Paraguay, Saint Lucia) newly adopted complete smoke-free laws covering all indoor public places, workplaces and public transport.
- Five countries (Austria, Cook Islands, Jordan, Philippines, Tonga) advanced to best-practice level with their tobacco use cessation services. However, during the same period, three other countries dropped from the highest group, resulting in a net gain of only two countries.
- Eight countries (Ethiopia, Gambia, Mauritania, Montenegro, Niger, Nigeria, Qatar, United States of America) adopted large graphic pack warnings.
- Five countries (Côte d'Ivoire, Ethiopia, Iraq, Jordan, Venezuela (Bolivarian Republic of)) introduced comprehensive bans on tobacco advertising, promotion and sponsorship, including at point-of-sale.
- Six countries (Denmark, Georgia, Morocco, Netherlands, Portugal, Sri Lanka) moved to the best-practice group by levying taxes that comprise at least 75% of retail prices.

Graphic health warning measures at the highest level of achievement have now been adopted by 101 countries. This means that 4.7 billion people (or 60% of the world's population) are now protected by 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 2020, 17 countries had adopted legislation mandating plain packaging of tobacco products and had issued regulations with implementation deadlines. A handful of other countries have required plain packaging by law but have not yet issued the implementing rules.

While cessation measures have made progress during most years since 2007, cessation service policies remain scarce, with only 26 countries providing these services at best-practice level. Although this measure is adopted by the fewest countries, those countries nevertheless contain 2.5 billion people, almost one third of the world's population, making it the second most adopted MPOWER measure in terms of population covered.

Complete smoke-free indoor public places, workplaces and public transport now cover 1.8 billion people living in 67 countries, making it the second most adopted MPOWER measure in terms of countries covered.

Although tobacco advertising, promotion and sponsorship (TAPS) bans remain an under-adopted measure, 1.6 billion people in 57 countries are protected by comprehensive bans on TAPS. Low- and middle-income countries have made particular progress in TAPS bans. Twelve countries that have adopted comprehensive TAPS bans are low-income countries (40% of all low-income countries), 31 are middle-income countries (30% of middle-income countries) and 14 are high-income (23% of high-income countries).

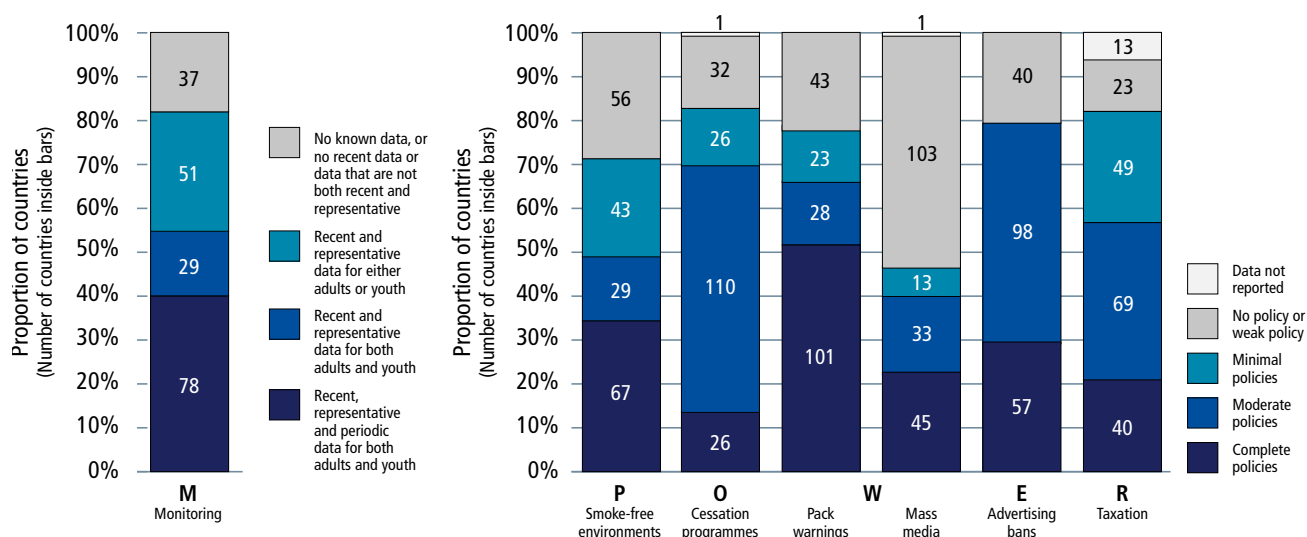
Monitoring tobacco use, unfortunately, was significantly affected by the COVID-19 pandemic. Data collection efforts were hindered in most countries during 2020, as was the release of results for surveys completed during 2018 and 2019.

Raising prices through taxation is the most effective way to reduce tobacco use and yet it remains the policy with the lowest population coverage. While a large increase in population coverage was observed between 2016 and 2018 (from 8% in 2016 to 13% in 2018), the proportion of the world's population protected by taxes at best-practice level has since remained at 13%.

**Despite significant challenges faced by all countries due to the COVID-19 pandemic, tobacco control has continued to progress and 24 countries adopted one or more best-practice MPOWER measures since 2018.**

## Three quarters of countries and 5.3 billion people are now covered by at least one MPOWER measure at the highest level of achievement

### THE STATE OF SELECTED TOBACCO CONTROL POLICIES IN THE WORLD, 2020

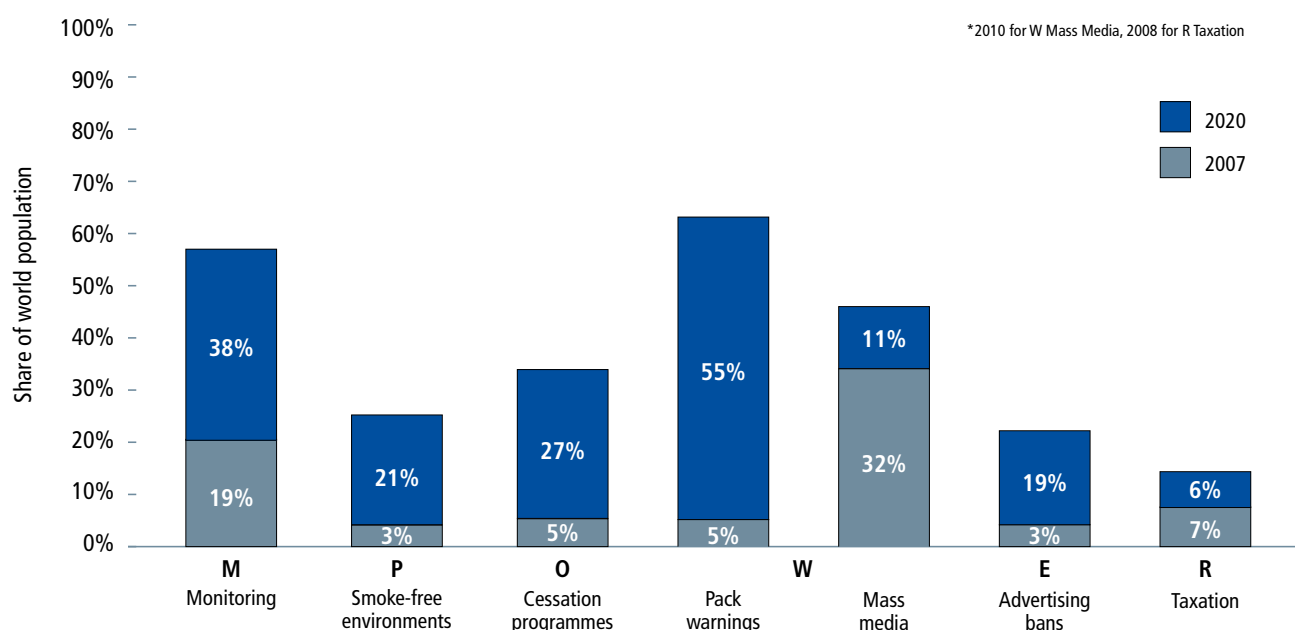


### Some countries have yet to adopt a single MPOWER measure

All countries can adopt and implement comprehensive tobacco control policies to prevent the immense burden caused by tobacco use and exposure to second-hand smoke. Yet, in 2020, 49 countries had not yet adopted a single MPOWER measure at best-practice level, leaving 2.4 billion people vulnerable to the tobacco industry's tactics and marketing.

Furthermore, the pace of progress of certain MPOWER measures is slower than others. The adoption of complete TAPS bans, the adoption of comprehensive cessation services and the raising of tobacco taxes to sufficiently high levels should be and must be accelerated if we are to meet the Sustainable Development Goal target to reduce tobacco use globally.

### INCREASE IN THE WORLD POPULATION COVERED BY SELECTED TOBACCO CONTROL POLICIES, 2007\* TO 2020



# Conclusion

In the 13 years during which MPOWER has been monitored, there have been tremendous strides made in tobacco control. At the same time there have been countless challenges – perhaps the greatest of which was faced in 2020 in the shape of the COVID-19 pandemic. Despite these hurdles, there are now 5.3 billion people who are protected by at least one best-practice tobacco control measure – 4.2 billion more than were covered in 2007. Conversely, 2.4 billion people remain unprotected by evidence-based tobacco control best practices, leaving them at risk from the health and economic harms caused by tobacco.

There has been inspiring progress in tobacco control since the adoption of the WHO Framework Convention on Tobacco Control (FCTC) and the introduction of MPOWER. Billions of lives are now better protected and millions of lives have been saved over the years. This has come about through the collective and coordinated efforts of a global community dedicated to tobacco control. But there is still so much work ahead of us. Only two countries in the world (Brazil and Turkey) have put all MPOWER measures in place at a comprehensive level. And although the prevalence of smoking has declined across most of the world, as the total population grows, the total number of people smoking remains high.

Every country has an obligation to protect the health of its people, and all Parties to the WHO FCTC have made a commitment to implement strong tobacco control policies as an important means of fulfilling their obligation to protect the health of their people. The SDGs have also underscored the importance of this commitment and call to “strengthen the implementation of the WHO FCTC in all countries, as appropriate”, measured by the reduction of tobacco use in adults. Tobacco use reduction is also one of the 16 trace indicators to measure (and is a major contributor to) the Healthier Billion component of the WHO Triple Billion Targets, an initiative to help countries deliver on the SDGs.

The focus of this report, addressing new and emerging products, charts a new threat to tobacco control. ENDS are increasingly available in many countries along with other novel products like heated tobacco products and nicotine pouches. As they emerge and rapidly evolve, these products can be difficult to characterize and therefore bring with them many regulatory challenges. At the same time, the tobacco and related industries behind these newer products pedal misinformation campaigns, marketing them as “clean”, “smoke-free” or “safer”, and claim they are effective cessation aids. By doing so, these industries attempt to appear part of the solution to the tobacco

epidemic, as opposed to instigators and perpetrators of the epidemic. These industries also target children and adolescents through the marketing of ENDS and other nicotine and tobacco products and the use of thousands of appealing flavours. When children use ENDS, or even try them, they are more than twice as likely to use conventional cigarettes in the future. The tobacco industry gains new customers.

There has been inspiring progress in the 13 years since MPOWER monitoring began, but still there are many challenges to overcome in order to achieve the commitments countries have made through the WHO FCTC, the SDGs and the WHO global action plan for the prevention and control of noncommunicable diseases 2013-2020 to reduce tobacco use and bring a swift end to the tobacco epidemic. Countries should remain vigilant and maintain focus on adopting evidence-based measures that are proven to reduce tobacco use, and avoid distractions caused by the proliferation of newer products. As the world emerges from the COVID-19 pandemic, the call to build back better should be central to tobacco control. We must all recommit to strengthening implementation of the WHO FCTC, strive to adopt MPOWER measures at the highest level of achievement, and ensure that all the people of the world are protected from the harms of tobacco and nicotine.

**More than half of all countries and half of the world’s population, are covered by at least two MPOWER measures at the highest level of achievement, an almost nine-fold increase since 2007**

The *WHO report on the global tobacco epidemic, 2021* was made possible by funding from **Bloomberg Philanthropies**



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#beatNCDs

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