World Health Organization

WHO report on the global tobacco epidemic, 2025

Warning about the dangers of tobacco

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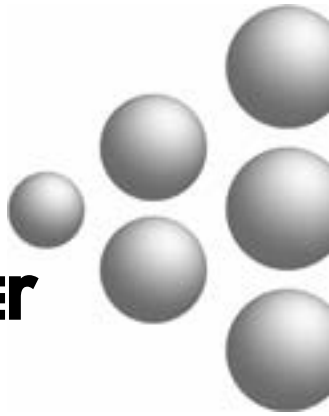

WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco

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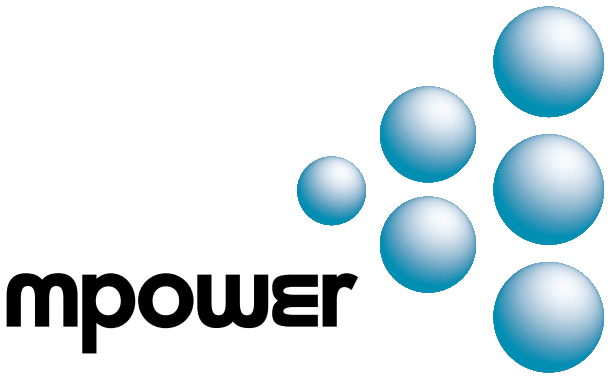
Health warnings and mass media campaigns work best when they are part of a comprehensive tobacco control strategy.

Health warnings are an effective way to help people quit tobacco use.

Plain packaging reduces the appeal of tobacco and strengthens health warnings.



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

Contents







“MPOWER provides countries with proven, cost–effective strategies to reduce tobacco use. The results speak for themselves: millions of lives saved, smoking rates declining, and a shift in public attitudes toward tobacco control.”

Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization

Foreword

6.1 billion people are now covered by at least one best-practice MPOWER measure.

Twenty years ago, the world took a historic step in the fight against tobacco, when the WHO Framework Convention on Tobacco Control (WHO FCTC) entered into force. Since then, there has been significant global progress in addressing the tobacco epidemic. Today, 6.1 billion people – over 75% of the global population – are protected by at least one intervention from MPOWER, the WHO package of measures that supports implementation of the WHO FCTC. This achievement reflects the power of sustained public health efforts, strong policies, global coordination, effective partnerships and global collaboration.

MPOWER provides countries with proven, cost–effective strategies to reduce tobacco use. The results speak for themselves: millions of lives saved, smoking rates declining, and a shift in public attitudes toward tobacco control. Since the introduction of MPOWER in 2008, there are an estimated 300 million fewer people smoking today than there would be if prevalence had remained unchanged. The number of countries implementing at least one MPOWER measure at the highest level of achievement has grown from 44 in 2008 to 155 in 2024. While this is a great achievement, to date only four countries have adopted the entire MPOWER package.

This year's report focuses on graphic health warnings and anti-tobacco mass media campaigns. Despite overwhelming evidence of tobacco's dangers, many users still don't know or underestimate its risks, and the powerful grip of nicotine addiction makes quitting extremely difficult. Meanwhile, tobacco companies exploit packaging to make their products appealing while downplaying their devastating health effects.

To counter this, governments have a highly effective tool at their disposal: strong, graphic health warnings on tobacco product packaging, the cost of which can be borne by the tobacco industry. These warnings have been proven to deter tobacco use and save lives. Coupled with media outreach and public education campaigns, such measures can break the cycle of addiction and protect future generations from tobacco's deadly toll.

A total of 110 countries now require these graphic health warnings and 25 countries have adopted a plain packaging policy, reducing the appeal of branded packaging and strengthening the impact of health warnings. Unfortunately, the implementation of anti-tobacco mass media campaigns has stagnated and 40 countries have not yet adopted any of the MPOWER measures at best-practice level, leaving their populations vulnerable.

At the same time, we face new and evolving threats. The tobacco and related industries are aggressively targeting young people with e-cigarettes and other new and emerging nicotine and tobacco products. The evidence is clear: e-cigarettes are harmful, particularly for children and adolescents. We cannot allow a new generation to become dependent on nicotine. Protecting young people from these products must be a top priority.

Countries must act decisively to prevent the proliferation of attractively packaged tobacco and other nicotine products and ensure that tobacco control policies remain robust in the face of industry interference. Twenty years since the WHO FCTC entered into force, we have many successes to celebrate, but many challenges remain. We cannot rest until we realize our vision of a tobacco-free future.

Dr Tedros Adhanom Ghebreyesus
Director-General
World Health Organization

"Countries must act decisively to prevent the proliferation of attractively packaged tobacco and other nicotine products and ensure that tobacco control policies remain robust in the face of industry interference."

“There has been a sea change in the way countries treat tobacco. Today, 111 countries have newly passed at least one policy that meets the highest standards set by WHO”

Michael R. Bloomberg, WHO Global Ambassador for Noncommunicable Diseases and Injuries
Founder, Bloomberg Philanthropies

Foreword

The number of countries with graphic health warnings has grown from nine to 110 since 2007.

Our mission at Bloomberg Philanthropies is to help the greatest number of people live better, longer lives. To do it, we have been working in close partnership with the World Health Organization (WHO) for nearly two decades on what stubbornly remains the world's leading cause of preventable death: tobacco use.

As this tenth WHO report on the global tobacco epidemic shows, we have made major progress together. Since Bloomberg Philanthropies started supporting global tobacco control efforts in 2007, shortly after the landmark WHO Framework Convention on Tobacco Control (FCTC) first took effect, there has been a sea change in the way countries treat tobacco. Today, 111 countries have newly passed at least one policy that meets the highest standards set by WHO, pushing the total number of such countries to 155. That means that more than 6 billion people are covered by at least one of the MPOWER comprehensive, evidence-based measures.

This report provides an in-depth look at MPOWER strategy "W" – warn the public about the dangers of tobacco. The evidence is clear: graphic health warnings on tobacco products, as well as mass media campaigns, encourage smokers to quit and discourage nonsmokers from starting.

Over the last two years, the number of people living in countries where graphic health warning policies have been passed has increased by 400 million. Overall, the number of countries covered by graphic health warnings has grown from nine to 110 since WHO published its first global tobacco epidemic report in 2008. Yet there is an enormous amount of work still to do. Only 37 countries support mass media campaigns warning about the harms of tobacco use. In addition, the tobacco industry has gained ground in thwarting taxation on tobacco products. Such taxes are the single most effective way to reduce tobacco use, but the industry fights hard to block them, while also pushing new products, like e-cigarettes, to attract new customers.

When people use tobacco, they put themselves at risk of developing the noncommunicable diseases (such as heart disease, cancer, and respiratory diseases) that continue to proliferate worldwide. Without bolder action, such diseases will only grow more costly – and more deadly.

Michael R. Bloomberg
WHO Global Ambassador for Noncommunicable Diseases and Injuries
Founder, Bloomberg Philanthropies

"The evidence is clear: graphic health warnings on tobacco products, as well as mass media campaigns, encourage smokers to quit and discourage nonsmokers from starting."

“One of the most cost–effective and impactful tobacco control measures available to governments is warning people about the harms caused by tobacco through the implementation of graphic health warnings on tobacco product packaging and anti-tobacco mass media campaigns.”

Dr Rüdiger Krech, Director, Department of Health Promotion
World Health Organization

Foreword

Five billion people, in 110 countries, are now protected by graphic health warnings.

This tenth edition of the WHO report on the global tobacco epidemic highlights the continued global progress in implementing effective tobacco control. WHO's tobacco control policies can help drive down tobacco use and with it the crippling diseases it causes. In a world grappling with health workforce shortages and increasing health-care costs, tobacco control measures that help keep people healthy are more important than ever. Tobacco use remains one of the leading causes of preventable death, killing millions of people globally each year. These are lives that could be saved with bold evidence-based policy decisions and strong enforcement.

One of the most cost–effective and impactful tobacco control measures available to governments is warning people about the harms caused by tobacco through the implementation of graphic health warnings on tobacco product packaging and anti-tobacco mass media campaigns. Strong evidence suggests that graphic health warnings are a powerful tool because they reduce the appeal of tobacco products, motivate users to quit and deter youth from ever starting. These labels speak directly to consumers in ways that text-only warnings cannot, cutting through the noise of tobacco marketing and helping people understand the real risks they face from the use and exposure to these products. Anti-tobacco campaigns can reach a wide range of audiences and play a crucial role in supporting comprehensive tobacco control strategies.

The progress made in implementing graphic health warnings over the past two decades, with 110 countries now adopting these policies at best-practice level, is a testament to what is possible. But this progress is under threat. The rise of new and emerging nicotine and tobacco products, including e-cigarettes, nicotine pouches and heated tobacco products, aggressively marketed in ways that undermine hard-won public health gains, is a real challenge to countries globally. Where these products are not banned, they must be strictly regulated to ensure they do not set back the progress made. This includes ensuring that mass media campaigns and graphic health warnings inform consumers of the risks they pose to health.

Central to safeguarding this progress is full implementation of the WHO Framework Convention on Tobacco Control (WHO FCTC) including Article 5.3. This Article requires that "in setting public health policies with respect to tobacco control, Parties shall act to protect these policies from the commercial and vested interests of the tobacco industry." The Article is a cornerstone of effective tobacco control because it ensures that policy-making remains free from interference by an industry that makes its profits from products that cause addiction, illness and death. Without strong protections, even the most evidence-based policies risk being delayed, weakened or derailed. Transparency, accountability and vigilance are essential to defend public health against industry influence.

As this report shows, the tobacco control tools we have are affordable and proven to work. Tobacco control policies such as graphic health warnings, smoke-free spaces and increasing tobacco taxes save lives. In an era of increasing health system pressures and health workforce shortages, investing in these measures is not only wise – it is essential.

Dr Rüdiger Krech
Director,
Department of Health Promotion
World Health Organization

"As this report shows, the tobacco control tools we have are affordable and proven to work."

“During the past 20 years, WHO and the Secretariat of the WHO FCTC and its protocols have worked hand in hand supporting countries to apply life-saving measures to curb the tobacco epidemic.”

Dr Adriana Blanco Marquizo, Head of the WHO FCTC Secretariat

Foreword

In 2024, the Protocol increased its number of Parties to a total of 70, four more than two years ago.

This tenth WHO report on the global tobacco epidemic coincides with the twentieth anniversary of the entry into force of the WHO Framework Convention on Tobacco Control (WHO FCTC).

During the past 20 years, WHO and the Secretariat of the WHO FCTC and its protocols have worked hand in hand supporting countries to apply life-saving measures to curb the tobacco epidemic.

This latest edition of the report focuses on "W" of the MPOWER measures: warning about the dangers of tobacco through health warnings on tobacco product packages as well as anti-tobacco mass media campaigns, in relation to Articles 11 and 12 of the WHO FCTC.

Article 11 of the Convention requires Parties to adopt and implement effective packaging and labelling measures within three years of the Convention's entry into force for that Party. The Guidelines for implementation of Article 11, adopted by the Conference of the Parties in 2008, support Parties on meeting their obligations under this article. They also state that Parties should consider adopting plain packaging. Doing so would increase the noticeability and effectiveness of health warnings and messages, prevent the package from detracting attention from these warnings and counter industry package design techniques that may suggest that some products are less harmful than others.

Article 12 of the Convention and its Guidelines for implementation require Parties to promote and strengthen public awareness of tobacco control issues using all available communication tools, as appropriate. Communication is essential to change attitudes about tobacco production, manufacture, marketing, consumption and exposure to tobacco smoke; it discourages tobacco use, curbs smoking initiation and encourages cessation; it is also necessary for effective community mobilization towards achieving sustainable social change. The guiding principles for the implementation of this Article include, among others: the exercise of fundamental human rights and freedoms – such as the right to life, to the highest attainable standard of health and to education; the adequacy of resources; communication with all people; and the active participation of civil society.

Since the Convention's entry into force in 2005, the implementation of these articles by the Parties has progressed. Today, 56% of countries, making up 62% of the world's population, are protected by graphic health warnings at the level of best practice – a total of 110 countries, up from nine countries in 2007.

The implementation of plain packaging is slowly but steadily growing, with 25 countries having implemented it so far.

Regarding mass media campaigns, while 110 countries have not run any anti-tobacco campaign since 2022, the population exposed to a best practice campaign has increased from 19% to 36% since then.

Finally, it is important to remember that the best impact in reducing tobacco use globally will be obtained with the comprehensive implementation of all the measures of the WHO FCTC. Strategic Goal 1 of the *Global Strategy to Accelerate Tobacco Control 2019–2025* (now extended by a decision of the Tenth Conference of the Parties to 2030) requires accelerating implementation of the WHO FCTC, especially the main demand reduction measures of the Convention: price and tax measures (Article 6) and time-bound measures (Article 8 – protection from exposure to tobacco smoke and Article 13 – bans on tobacco advertising, promotion and sponsorship, in addition to the already described Article 11).

These measures, complemented by other national priorities and financed sustainably, will contribute to achieve the objective of the WHO FCTC: to protect present and future generations from the devastating health, social, environmental and economic consequences of tobacco use and exposure to tobacco smoke.

Dr Adriana Blanco Marquizo
Head of the WHO FCTC Secretariat

"Finally, it is important to remember that the best impact in reducing tobacco use globally will be obtained with the comprehensive implementation of all the measures of the WHO FCTC."

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All external experts submitted to WHO a declaration of interest disclosing potential conflicts of interest that might affect, or be reasonably be perceived to affect, their objectivity and independence in relation to the subject matter of this report. WHO reviewed each of the declarations and concluded that none could give rise to a potential or reasonably perceived conflict of interest related to the subjects discussed in this report.

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Abbreviations

COP	Conference of the Parties
COVID-19	coronavirus disease 2019
EU	European Union
ENDS	electronic nicotine delivery systems
ENNDS	electronic non-nicotine delivery systems
GATS	Global Adult Tobacco Survey
GYTS	Global Youth Tobacco Survey
HTP	heated tobacco product
MOP	Meeting of the Parties of the Protocol
NCD	noncommunicable disease
NRT	nicotine replacement therapy
NTCP	national tobacco control programme
SDGs	sustainable development goals
TAPS	tobacco advertising, promotion and sponsorship
WHO	World Health Organization
WHO FCTC	World Health Organization Framework Convention on Tobacco Control
UN	United Nations

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Summary

Tobacco use remains a significant global health challenge, responsible for over 7 million deaths annually as well as disability and long-term suffering from tobacco-related diseases. To tackle one of the greatest threats to public health, tobacco control remains a worldwide priority. This report is the tenth WHO report on the global tobacco epidemic and marks 20 years since the entry into force of the WHO Framework Convention on Tobacco Control. The report highlights that, in 2024, over 6.1 billion people, representing over 75% of the world's population, were protected by at least one MPOWER measure adopted at the highest level (Fig. 1). This is a remarkable achievement, though more work is needed to close the gap for the populations not currently protected.

Since 2007, the number of countries[1] that had at least one MPOWER measure in place has more than tripled, rising from 44 to 155. Meanwhile, those with two or more measures in place have seen a nearly tenfold increase (from 11 to 107 countries) now covering a population of 4.8 billion (Fig. 2). Of these, 40 countries have three measures in place, 7 countries have four measures and four countries have all five MPOWER measures in place. Together, these 51 countries with at least three MPOWER measures in place protect 1.8 billion people.

In contrast, 40 countries measure. Of these, 28 have not yet reached the highest level of achievement (or best-practice level, meaning they have achieved the criteria as described in Technical Note I) for any MPOWER measure, 28 are just one level away from best-practice for one or more of their MPOWER measures. Six of them would reach best-practice level in W if they increased their health warning size to 50% or more.

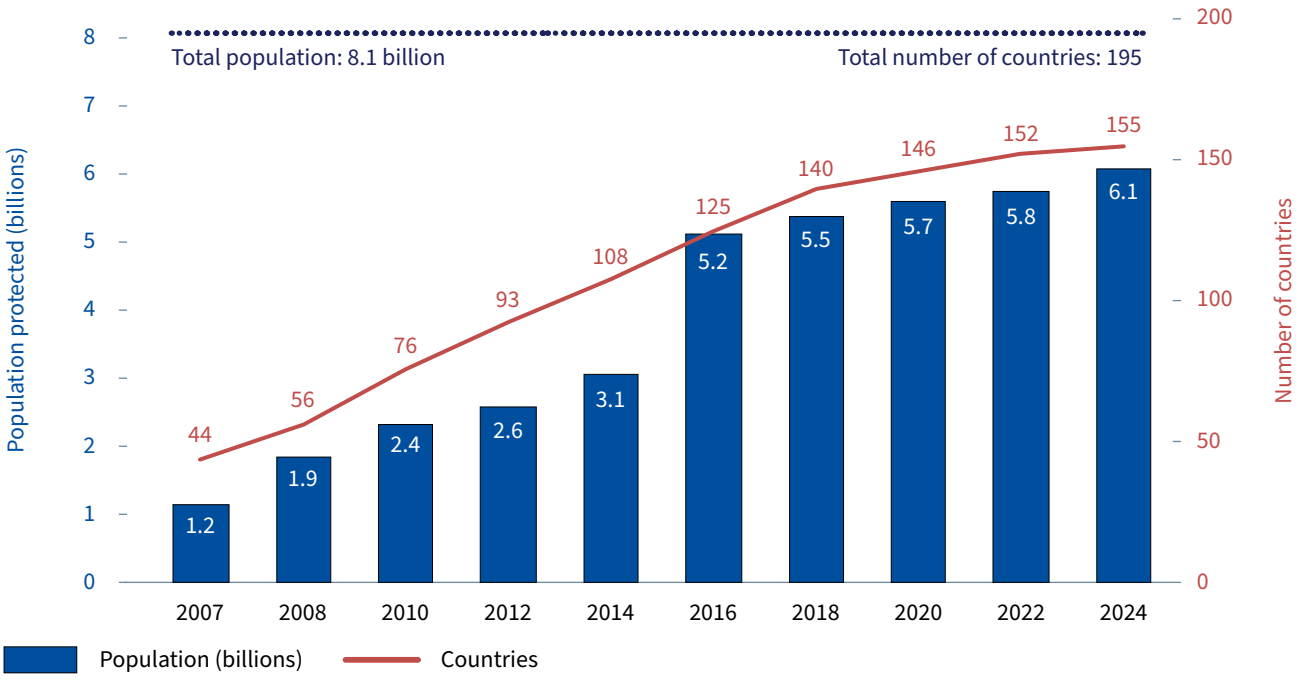
Countries that have adopted measures that are not at best-practice level often have done so in the face of strong industry opposition and interference. In this report, we present case studies that describe what countries have done on their way to achieving their best-practice MPOWER measures.

Overall, while progress since 2007 is undeniable, the pace of reaching best-practice levels has slowed in recent years. The coronavirus disease 2019 (COVID-19) pandemic likely contributed to some delays or suspension of policy adoption; however, countries have also had their attention diverted towards swiftly regulating the multitude of new products that are appearing in their markets and threaten to undo earlier progress made in tobacco control.

Notably, five countries (Indonesia, Oman, Palau, Sierra Leone and Uzbekistan) that previously had no best-practice measures in place have since reached the highest level of achievement on one or more measures.

6.1 billion people, over 75% of the world population, are now protected by at least one MPOWER measure at best-practice level.

Fig. 1. At least one MPOWER measure at highest level of achievement (2007–2024)



[1] For the purpose of this publication, the term "country" should be understood to refer to "countries and territories", as appropriate.

Graphic health warnings and plain packaging are making exceptional progress

The tenth edition of the WHO report on the global tobacco epidemic focuses on the "W" component of the MPOWER package: warning about the dangers of tobacco use. This element is a key component of comprehensive tobacco control strategies. Evidence indicates that graphic health warnings are a cost–effective intervention that increases awareness of the health risks associated with tobacco use and demonstrates that warnings can contribute to increased cessation attempts, improve quit success rates and discourage tobacco initiation, particularly among young people.

Among all MPOWER measures, graphic health warnings have experienced the most significant global expansion since 2007. As of 2024, 56% of countries have implemented best-practice graphic health warnings on cigarette packaging.

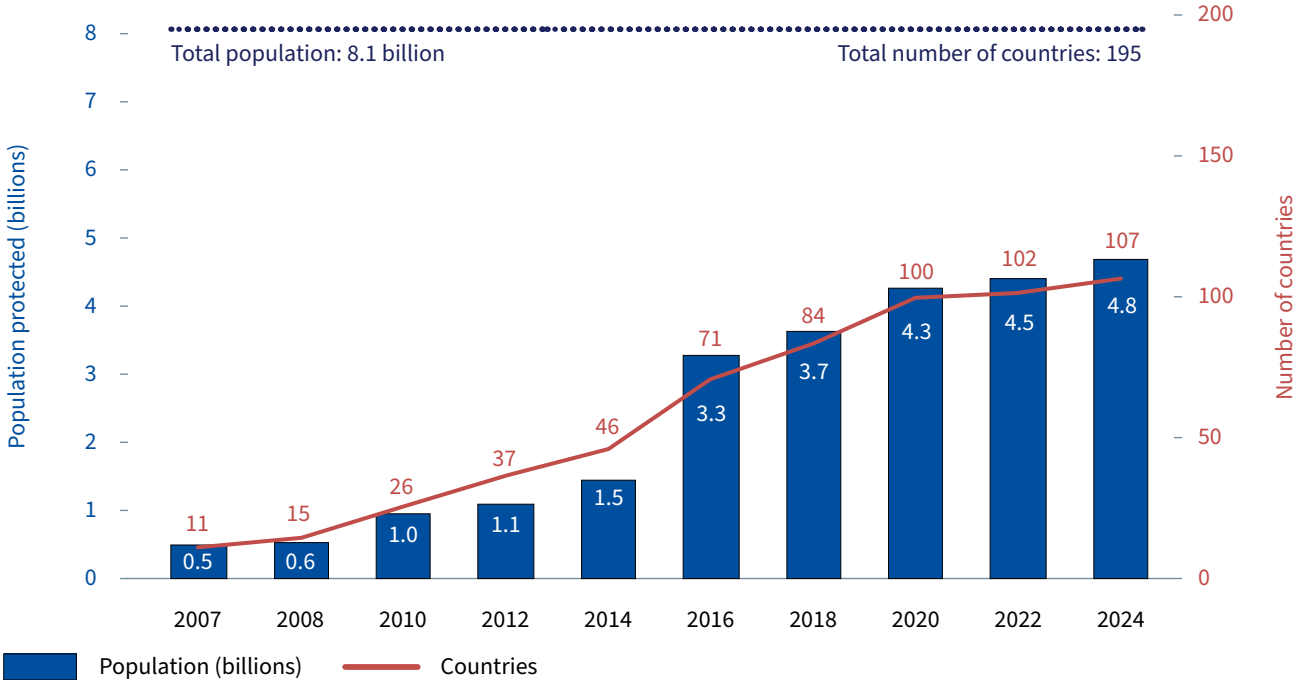
In total, 110 countries have adopted these measures, collectively covering approximately 5 billion people, or 62% of the global population. This represents substantial progress relative to 2007, when only nine countries, covering less than 400 million people, had such policies in place.

In 2024, graphic health warnings continued to show the most progress among MPOWER components. Six additional countries reached the highest level of implementation, expanding coverage to an additional 412 million people since 2022.

Progress has also been observed in the implementation of plain packaging policies, which aim to reduce the attractiveness of tobacco products and enhance the effectiveness of health warnings. By the end of 2024, 25 countries had adopted legislation mandating plain packaging and issued the necessary regulations for implementation – three more than in 2022. A small number of additional countries have enacted plain packaging laws but have yet to finalize regulatory frameworks.

Despite this progress, challenges remain. Regarding smokeless tobacco, 119 countries mandate health warnings on packaging; however, only 54 of these include pictorial elements. Violations of warning mandates, particularly where smokeless and irregular packaging is concerned, need addressing. In addition to warnings themselves, there are several ways that tobacco packaging can be regulated to strengthen tobacco control including the requirement to display a quit line number (as of 2024, only 55 countries have provisions for this measure), the banning of descriptors such as flavours (57 countries) and the banning of the display of quantitative information on emission yields (67 countries).

Fig. 2. At least two MPOWER measures at highest level of achievement (2007–2024)



Graphic health warnings now cover 56% of countries and 62% of the world population. This is a 12-fold increase since 2007, when nine countries were covered.

Mass media campaigns need more investment globally

Mass media campaigns are a crucial part of a comprehensive tobacco control strategy. Anti-tobacco campaigns can reach a broad audience and help to prevent the uptake of tobacco amongst those who have not yet tried it. Campaigns can also help support other tobacco control measures by informing the public of new regulations, building community support for new measures and providing information on how to seek help to quit tobacco use.

In 2024, 37 countries covering a population of just under 3 billion reported conducting a national mass media campaign that ran for three or more weeks and met the following criteria: (1) aired on television and/or radio; (2) was part of a comprehensive tobacco control programme; (3) campaign materials were pre-tested with the target audience; (4) media planning was conducted and air time and/or placement was purchased or secured; (5) earned media/journalists were leveraged to gain news coverage; (6) process evaluation was undertaken and (7) outcome evaluation was conducted.

A total of 85 countries reported running campaigns between 2023 and 2024; of these, 56% did not meet best-practice level. In most cases, the criteria that were missing were the implementation of pre-testing or the use of outcome evaluation after the implementation of the campaign. Only nine countries have conducted campaigns every biennium since 2010 when mass media data were first collected.

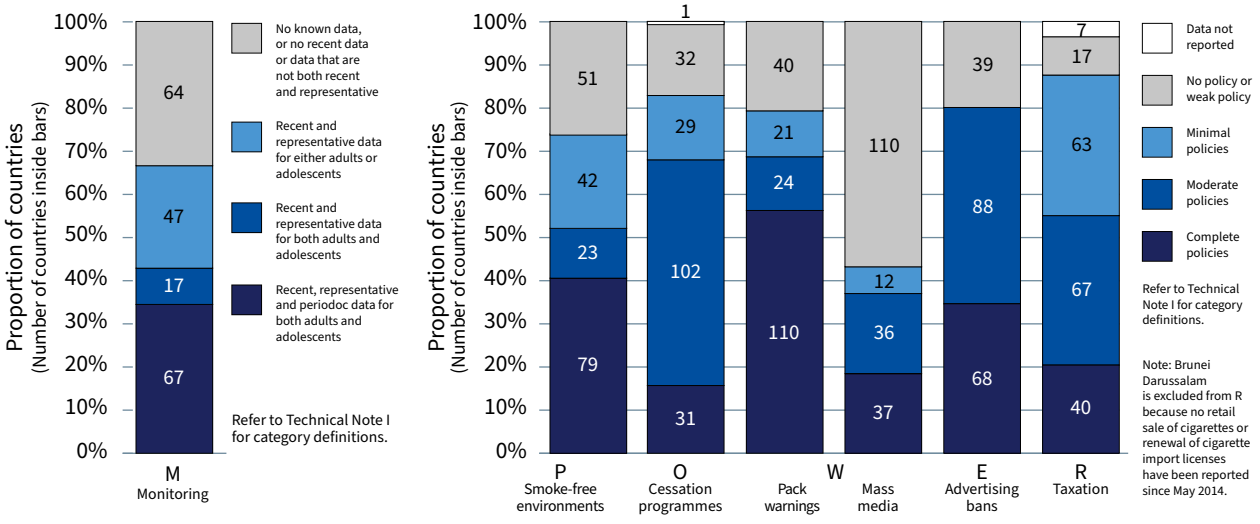
Seven countries are only one measure away from achieving all MPOWER measures at the highest level of achievement

Of the 107 countries now covered by at least two MPOWER measures, 40 have three measures at the highest level of achievement, and seven countries have four measures at the highest level of achievement (Ethiopia, Ireland, Jordan, Mexico, New Zealand, Slovenia and Spain). While Slovenia has moved to this category, one country dropped off the list in the past two years, Iran (Islamic Republic of) (Annex 3, Annex 4).

Two billion people remain unprotected by any of the MPOWER measures at best-practice level

All countries can adopt and implement comprehensive tobacco control policies to prevent the immense burden imposed by tobacco use and exposure to second-hand smoke. Yet, in 2024, 40 countries had not yet adopted a single MPOWER measure at best-practice level, leaving almost 2 billion people vulnerable to the harms of tobacco. Of these, 28 countries are only one step away from achieving their first best-practice MPOWER measure.

Fig. 3. The state of selected tobacco control policies in the world, 2024



Progress must be accelerated globally

The M indicator, monitoring tobacco use, has not yet recovered from the after-effects of the COVID-19 pandemic, when a large number of surveys were delayed or cancelled. In 2024, only 67 countries remain in the best-practice group, down from 77 in 2022, and from a peak of 81 in 2016.

Complete smoke-free indoor public places, workplaces and public transport now cover 2.6 billion people living in 79 countries, making it the second most adopted MPOWER measure, after graphic health warnings, in terms of countries covered.

Only 31 countries are providing cessation services at best-practice level. Since 2022, two countries were gained (El Salvador and Lithuania) while three countries were lost (Cook Islands, Iran (Islamic Republic of) and Philippines) from the best-practice group. Although this measure is fully adopted by very few countries, these countries are home to approximately one third of the world's population, making it the second most adopted MPOWER measure in terms of population covered.

While tobacco advertising, promotion and sponsorship (TAPS) bans remain an under-adopted measure, just over 2 billion people in 68 countries are now covered by this policy at best practice level. High-income countries are lagging when it comes to reaching best-practice level on TAPS bans, with only 18 out of 64 high-income countries reaching this level (28% of all high-income countries). By contrast, 38 out of 105 middle-income countries (36%) and 12 out of 26 low-income countries (46%) have achieved best-practice level.

While raising prices through taxation is the most effective way to reduce tobacco use, this measure has been slow to progress. A large increase in population coverage by this measure was observed between 2016 and 2018 (from 8% in 2016 to 13% in 2018). Since then, the proportion of the world's population protected by taxes at best-practice level has risen only slightly to 15% in 2024.

MPOWER progress continues but the pace is unequal across measures

MPOWER measures have been newly adopted at best-practice level by additional countries since 2022.

- One additional country achieved monitoring best-practice level in 2024 (Marshall Islands); however, 10 countries dropped back by not maintaining a regular programme of surveys.
- Six countries (Cook Islands, Indonesia, Malaysia, Sierra Leone, Slovenia and Uzbekistan) newly adopted complete smoke-free laws covering all indoor public places, workplaces and public transport. Two countries weakened their smoke-free laws (Kyrgyzstan and Tajikistan).
- Two countries (El Salvador and Lithuania) advanced to best-practice level by strengthening their tobacco use cessation services. Three countries weakened their cessation services (Cook Islands, Iran (Islamic Republic of) and Philippines).
- Six countries (Côte d'Ivoire, Indonesia, Iraq, Oman, Sierra Leone and Uzbekistan) adopted large graphic health warnings on cigarette packaging. Three countries (Côte d'Ivoire, Lao People's Democratic Republic and Oman) adopted plain packaging.
- Fourteen countries (Algeria, Australia, Brunei Darussalam, China, Côte d'Ivoire, Democratic People's Republic of Korea, El Salvador, Eswatini, Germany, Malta, Qatar, Samoa, Saudi Arabia and United Republic of Tanzania) that ran no campaign in 2022 (or a campaign that was not best practice), implemented a best-practice mass media campaign in 2023 or 2024.
- Two countries (Cook Islands and Morocco) introduced comprehensive bans on tobacco advertising, promotion and sponsorship, including at point-of-sale.
- Three countries (Belarus, Indonesia and Palau) moved to the best-practice R group by levying taxes that comprise at least 75% of retail price.

While 40 countries have not yet reached the highest level of achievement for any MPOWER measure, seven countries are only one measure away from achieving the full MPOWER package.

The number of countries applying regulatory restrictions on electronic nicotine delivery systems has been increasing rapidly

As of 2024, 133 countries regulate electronic nicotine delivery systems (ENDS) in some way. Forty-two of these countries (covering 2.7 billion people) ban the sale of ENDS, and the other 91 countries have adopted (partially or completely) one or more legislative measures to regulate ENDS, covering 3.7 billion people. However, the regulations adopted by these countries include a wide range of measures, including those that are part of the MPOWER package, with no global common approach to address these products. At the same time, 62 countries still have no ENDS ban or regulations in place, leaving 1.7 billion people particularly vulnerable to the activities of the tobacco and related industries.

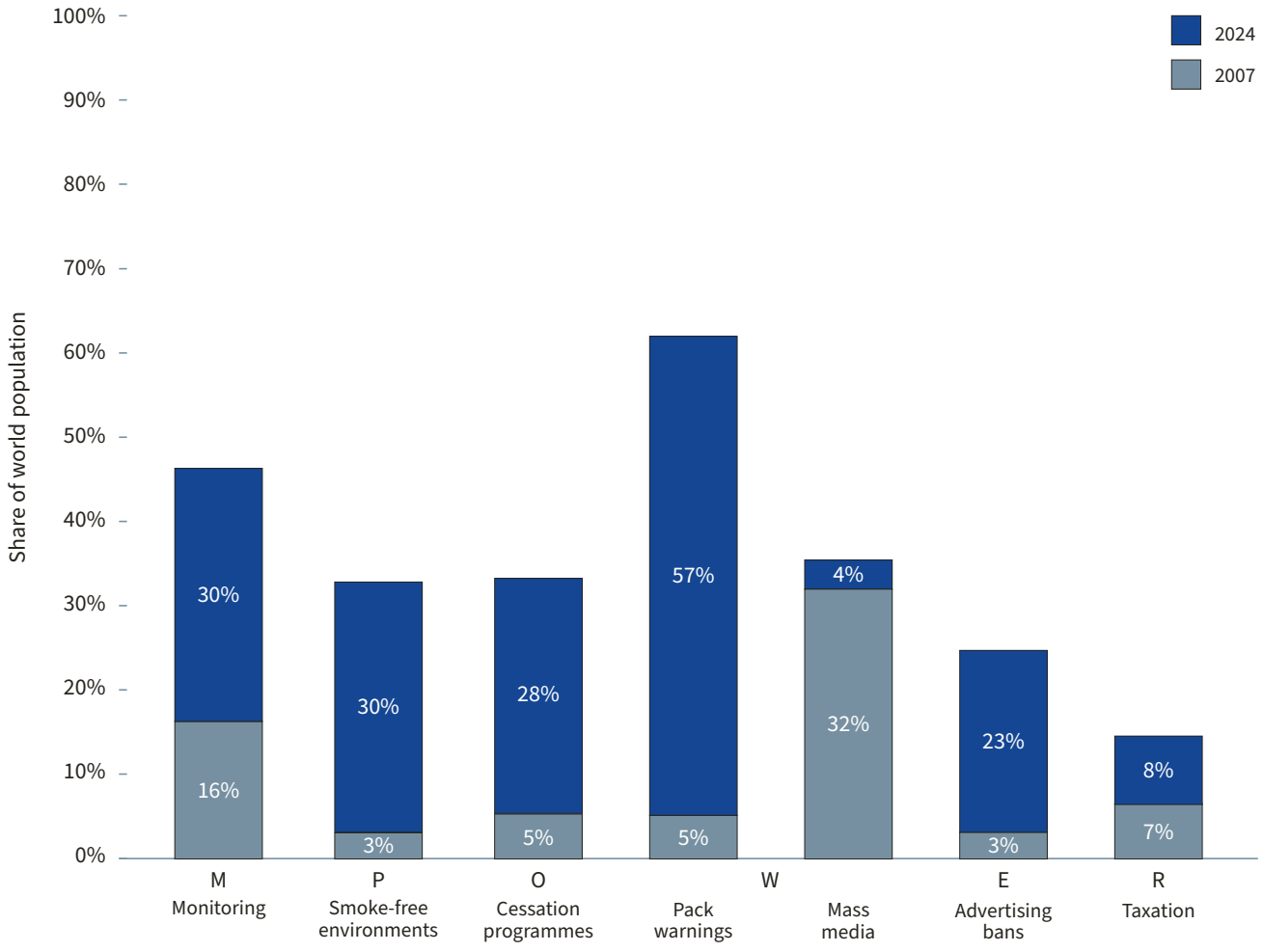
Health warnings are required on both devices and e-liquids in 56 countries, on devices only in three countries and on e-liquids only in nine countries. ENDS are covered by the same advertising and promotion bans as tobacco products in 63 countries, while 47 countries have specific regulations governing ENDS advertising and promotion. Use of ENDS is banned or restricted in public places in 99 countries.

ENDS marketing targets children and young people through several tactics, including making ENDS available with many enticing flavours. Astonishingly, very few countries have measures in place to protect children from ENDS. Only seven countries now ban all flavours while 15 others restrict or allow specific flavours, and 74 countries, covering a population of 1.9 billion people, have no minimum age at which ENDS may be purchased.

Since 2007, MPOWER has made a major impact on global tobacco control

Since 2007 and the launch of the MPOWER technical package, all MPOWER measures have made notable progress. Fig. 4 illustrates how graphic health warnings have made the most progress compared with the other measures, protecting an additional 57% of the world's population since 2007. Protecting people from tobacco smoke through smoke-free public places is second, with an additional 30% of the global population protected since 2007. Although in 2024 more countries have achieved best practice tobacco taxation than cessation service (40 versus 31) in terms of population coverage the tax measure has been the slowest to progress, with only an additional 8% of the world's population covered in the last 17 years.

Fig. 4. Increase in the world population covered by selected tobacco control policies, 2007[a] to 2024



[a] 2010 for W mass media, 2008 for R taxation

1. The WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products

Introduction to the WHO FCTC and Protocol

The WHO FCTC and the Protocol to Eliminate Illicit Trade in Tobacco Products are evidence-based, legally binding international instruments. With 183 and 70 Parties respectively as of March 2025 (Annex 5), these treaties are unifying frameworks for intergovernmental cooperation and are fundamental to combatting the global tobacco epidemic and upholding the right of all people to the highest attainable standard of health.

WHO FCTC has included a core set of mutually reinforcing obligations to reduce the demand for, and supply of, tobacco products (Table 1). The implementation of these measures is supported by an equally important set of general obligations for advancing progress and cooperation on tobacco control locally, nationally, regionally and globally. Of these, Article 5.3 and its Guidelines for implementation provide crucial safeguards against tobacco industry influence over, and interference in, tobacco control policies. These general obligations are reinforced by other measures such as Article 19 on liability, which innovatively targets the industry's deceptive, profit-driven tactics.

The Protocol, which entered into force on 25 September 2018, focuses on eliminating illicit trade in tobacco products. It was developed to build on Article 15 of the WHO FCTC in recognition of the complexity of addressing illicit trade, its significant contribution to the global tobacco epidemic, and the threat it poses to key demand-reduction measures (especially price measures and health warnings). The Protocol provides a framework for international cooperation, including on global tracking and tracing, and prescribes a comprehensive set of measures, such as supply-chain control and due diligence obligations, to combat the illicit tobacco market.

Pivotal figures in the WHO FCTC's negotiation and ongoing implementation, as well as key figures in the broader tobacco control community, pose united in celebrating the Convention's 20th anniversary at WHO in Geneva.

Table 1. Key WHO FCTC provisions

Demand-reduction measures	**Article 6:** Price and tax measures to reduce the demand for tobacco **Article 8:** Protection from exposure to tobacco smoke **Article 9:** Regulation of the contents of tobacco products **Article 10:** Regulation of tobacco product disclosures **Article 11:** Packaging and labelling of tobacco products **Article 12:** Education, communication, training and public awareness **Article 13:** Tobacco advertising, promotion and sponsorship **Article 14:** Demand-reduction measures concerning tobacco dependence and cessation
Supply-reduction measures	**Article 15:** Illicit trade in tobacco products **Article 16:** Sales to and by minors **Article 17:** Provision of support for economically viable alternative activities
General obligations	**Article 4:** Guiding principles **Article 5:** General obligations ■ **5.1:** Comprehensive multisectoral, national tobacco control strategies, plans and programmes ■ **5.2:** National coordinating mechanism or tobacco control focal point ■ **5.3:** Protecting tobacco control policies from the tobacco industry's commercial and vested interests
Other measures	**Article 18:** Protection of the environment and the health of persons **Article 19:** Liability **Article 20:** Research, surveillance and exchange of information **Article 21:** Reporting and exchange of information **Article 22:** Cooperation in the scientific, technical and legal fields and provision of related expertise

Saving lives for 20 years: The WHO FCTC

The Convention, which entered into force on 27 February 2005, has been supporting cessation, preventing initiation and saving lives for 20 years. It is among the most embraced United Nations (UN) treaties in history and is a pathfinding global health initiative that was, before April 2025 and the agreement on the Pandemic Accord, the first and only dedicated public health treaty binding at international law. The WHO FCTC's central role in global health and development is reflected in its inclusion in the sustainable development goals (SDGs), specifically target 3.a, which urges countries to strengthen the implementation of the WHO FCTC, because of its critical role in reducing the burden of noncommunicable diseases *(1, 2)*.

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Former Heads of the Convention Secretariat members and other prominent figures in the WHO FCTC journey pose beneath the vivid "WE ARE 20" screens, marking two decades of global tobacco-control progress, Geneva.

"Over the past two decades, since the entry into force of the WHO FCTC and the MPOWER technical package that supports it, global tobacco use prevalence has dropped by one third. The WHO FCTC has helped to save millions of lives through strengthened tobacco control measures around the world. The Convention marks a milestone in public health and international law."

Dr Tedros Adhanom Gebreyesus, WHO Director General

Since the Convention entered into force, tobacco use is estimated to have declined by one third globally *(3)*. The implementation of the WHO FCTC has helped drive these reductions *(3)*. An impact assessment completed after 12 years of implementation of the Convention showed that while significant gains in tobacco control have been achieved, a great variability across countries and policy areas existed, and that higher WHO FCTC implementation levels were correlated with greater reductions in smoking prevalence *(4, 5)*. A more recent analysis by Paraje and colleagues of the impact of the WHO FCTC in the first 10 years following its entry into force shows notable positive impacts *(6)*. The treaty is associated with a decrease in the rate of smoking for those younger than 25 years, with 24 million fewer people in this age group smoking, and an increase in the quitting ratio with 2 million more people between ages 45 and 59 years of age quitting smoking *(6)*.[2] At least 12 million deaths are estimated to have been averted in just one decade of the WHO FCTC's implementation *(6)*.

The twentieth anniversary was marked by the tobacco control community on 27 February 2025 at the WHO headquarters in Geneva, Switzerland. This was a moment to mark the historic achievement that the WHO FCTC's entry into force represents and the indispensable contribution that 20 years of its implementation has made to global public health. It was also a moment to take stock of the barriers encountered to progress in the Convention's implementation and threats posed to the WHO FCTC, and to consider strategies for overcoming these barriers and defending against these threats. Speakers highlighted the need to maximize the implementation of the WHO FCTC and counter the ongoing efforts of the tobacco industry to interfere with public health, undermine implementation and attract its next generation of customers – including youth, undersaturated markets in the Global South and vulnerable groups.

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A full round-table plenary brings together the key members of the WHO FCTC community for the 20th-anniversary, Geneva.

"The WHO FCTC equips Parties with a comprehensive set of measures to protect populations from the industry's ever-evolving tactics – designed to profit at the cost of people's lives and the health of our planet and we call on Parties to remain ever watchful against its predatory tactics."

Dr Tedros Adhanom Gebreyesus, WHO Director General

[2] The quitting ratio at baseline was 0.34. Following WHO FCTC ratification, this ratio increased by an average of 0.1% per year, resulting in a total cumulative increase of 1.8% compared to pre-ratification trends, and an estimated 2 million additional quitters.

Update on COP10 and MOP3

In February 2024, the Tenth session of the Conference of the Parties to the WHO FCTC (COP10) and the Third session of the Meeting of the Parties to the Protocol (MOP3) were held in Panama. The COP and MOP are the governing bodies for, respectively, the WHO FCTC and the Protocol. These are the sole bodies for authoritative interpretations of their respective treaties with responsibilities for reviewing and guiding their implementation, adopting measures in response to emerging issues, and fostering international cooperation. COP10 and MOP3 each adopted a Panama Declaration affirming the right to health, noting concern at tobacco industry interference, calling for strengthened implementation and the prioritization of public health over industry interests, and emphasizing the need for international cooperation *(7, 8)*.

At COP10, the Parties to the Convention decided to establish an Expert Group on Forward-looking Tobacco Control Measures with a mandate for identifying and describing forward-looking measures, including measures that expand or intensify approaches to tobacco control. The foundation for this Decision was the uneven progress in implementation and the fact that some Parties have been advancing forward-looking tobacco control measures, together with the changing landscape of the tobacco epidemic and the ever-evolving tactics of the tobacco industry *(3, 9, 10)*. Other notable decisions include those on the implementation of Articles 18 and 19, which separately concern protection of the environment and tobacco industry liability *(11, 12)*. The Decision on Article 18 recognized the importance of linking environmental protection with tobacco industry liability, under Article 19, and the promotion of economically sustainable alternatives to tobacco growing, under Article 17 *(11)*. The Decision on Article 19 re-established an expert group on liability and mandated the expert group to review the practices of Parties in their implementation of the provision and to provide options for progressing implementation *(12)*. Another notable decision was the adoption of the *Specific guidelines to address cross-border tobacco advertising, promotion and sponsorship and the depiction of tobacco in entertainment media for implementation of Article 13 (Tobacco advertising, promotion and sponsorship) of the WHO FCTC (13)*. The Parties also decided to improve the reporting system of the WHO FCTC, including by synergizing the reports provided by Parties to the WHO FCTC on progress in the implementation of the Convention with the inputs on tobacco control policy and implementation provided by WHO Member States as part of the preparation of the biannual WHO reports on the global tobacco epidemic *(14)*.

At MOP3, the Parties decided to improve the reporting system of the Protocol and to maintain the operation and use of the global information-sharing focal point *(15, 16)*. The Parties also decided to adopt a road map for conducting evidence-based research on the extent of illicit trade in tobacco products linked to duty-free sales and on key inputs essential to tobacco product manufacturing that can be controlled *(17)*.

WHO FCTC and Protocol Progress reports

In line with the *Global Strategy to Accelerate Tobacco Control* (Global Strategy), which the COP has authorized to run until 2030, as well as Article 21 of the WHO FCTC and Article 32 of the Protocol, the Convention Secretariat produces a biennial progress report on implementation for each treaty that provides an overview of the status of the implementation of the Convention and the Protocol.

The latest *Global Progress Report on Implementation of the WHO FCTC* was released in November 2023 and shows that while progress has been made on almost all Articles, the level and pace of implementation still falls short of what is called for in the Global Strategy *(9)*. Article 11 continues to be the most comprehensively implemented article followed by Article 5 *(9)*. Article 13 remains the least implemented of the WHO FCTC articles identified as priorities in the Global Strategy *(9)*. Across Parties, the main implementation barriers identified were tobacco industry interference and insufficient financial and human resources *(9)*.

The 2023 *Global Progress Report on Implementation of the Protocol to Eliminate Illicit Trade in Tobacco Products* provides the second ever overview of progress made by Parties and, therefore, the first in which implementation trends can be discerned *(18)*. Strong progress was reported on prosecutions and sanctions, security and preventative measures, and liability *(18)*. Over half of the Parties reported progress in the establishment of tracking and tracing measures, an increase from the 2021 report *(18)*. At the same time, relatively low levels of implementation were reported on information sharing and assistance and cooperation, but results still indicated an improvement over the previous reported levels in 2021, with reported rates of implementation for each measure doubling *(18)*. The main barriers for implementation of the Protocol as reported by Parties were resource constraints, technical and capacity limitations, and a lack of comprehensive legislation, strategies and domestic cooperation *(18)*.

Highlights for COP11 and MOP4

The Parties to the two treaties will meet again in 2025 to guide and maintain momentum on implementing the WHO FCTC and the Protocol. The upcoming COP11 will take place in Geneva in November 2025 under the theme “Healthy planet, healthy future: uniting for tobacco-free generations”, which reflects the extent to which success in tobacco control hinges on strengthening a focus on youth engagement for preventing initiation and environmental protection for progress on the full scope of the tobacco challenge. COP11 will also centre on a strategic dialogue and the 20-year anniversary of the WHO FCTC’s entry into force with a reflection on progress, an emphasis on maintaining momentum and discussion of challenges and opportunities. The theme for MOP4 is “Justice and prosecution: strengthening action to eliminate illicit trade in tobacco products”, which emphasizes the importance of enforcement and enforcement provisions for making the other mechanisms of the Protocol meaningful and effective.

Areas of focus at COP11 include further decisions on liability and forward-looking tobacco control measures as the Expert Groups on each topic established at COP10 report back. These decisions will inform and shape efforts to accelerate the WHO FCTC’s implementation, hold the tobacco industry to account and meet the

challenge of the tobacco industry's evolving strategies and tactics. In line with the theme and extending the discussion in COP10, the protection of the environment and the health of persons will also feature. Finally, tobacco product regulation and disclosure is set to be highlighted with an agenda item on Articles 9 and 10. These under-implemented measures will benefit from a focused discussion at COP11. The main areas of focus anticipated for MOP4 include follow-up from MOP3 on the topics of evidence-based research and global information-sharing focal point, as well as the strategy for mechanisms of assistance and mobilization of financial resources to support implementation.

WHO FCTC and measures to warn about the dangers of tobacco

Overview of Articles 11 and 12

The focus of this report, warning about the dangers of tobacco, aligns with Articles 11 and 12 of the WHO FCTC. Article 11 requires Parties to ensure the packaging and labelling of tobacco products contain health warnings and do not carry misleading information. Article 12 obliges Parties to promote and strengthen awareness on health risks of tobacco consumption and exposure, the adverse environmental and economic consequences of tobacco consumption and production, the benefits of not using tobacco and tobacco use cessation, and the tactics of the tobacco industry. These Articles are brought together under "W" in the MPOWER technical package because they each seek to strengthen awareness of the dangers of tobacco and counter tobacco industry misinformation. COP decisions to date aim to provide guidance and support for Parties in implementing Articles 11 and 12 and achieving their objectives.

As noted above, in the 2023 Global progress report on implementation of the WHO FCTC, Article 11 was found to be highly implemented, while a positive trend was observed for the implementation of Article 12 with high, increasing and sustained levels of reported implementation. For Article 11, the least well-implemented components of the Article were reported to be warnings that take up more than 50% of the principal display areas of packaging and the use of pictorial warnings, although both aspects saw progress when compared with 2021. At the same time, since both Articles fall within the mandate of Ministries of Health and are often susceptible to implementation by decree or other executive decision, these Articles should be implemented comprehensively and to a high level by all Parties. Sustained effort and renewal of these measures are needed to ensure the continued effectiveness of warnings over time and to suit changes in target populations.

Retrospective of COP decisions pertaining to "W"

The Guidelines for implementation of Article 11 and the Guidelines for implementation of Article 12 together provide a comprehensive evidence-based framework for the design and implementation of measures to warn about the dangers of tobacco while countering tobacco industry misinformation. The Guidelines for Articles 11 and 12 were adopted by the Parties to the WHO FCTC in, respectively, 2010 at COP3 and 2012 at COP4 *(19, 20)*. The Guidelines for Article 11 include details on the design, location, size, rotation and contextual reinforcers for warnings on packaging, including the need to prevent packaging and labelling that is misleading and the advantages of plain packaging for this purpose and reinforcing warnings *(19)*. The Guidelines for Article 12 are rooted in research-based evidence and best practices and experience gained by Parties, and detail the way to reach diverse populations, the channels through which they can be reached and the need to include a focus on tobacco industry tactics within warnings *(20)*. Together they guide the way forward for warning people about the dangers of tobacco – going beyond the simple conveyance of information to dismantle tobacco industry misinformation, denormalize tobacco use and highlight the broader costs of tobacco to people and planet.

Overview of related articles

Articles 11 and 12 are underpinned by the Article 4 principle that every person be informed of the health consequences, addictive nature and mortal threat posed by tobacco consumption and exposure. In their emphasis on information, these Articles also connect with Article 10 on tobacco product disclosures. Importantly, the warnings and information that Articles 11 and 12 require do not undermine the tobacco industry's liability under Article 19, which encourages Parties to pursue civil and criminal accountability for the harm it causes, including compensation, amid its ongoing efforts to undermine implementation of the WHO FCTC and target populations through various other means. In terms of countering industry misinformation and highlighting tobacco industry tactics, these two Articles also dovetail with Article 5.3 on tobacco industry interference and Article 13 on ending tobacco advertising, promotion and sponsorship – as well as the Guidelines for implementation for each of these Articles. Strong connections also exist between Articles 11 and 12 and Article 14 on tobacco cessation – which is underpinned by information and awareness of the facts on tobacco. Public awareness of tobacco's dangers and of the purposes of public health measures addressing these dangers has also been shown to act as a multiplier for the impact of other stand-alone interventions, including maximizing the behavioural shift induced by tobacco taxation-related price increases (Article 6) and strengthening compliance with and acceptability of restrictions on tobacco exposure (Article 8) *(21)*. Finally, a globally comprehensive and accelerated implementation of Articles 11 and 12 depends on cooperation under Articles 20 and 22, particularly in sharing research and transferring technical, scientific and legal expertise and technology. This cooperation is particularly important for smaller countries, where the cost of developing effective warnings is relatively high, and which therefore could benefit from building on, learning from and adapting health warnings and mass media campaigns developed elsewhere.

Geneva's iconic Jet d'Eau turns red for the night – illuminating the lakeside skyline in honour of the WHO FCTC's 20-year milestone.

Decisions and reports relating to Heated Tobacco Products (HTPs)

HTPs are tobacco products that produce aerosols containing nicotine and other chemicals by heating tobacco units *(22)*. In 2018, the COP at its Eighth session recognized that HTPs are tobacco products and are therefore subject to the provisions of the WHO FCTC *(23)*. Since their emergence, HTPs have been marketed by the tobacco industry with health and cessation claims that are not supported by independent, robust evidence *(24)*. One main claim the tobacco industry makes is that HTPs do not combust tobacco or produce smoke and that this makes them "reduced-risk" products *(23)*. At COP8, the Parties recognized that these claims and the properties of HTPs "may pose regulatory challenges regarding their definition and classification […] and that these may pose challenges for the comprehensive application of the WHO FCTC" *(23)*. In the Decision, Parties noted the particular challenge for preventing health claims and other misleading marketing with respect to these products and requested that all Parties prioritize specific measures, including preventing health claims being made and regulating or restricting the presentation of these products taking into account a high level of protection for human health *(23)*.

In response to the issues around classifying the emissions of HTPs, the Convention Secretariat and WHO were requested to examine and report back at COP9 on the claims of reduced harm, their perception and use, attractiveness and related challenges for the application of the WHO FCTC *(23)*. The resulting report addressed challenges in implementing Article 11 with respect to cooperating on developing and sharing health warnings that can address the specificities of these products and adapting and applying regulations and laws on health warnings and plain or standardized packaging to the devices themselves, which can be sold separately from the tobacco inserts *(24)*. This report also made clear that any smoke emitted by HTPs is unambiguously "tobacco smoke" *(24)*. This clarification has important implications for HTPs as it clarifies the need to classify, regulate and require warnings for them to the same standard as other tobacco products, including smoked tobacco products *(24)*.

Decisions and reports relating to ENDS and electronic non-nicotine delivery systems (ENNDS)

ENDS and ENNDS do not necessarily contain tobacco, and instead heat a solution to create an aerosol that users inhale – a solution composed of numerous compounds, which include nicotine in the case of ENDS, or may not contain nicotine in the case of ENNDS *(25)*. Their emissions do include toxicants and exposure to them poses risks to non-users *(26, 27)*. At its Sixth session, the COP outlined the key objectives to be pursued in addressing ENDS/ENNDS: preventing initiation by nonsmokers and youth; preventing unproven health claims being made about ENDS/ENNDS; minimizing harms to users and protecting non-users from exposures to emissions, and protecting tobacco control in relation to ENDS/ENNDS from commercial

influence and interreference *(25)*. At the Seventh session of the COP, Parties were also invited to apply regulatory measures to prohibit or restrict the manufacture, import, distribution, presentation, sale and use of ENDS/ENNDS, as appropriate *(25, 27)*. Parties that have not totally banned those products were invited to follow a non-exhaustive list of regulatory options for pursuing the objectives set out in the COP6 Decision (provided in a report prepared by WHO) that were endorsed for consideration by the Parties *(25–27)*. The recommendation was that the Parties apply certain regulatory measures found in the provisions of the WHO FCTC to ENDS/ENNDS, including regulating their labelling, prohibiting unproven health claims and requiring health warnings about their risks and the addictive nature of nicotine, in line with Article 11 *(26, 27)*.

The power of Articles 11 and 12 for warning about the dangers of tobacco

Articles 11 and 12 of the WHO FCTC are a critical element of global tobacco control efforts, corresponding to "MPOWER measure W" – warning about the dangers of tobacco – the focus of the *WHO report on the global tobacco epidemic, 2025*. By raising awareness of tobacco's harms and countering tobacco industry misinformation, these Articles are a vital underpinning to and enabler of all other tobacco control measures. To be fully effective, these warnings must be mandated and enforced across all tobacco products and designed to reach and be salient to all populations, particularly young people and those in vulnerable groups, and be implemented as part of a comprehensive package alongside other complementary measures (such as Article 13 in the WHO FCTC that correspond to the "E" MPOWER measure – enforcing bans on tobacco advertising, promotion and sponsorship). In designing and implementing measures to warn people about the dangers of tobacco, the WHO FCTC and related COP decisions and guidelines provide a crucial resource and support.

The third WHO report on the global tobacco epidemic, in 2011, also focused on "W", reflecting the importance of the measure for saving and improving lives as well as how feasible and acceptable it is for implementation. However, despite this prominence under both MPOWER and the COP's own agenda, various challenges have emerged in implementing Articles 11 and 12, including lack of political will and resources to move to plain packaging and adopt large pictorial health warnings and to sustain both packaging and mass media warnings with rotating and periodically refreshed images and through new and carefully designed campaigns.

Twenty years after the WHO FCTC's entry into force, the "W" measures under Articles 11 and 12 should be protecting all people in all countries. The remaining adoption and implementation gaps are unacceptable and can be overcome. The barriers to progress are relatively surmountable: these measures have been identified as highly cost–effective noncommunicable disease best buys and fall within the existing mandates of most Ministries of Health, making them among the most readily implementable WHO FCTC articles. With urgent action that builds on research and implementation experience, we can ensure all people are protected by high-quality tobacco warnings far earlier than in 20 more years – but only if we act decisively now.

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2. Warning about the dangers of tobacco

Tobacco packaging is a powerful form of marketing and advertising, used to promote a deadly product. Packaging is a key way for tobacco companies to attract and retain customers. To counter this, governments use warning labels on tobacco products and run mass media campaigns to inform the public about the dangers of tobacco use. Warnings on packaging not only provide essential health information but also disrupt branding, reducing the overall appeal of tobacco products. The aim of the measure "warn about the dangers of tobacco" is to raise awareness and understanding about the harms of tobacco use such that people will change their behaviour to protect their health and that of others (Box 1). Although awareness about the harms caused by tobacco is increasing, many gaps remain in people's knowledge globally, and misinformation, particularly surrounding novel tobacco and nicotine products, needs to be countered through effective warnings. Warnings and communications should help people act in health-promoting ways and ultimately prevent the uptake of tobacco use as well as motivate tobacco users to quit.

Box 1. Warning about the dangers of tobacco – the story so far

In 2011, WHO published the *WHO report on the global tobacco epidemic: warning about the dangers of tobacco*. Each biennial report published since then has either focused on a different MPOWER measure or has addressed the issue of new and emerging tobacco and nicotine products. Now, in 2025, this report revisits the theme of warnings: health warnings on tobacco packaging and anti-tobacco mass media campaigns.

First introduced as text warnings in the 1960s, health warnings on packaging have evolved based on extensive evidence. Today, more than half of countries fulfill best-practice criteria for graphic health warnings (also known as pictorial health warnings) and 25 have adopted standardized packaging. The fastest progress towards the MPOWER measures has been the adoption of health warnings on tobacco packaging in over half of the world's countries.

Anti-tobacco mass media campaigns, on the other hand, have not experienced linear progress. Instead, countries have fluctuated in their implementation of campaigns, with the number of countries using best-practice criteria ranging from 36 to 44 depending on the year.

The first report on warnings in 2011 highlighted the effectiveness of health warnings on tobacco packaging and mass media campaigns, the lack of awareness of the harms caused by tobacco use and the public support for this measure. This report reiterates and builds upon many of these important points, assesses the global progress on the adoption of warning measures, and presents up-to-date evidence and recommendations on the implementation and enforcement of both health warnings and anti-tobacco mass media campaigns.

Everyone has the right to be informed of the addictiveness and health consequences posed by tobacco use and second-hand smoke.

At the heart of tobacco control is the objective to reduce tobacco-related illnesses and deaths, preventing the uptake of tobacco and encouraging quitting. Tobacco use is a leading cause of avoidable illness and premature death in the world, resulting in over 7 million deaths a year *(28)*. Health warnings on tobacco packaging and anti-tobacco mass media campaigns make up the two parts of the MPOWER measure *Warning about the dangers of tobacco* (the W in MPOWER).

Warnings serve multiple purposes. At a minimum, they inform people about the risks associated with using tobacco products, both to the health of the tobacco user and to the health of those who are exposed to second-hand (or third-hand) smoke. Messages, whether on packaging or through mass media campaigns, are designed to discourage people from initiating tobacco use, motivate tobacco users to consider quitting and support them when they decide to try quitting *(29)*. While not common, warnings can also highlight the broader consequences of tobacco use, including its environmental and economic impacts, and serve as catalysts for social change, inspiring people to challenge the tobacco industry and support stronger tobacco control policies.

Many people are unaware of the full spectrum of harms caused by tobacco

In some countries, as many as 45% of smokers are not fully aware of the health consequences of tobacco use *(30, 31)*. Warnings uphold the basic right of consumers to know what they are consuming and the potential effects on themselves and others *(32)*. The numerous dangers and burdens associated with tobacco are well-established, but people's knowledge and perception of the full range of risks are still limited in many contexts *(30, 31)*. For example, many people remain unaware that smoking causes stroke and heart disease, and many more do not realize that nonsmokers can get deadly diseases, such as lung cancer or cardiovascular disease, from exposure to second-hand smoke *(33–35)*.

It is crucial that people understand the risks because people who are aware of these risks are more likely to have intentions to quit or try quitting *(36)*.

People may also not fully understand the risk and implications of addiction to tobacco and nicotine. Youth, in particular, underestimate how quickly nicotine dependence can develop and may also overestimate their ability to easily quit *(37, 38)*. While most smokers now recognize the addictive nature of cigarettes, the common misconception that products such as waterpipes and smokeless tobacco are less harmful and non-addictive remains *(39–41)*.

While health warnings and mass media campaigns have made information about the dangers of tobacco more accessible, misinformation remains a notable challenge. When products are marketed as safer (such as in the case of low tar/light cigarettes and HTPs) *(42, 43)*, public risk perception can be distorted. Inconsistent messaging – for example, strong warnings on cigarettes but none on smokeless tobacco – can wrongly suggest that some products are harmless *(44)*. The obligations regarding warnings in Article 11 of the WHO FCTC apply to all tobacco products.


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Health warning labels on packaging

Tobacco product packaging is one of the ways that the tobacco industry markets tobacco products and makes tobacco appealing. Applying health warnings on tobacco packaging can disrupt the marketing value of this space and fill it instead with public health messaging. The larger the warning, the more it disrupts the branding and the more noticeable the warning will be *(45)*. Messages on these packs can generate wide exposure to messages about tobacco's harms and reinforce cessation messages – particularly amongst tobacco users, who will see them every time they reach for the package – and at little to no cost to the government *(46)*.

A smoker who smokes a package of 20 cigarettes per day could potentially view their cigarette packs an estimated 7300 times per year *(45)*; nonsmokers also see the warning, helping to denormalize the products.

Strong health warnings cover at least 50%, and up to 100%, of the main display areas of the package

Textual warnings were introduced over half a century ago. Since then, warnings have expanded globally and formats have evolved, from textual to illustrations to hard-hitting photographic images, typically of pathologies caused by tobacco use (Fig. 5) *(47)*. Since 2005, the WHO FCTC has obliged Parties to implement effective measures to ensure that tobacco packages carry health warnings describing the harmful effects of tobacco use. Since 2008, the Guidelines for implementation of Article 11 have provided detailed guidance on the dimensions, content and appearance of warnings, among other contributions.

The larger the health warnings, the more noticeable they are and the more they can disrupt the branding on the package. Backed by evidence, countries have sought to increase the effectiveness of graphic health warnings by increasing the size of their warning sizes. Nepal, for example, has recently decided to cover 100% of the main display areas of the package with graphic health warnings, a policy that will be implemented in 2026.

Large graphic health warnings provide powerful visual information about health risks of tobacco that can be understood by everyone.

Fig. 5. Artwork illustrative of actual cigarette packaging to demonstrate the move from no health warnings to large graphic health warnings and plain packaging. Any resemblance to actual product packaging is coincidental.

Several characteristics are needed to make warnings as impactful as possible

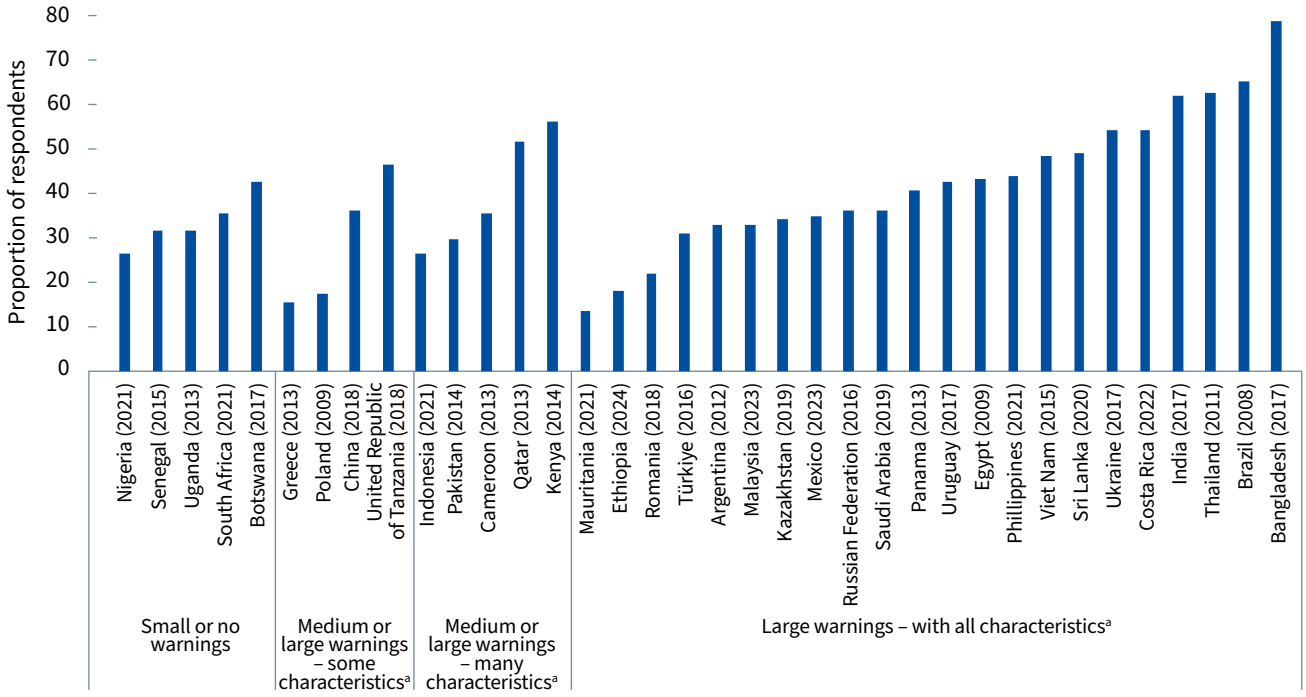
Extensive research has demonstrated the powerful impact health warnings on tobacco packaging have had on public health. Studies have shown that people exposed to graphic health warnings demonstrate improved knowledge about the harms of tobacco *(31, 48–51)*, significantly increasing the number of smokers who attempt to quit and successfully quit *(52–55)*, as well as the volume of calls made to quit lines *(56)*.

The WHO FCTC Guidelines for Article 11 recognize that "well-designed health warnings and messages on tobacco product packages have been shown to be a cost–effective means to increase public awareness of the health effects of tobacco use and to be effective in reducing tobacco consumption." *(19, 57, 58)* One recent systematic review found that health warnings were one of the most impactful measures on smoking cessation *(54)*.

The key characteristics that impact the effectiveness of warnings can be found in Table 2. Global Adult Tobacco Survey (GATS) *(59)* data is shown in the graph below disaggregated by the size and number of characteristics adopted for health warnings. While it is not clear from this data how well the warnings were implemented or for how long, the graph suggests that more respondents in countries that mandated for large graphic warnings and the full set of best-practice criteria noticed them and considered quitting as a result (Fig.6).

The effectiveness of warnings is significantly enhanced when they are large, include pictorial depictions and are prominently displayed, as they capture attention and accurately convey the dangers associated with tobacco use.

Fig. 6. GATS data showing the proportion of people who noticed health warnings in the last 30 days and considered quitting after seeing them (2009–2023)



[a] See Technical Note I for details of characteristics

Table 2. Elements that are important to the effectiveness of warnings

Health warning elements	Evidence on effectiveness and guidance
Graphic warnings	Graphic health warnings are more effective than text-only warnings in raising awareness of health risks, triggering negative emotions towards tobacco use and encouraging quit attempts. They reduce the attractiveness of the branded packaging *(60–63)*. By using images, graphic warnings can convey the message without the need for text, making them accessible to illiterate populations, children and those who don't speak the local language.
Size of the warning	The WHO FCTC recommends health warnings cover 50% of the principal display area or more, with a minimum of 30% coverage. Many countries, however, opt for larger warnings. Larger warnings are more noticeable and effective at disrupting branding. Research shows that the larger the warning, the greater its impact. Countries should aim for the largest warnings possible, as advised by the Article 11 Guidelines. As of December 2024, Timor-Leste and Türkiye have the largest warnings, covering 92.5% of the main display areas of the package, while Nepal is set to implement 100% coverage.
Rotation of warnings	Two types of rotation should be implemented for health warnings: displaying multiple warnings at once and periodically changing the set of warnings. Tobacco has many health effects, requiring a variety of messages. Additionally, people can become desensitized to warnings over time (message fatigue); therefore, regular updates are necessary to maintain their impact. Countries use up to 16 different messages concurrently, allowing for targeted content aimed at specific populations, such as women, parents or youth, to encourage quitting.
Placement of the warning on the package	The placement of graphic health warnings is crucial for visibility and impact *(61)*. Beyond conveying health messages, warnings aim to disrupt brand marketing. To achieve this, they should be placed on both the front and back of packages, as well as at the top of the pack. Doing so ensures they are not hidden by displays at points of sale and are seen first, maximizing their effectiveness and salience *(19, 64)*.
Appropriateness of language(s) for the country	Warnings should appear in the country's main language or languages. Where more than one one language is spoken, health messages should be required in all appropriate languages, or a combination of different languages can be used in different regions.
Content of the message	Perceptions of risk influence behaviour *(65)* and different messages resonate with different people. Health warnings should cover a range of topics and be tested for impact across demographics. Some may respond more to the direct health risks of tobacco, while others may be motivated by financial or second-hand smoke messages. Additional areas to explore include quitting advice, the environmental impact of tobacco and industry tactics. This is also an important aspect of mass media campaign design and will be discussed in more detail below.
Emotional impact of the message	Message framing plays an important role in how information is received. Research shows that emotionally engaging messages – whether highlighting the risks of tobacco use (loss frame) or the benefits of quitting (gain frame) – are effective, depending on the context and audience. This aspect of campaign development will be explored further below.
Combining interventions for a comprehensive approach	Health warnings are part of a comprehensive tobacco control strategy and the effectiveness of each intervention is enhanced by the support of others. Warnings that include quit line numbers can increase the number of calls and increase the chances that someone wanting to quit will receive the support they need *(66, 67)*.

The public, including smokers, support health warnings

To effectively adopt and implement tobacco control policies, strong political will is essential, and public support plays a crucial role in shaping political will. When the public backs a policy, they can bolster its implementation through advocacy and by reporting violations. Studies from various countries have shown that pictorial health warnings are widely supported by the public, including smokers themselves *(62, 68–70)*.

Health warnings are low-cost

Health warnings on tobacco packaging are not only effective – they are also low-cost. The costs of graphic health warnings implementation are covered by the tobacco industry *(19)*. Furthermore, health warnings achieve a broad reach and have a long-term impact on the health of tobacco users as well as potential tobacco users, making this measure highly cost–effective (Table 3). As indicated below, in all country income-groups, implementing large graphic health warnings costs less than 100 International dollars to gain the equivalent of one year of healthy life.

Table 3. Best buys identified in the updated Appendix 3 of the WHO Global Action Plan for the Prevention and Control of noncommunicable diseases 2013–2030: graphic health warnings *(58)*

		Low-income country	Middle-income country	High-income country
Implement large graphic health warnings on all tobacco packages, accompanied by plain/standardized packaging	International dollars[a] spent per healthy life year gained	Less than Int$ 100	Less than Int$ 100	Less than Int$ 100

[a]International dollar: an international dollar would buy a comparable amount of goods and service as one United States dollar would buy in the United States.

Large graphic health warnings provide powerful visual information about health risks of tobacco that can be understood by everyone.

© WHO / Mukhsin Abidzhanov

Tobacco packaging is often used for marketing and manipulation

Tobacco companies often mislead consumers through packaging by using emission yields, descriptors, and visual design elements to create a false sense of safety. Numerical values like tar or nicotine levels suggest that some products are less harmful, even though all tobacco use is dangerous. Descriptors such as "light", "mild" or "low tar" reinforce this illusion, despite being scientifically inaccurate *(71–73)*. In addition, appealing colours and sleek designs make tobacco products look less threatening and more attractive, particularly to young people. These tactics are used to downplay health risks and maintain consumer interest, undermining public health efforts and should be banned.

Plain packaging enhances the impact of graphic health warnings

Plain packaging, also known as standardized packaging or generic packaging, is a tobacco control measure to be introduced as part of a comprehensive approach to tobacco control that prohibits the use of brand colours, logos and design elements on tobacco packaging. A standard background colour (such as drab brown) is required for all packages. The measure also requires for standard package dimensions and material, and while the brand name can appear on the package, it should be displayed in a standardized format, non-appealing colour (such as grey or white), location and font style.

The objective of plain packaging is multilayered. It is intended to reduce the attractiveness of tobacco products, restrict the use of packaging as a form of marketing, limit misleading labelling (including statements that insinuate the product is comparatively healthier such as light or low tar) and increase the effectiveness of health warnings by making the graphic health warning more visible or prominent with the absence of competing colours and design elements. Overall, the evidence supports that this measure is effective in achieving these outcomes.

Plain packaging has been shown to reduce the appeal of tobacco products and increases the salience of health warnings across various population groups *(75, 76)*. Evidence suggests that plain packaging directs consumer attention away from branding and towards health warnings, enhancing recall and cognitive processing related to the dangers of smoking *(77, 78)*. Plain packaging is particularly important in targeting younger demographics, who are often more susceptible to tobacco marketing strategies *(60)*. This evidence is now established from observational studies conducted in multiple countries, including Canada, France, New Zealand, Singapore and the United Kingdom, thus reinforcing the power of plain packaging as a tobacco control measure *(79–85)*.

Similar to all tobacco control measures, the aim is to reduce demand for tobacco products by preventing uptake of tobacco and by motivating and supporting the cessation of tobacco. In Australia, the first country to implement plain packaging, studies have shown considerable public health benefits. Plain packaging, combined with larger health warnings, contributed to a significant decline in sales of tobacco products and smoking prevalence *(86–88)*. Similar trends have been observed in the United Kingdom *(89)*. As with pictorial health warnings, the public also strongly supports the implementation of plain packaging on tobacco products *(90)*.

More and more countries, including several middle-income countries, are adopting plain packaging

As of December 2024, a total of 25 countries have required plain packaging, demonstrating its feasibility and importance as part of a comprehensive approach to tobacco control. Plain packaging is not limited to high-income countries; as middle-income countries have been adopting the measure, with Thailand being the first to do so in 2019.

Plain packaging momentum is growing despite the tobacco industry's resistance

While the tobacco industry has continued to challenge and resist plain packaging *(91)*, countries have consistently defended these policies. The World Trade Organization's landmark ruling in 2020, upholding Australia's plain packaging laws, has further strengthened the legal foundation for countries considering this measure. This Decision underscores that plain packaging is an effective public health measure consistent with international trade and intellectual property agreements. More details about the tobacco industry's strategy to prevent and counteract plain packaging can be found in the Tobacco Industry Interference chapter.

Plain packaging, although not assessed as part of the criteria for W, when implemented alongside other tobacco control measures, it can accelerate progress towards reducing tobacco use and its associated health, economic and social costs. As more countries adopt this measure, it is crucial to monitor its impact, share best practices and adapt strategies to counter evolving tobacco industry tactics. The growing body of evidence supporting plain packaging reinforces its role as a powerful tool in the global fight against the tobacco epidemic *(79)*.

Graphic health warnings have made the fastest progress of the MPOWER measures but there is still a long way to go

A total of 110 countries have adopted the best-practice criteria that have been set out in this report (see Technical Note I) and a total of 19 countries are only one criterion or characteristic away from this achievement. Nonetheless, 3 billion people are not effectively receiving crucial messages about the harms they are exposed to.

The future holds more innovation for health warnings on packaging and products

The best-practice criteria are achievable as demonstrated by 56% of countries to date. Importantly, even for those countries that have achieved best-practice, more can still be done. For example, increasing the size of the graphic health warning beyond 50% has been shown to lead to a significant increase in the proportion of people who considered quitting *(92, 93)*.

Another area of innovation is the use of package inserts and/or interior messages. Canada was the first country to require health messages inside the package in addition to the package exterior. These messages were text-only at first, but in 2012 a second round was developed that included colour pictures. Tobacco companies have often used inserts to promote their products. Using inserts for public health purposes means that more health information can be shared, and more detailed cessation support can be provided. Australia, Belgium and the United Kingdom are following Canada's footsteps. More recently, Canada has pioneered the use of health warnings on individual cigarettes (Box 2).

“Plain packaging would curb the industry’s use of the package as a promotional vehicle.”

[Cigarette package health warnings: international status report]*(74)*


© WHO / Mikhail Grigorev

Box 2. Warnings on individual cigarettes are a new and innovative approach

In addition to having adopted graphic health warnings and plain packaging, Canada has started applying health warnings on individual cigarettes – a relatively new policy that came into effect on 30 April 2024. Like packaging, individual cigarette sticks are marketing real estate – one study set in 14 low- and middle-income countries found that 97% of cigarettes sampled had explicit branding on the individual sticks *(94)*. While Canada had previously banned branding on cigarettes when plain packaging was implemented, this new intervention places warnings on individual cigarettes, little cigars with tipping paper and tubes (for example, filtered tubes into which tobacco is inserted) and includes messages such as "Poison in every puff", "Cigarettes cause cancer" and "Tobacco smoke harms children". Six warnings in total appear concurrently. While the policy is new and assessing the impact on tobacco use will require time, studies have demonstrated that perceived effectiveness of these warnings is high *(95, 96)*. Warnings on individual cigarettes are particularly relevant where cigarettes are sold as single sticks, whereby consumers are not exposed to warnings on the packaging itself.

Tobacco packaging and tipping paper with warnings on individual cigarettes; quit line numbers also appear on the package, Canada.

An increasing number of online tools are available to increase reach and motivate quitting attempts

In some instances, tobacco companies have used QR codes on packaging as a marketing tool *(97)*. Similarly, QR codes or augmented reality features could be leveraged to provide cessation information as done in India and other countries, facilitate access to quit line services or nicotine replacement therapies, or direct individuals to campaigns and personal stories that encourage quitting. Costa Rica and Ecuador have required QR codes as part of health warning requirements *(74, 98)*.

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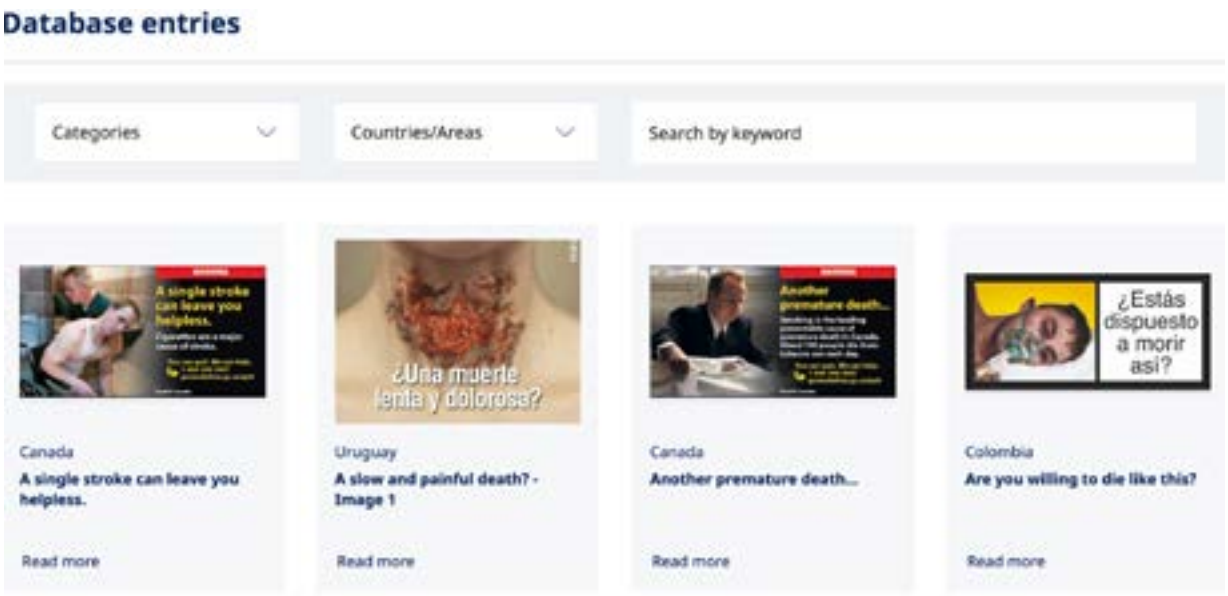
Box 3. WHO hosts a health warnings database

The WHO Pictorial Health Warnings database serves as a global resource to support countries in implementing effective tobacco control measures. It provides access to a repository of pictorial health warnings that can be used or adapted by countries to meet the requirements of Article 11 of the WHO FCTC. The database facilitates the exchange of warnings between countries, with requests for usage coordinated by the WHO FCTC Secretariat, enabling Parties to share proven tools for raising awareness about the dangers of tobacco use and strengthening public health efforts worldwide.

Pictorial health warnings on tobacco products database. Geneva: World Health Organization.

AFRICAN Graphic Health warnings database. Brazzaville: WHO Regional Office for Africa; 2022.

Regional health warning database. Cairo: WHO Regional Office for the Eastern Mediterranean.



Source: WHO pictorial health warnings website
The repository provides a search function to help identify specific messages.


© WHO /Petra Hongell

Message testing health warnings will help ensure impact

Using message testing in the development of graphic health warnings is important. Protocols and guidance exist to ensure that findings provide robust evidence for implementation *(99, 100)*. This guidance helps to identify the appropriate target audience, recruiting and conducting a focus group and analysing the results.

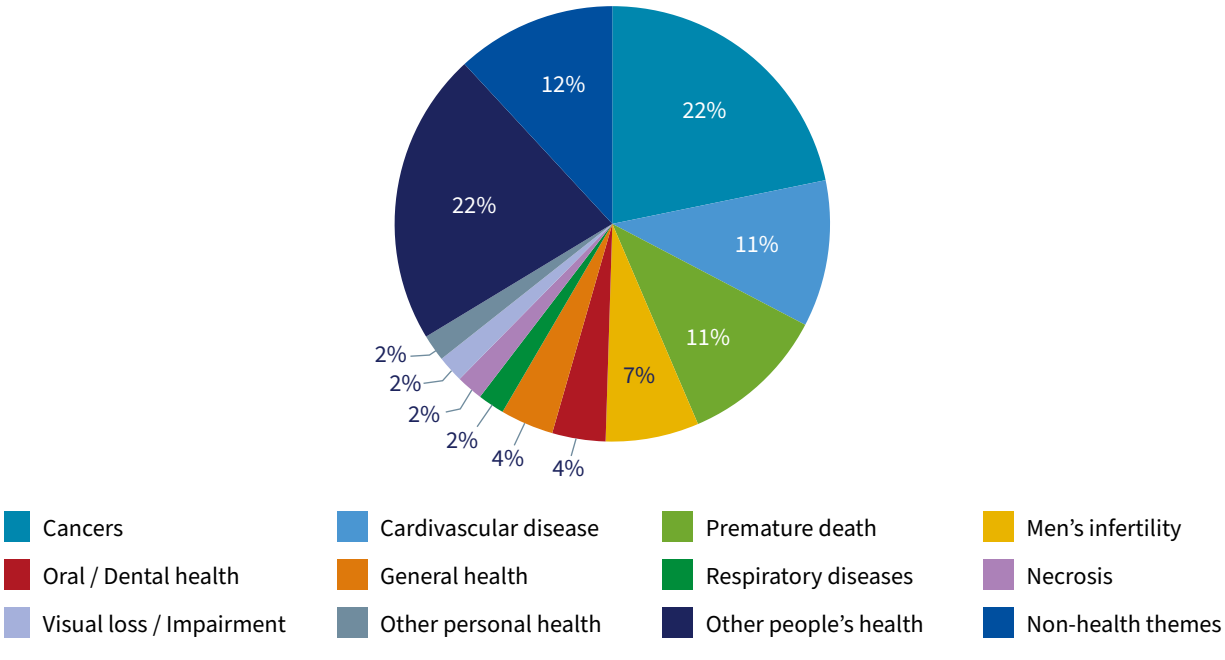
Along with the health consequences of using tobacco products, messages can also inform people about the social, economic and environmental impact of tobacco use and the messages can be framed differently (see Boxes 3 and 4). For example, evidence points to the effectiveness of messages that use both loss frame (focused on the cost of using tobacco) and gain frame (focused on the benefits gained from quitting) *(101)*, but their impact may also vary depending on the different audiences *(102)*.

Box 4. Contents and gaps of the WHO health warning repositories

The diagram below presents a thematic analysis of 574 health warning captions that communicate the negative impact of tobacco use. The majority (67%) of these warnings focus on personal health consequences. Within these, cancer is the most prominently featured disease (22%), followed by cardiovascular issues (11%), premature death (11%), and men's infertility, particularly impotence (7%). Other personal health impacts include oral and dental health (4%) and respiratory conditions and necrosis, which each account for 2–3% of the total. A smaller share of warnings (1% or less) address conditions such as mental health disorders, autoimmune diseases, diabetes and organ damage (such as brain, lungs and bones). Only one warning addressing women's infertility was found.

In addition to personal impact, a significant portion of the captions (22%) focus on the health of others, mostly children and unborn babies, and the harms of second-hand smoke to family members and the wider community. Beyond direct health effects, 12% of the warnings fall under other issues. These often address nicotine addiction and dependence, but also include concerns such as premature ageing, perceived unattractiveness and financial insecurity. Overall, approximately two thirds of the warnings emphasize serious, often life-threatening personal health outcomes, especially cancer, with the remainder examining the broader social, psychological and economic impacts of tobacco use. Countries can consider a wide range of themes for developing and adopting health warnings for their specific context and target audience.

Health warnings available in the WHO online repositories by theme



Graphic health warnings are highly effective at helping people quit smoking, and including quit line numbers or access to cessation services on the packaging improves their chances of success.

Noncompliance varies by country, tobacco type, company and neighbourhood

Studies conducted in various countries have shown that when graphic health warnings are mandated by law, they are generally included on packaging. However, these warnings are often found to be noncompliant or lacking essential features such as appropriate size, colour, border, font style and font size *(103–105)*. Other common compliance issues include incomplete labels, failure to rotate warnings, distorted printing (such as blurry or faded images) and labels that are split or improperly displayed.

Another concern is when warnings on packaging are obstructed by objects such as price or promotional stickers and sleeves. For example, in many countries tax stamps are used to help reduce tax noncompliance and to control illicit trade. Typically, the tobacco manufacturer is responsible for placing the stamp on the package. A study conducted by The Tobacco Pack Surveillance System found that in four of the five countries studied, almost 65% of health warnings were obstructed with the tax stamp *(106)*. Legislation can specify where on the pack the stamp should be located (such as on a lateral side) and ensure that covering the warning is prohibited.

Rotating health warnings to avoid message fatigue should be planned for

One area that can pose some challenges for countries is the implementation of rotation *(107)*. A study conducted across The WHO Region of the Americas noted that many countries need to adopt new legislation or regulations in order to introduce iterations of warnings. This leads to delays in adopting legal measures, outdated warning labels remaining on the market and message fatigue. To address this issue, legislation can delegate power to health agencies to rotate and replace warnings and should put in place timelines that account for the preparation and manufacture of new warnings while also addressing the need to move the stock of old packages off the shelves (see Table 4 for guidance on the implementation of warnings).

Smokeless tobacco products are particularly vulnerable to noncompliant warnings

Smokeless tobacco refers to a diverse group of products including chewing tobacco, areca nut, snus and snuff. Smokeless tobacco is responsible for up to half a million deaths every year *(108)*, most of which occur in Southeast Asia. These products often come in smaller, irregular packaging or lack packaging altogether and are often manufactured by small local producers. They are also often found illegally produced and sold. These factors make it difficult to effectively enforce packaging regulations even where strong laws exist *(109)*, but countries and public health agencies must work to develop standard packaging that allows for the adequate presentation of health warnings (Fig. 7).

Fig. 7. Examples of noncompliant graphic health warnings on smokeless tobacco packaging, India *(110)*

Warnings on waterpipes, smokeless tobacco and other irregular packaging needs to be addressed

While manufactured cigarette packaging has seen significant advancements in health warning regulations, other forms of tobacco, such as bidis or waterpipe tobacco, very often still lack adequate warning labels. This gap underscores the need for comprehensive tobacco control that encompass all tobacco products *(111)*. Studies examining the use of warnings on waterpipe devices have shown that they can be effective at increasing the perceived harm *(112)*. Work continues to refine the messaging on these devices and to assess the best positioning on devices (such as on waterpipes) where they will be most visible and impactful *(113)*.

Box 5. Health warnings on irregular packaging

Placing large and legible graphic health warnings on nonstandard packaging, such as on bidis, is challenging. Studies have found significant noncompliance on bidi packaging in Bangladesh and India. One solution is to standardize the packaging so that legible graphic health warnings can fit and be seen. Recent research into perspectives on this solution suggests that it increases the noticeability of the warnings *(114)*.

Example of a hard-to-see warning on existing bidi packaging:

Proposed standardized packaging:

© WHO/Enric Catala

Table 4. Implementing graphic health warnings *(19)*

Aspects of implementation	Considerations
Legal measures	■ Ensure legislation clearly defines the responsibility for and the specifications and enforcement of health warnings. ■ The national health authority should oversee administration or provide input and be empowered to update warning content without requiring legislative changes. ■ Ensure that the tobacco industry is responsible for both the costs and liability associated with implementing health warnings. ■ Provide clear instructions on the timeline of rotation and identify the responsible body.
Enforcement measures	■ Establish an infrastructure with sufficient funding that empowers inspectors to act swiftly, including seizing and forfeiting noncompliant products. ■ Require retailers to comply with health warnings and labelling requirements, alongside manufacturers and importers. ■ Ensure all stakeholders are informed of new labelling measures and use inspectors for spot checks at import, export and retail sites. ■ Empower the public to report violations and file complaints.
Monitoring and evaluation	■ Monitoring and evaluating the effects of tobacco control measures are critical to assess their impact, identify where improvements are needed and add to the body of best-practice evidence. This aspect includes the testing of health warnings for acceptability and effectiveness in the context of the specific population. ■ Publish results of monitoring and evaluation efforts so that action will be encouraged and lessons can be learned from experience.
International cooperation	■ International cooperation may assist implementation of packaging and labelling provisions. ■ Countries can share licenses of effective pictorial health warnings to save time and costs.

Health warnings should be applied to new and emerging nicotine and tobacco products

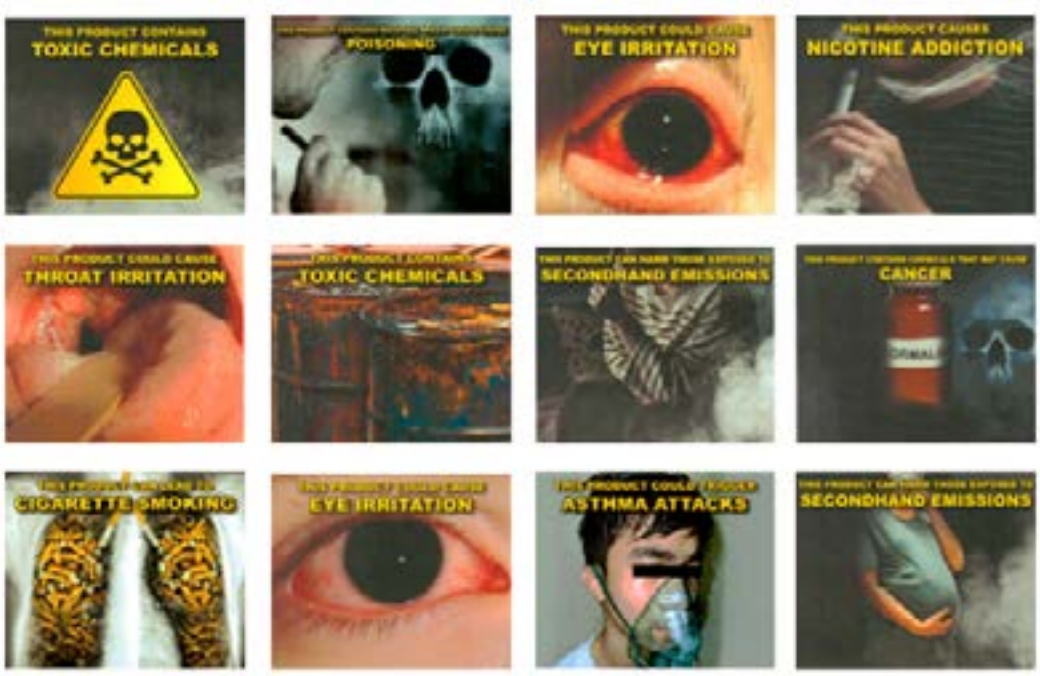
New and emerging nicotine and tobacco products are increasingly prevalent on global markets. These products include for example, ENDS and ENNDS, commonly known as e-cigarettes, HTPs, as well as nicotine pouches (which are pre-portioned pouches that contain nicotine, flavourings and other ingredients, and used orally). Considerable concern exists about their potential impact on the tobacco epidemic and global health. Young people, in particular, are vulnerable. The tobacco and related industries target youth through marketing and promotion strategies and use of e-cigarettes and nicotine pouches has been increasing in many countries, including amongst youth *(115–117)*. Concerningly, when young people use e-cigarettes, they can have an increased chance of trying tobacco products *(118)*.

E-cigarettes with nicotine are highly addictive and harmful to health *(119–121)*. Therefore, it is essential to inform the user of the risks they take in consuming these products and the potential harms they might be exposing themselves and bystanders to. Graphic health warnings, an effective measure at reducing tobacco use, should therefore also be adopted for these products and the use of misleading content should be prohibited. Evidence suggests that pictorial warnings on e-cigarette advertisements are effective – more effective than text-only messages – in discouraging e-cigarette use among adolescents and young adults *(100, 122, 123)*. Plain packaging is also likely to be effective in reducing the appeal of e-cigarettes *(84)*. Where new and emerging products are sold, countries should apply the same criteria and strategies that are recommended for tobacco health warnings.

Some key aspects to consider:

1. for e-cigarettes, as well as HTPs, ensuring that warnings are applied to the liquids, devices as well as composite products (see example in Fig. 8);
2. ensuring products that claim to be nicotine-free (ENNDS) are covered by the same or similar warnings as on ENDS;
3. applying text and graphic warnings to all product categories and ensuring that there are no exclusions;
4. rotating warnings on all product categories;
5. ensuring warnings are large enough to deter use of all products.

Fig. 8. Examples of warnings on e-cigarettes, Philippines *(124)*



RECOMMENDATIONS FOR GRAPHIC HEALTH WARNINGS

Ensure health warning legislation is clearly articulated and aligned with WHO FCTC Article 11 and its guidelines with the aim to limit misinterpretation. Legislation should specify administrative responsibilities, timelines for implementation and stock clearance and empower health agencies to rotate and introduce new warnings. The enforcing authority must also be clearly identified.

Ensure the inclusion of all categories of tobacco and nicotine products, including smokeless tobacco, new and emerging tobacco and nicotine products and products that are devices used for tobacco use (such as waterpipes, HTPs and e-cigarettes). As well, as far as is possible, laws should provide sufficient opportunity for countries to cover any foreseeable future scenarios.

Monitor the implementation of health warnings and address noncompliance. Establishing a monitoring system will allow countries to measure compliance to assess violations, ensure that rotation is being implemented effectively and assess the reach of the warnings to the public *(125)*. This information can be used to help improve the implementation of warnings and enhance their impact.

Encourage robust research from low- and middle-income countries to better inform the development of messaging and targeting strategies to increase the effectiveness of warnings in different contexts.

Use health warnings to support people who want to quit. Messaging can motivate people to try to quit but by providing quit line numbers or other ways to access support to cessation services, warnings can increase the chances that people will successfully quit.

Strengthen international cooperation by pooling technical resources, sharing effective pictorial warnings and collaborating on research and implementation support to reduce costs and improve compliance.

Anticipate and address tobacco industry interference. Countries can pre-empt and prepare for industry tactics that can often be enacted through third parties. The next chapter details the different ways that the tobacco industry has attempted to slow down or prevent the adoption of legislation and been complicit in the noncompliance of implementation.

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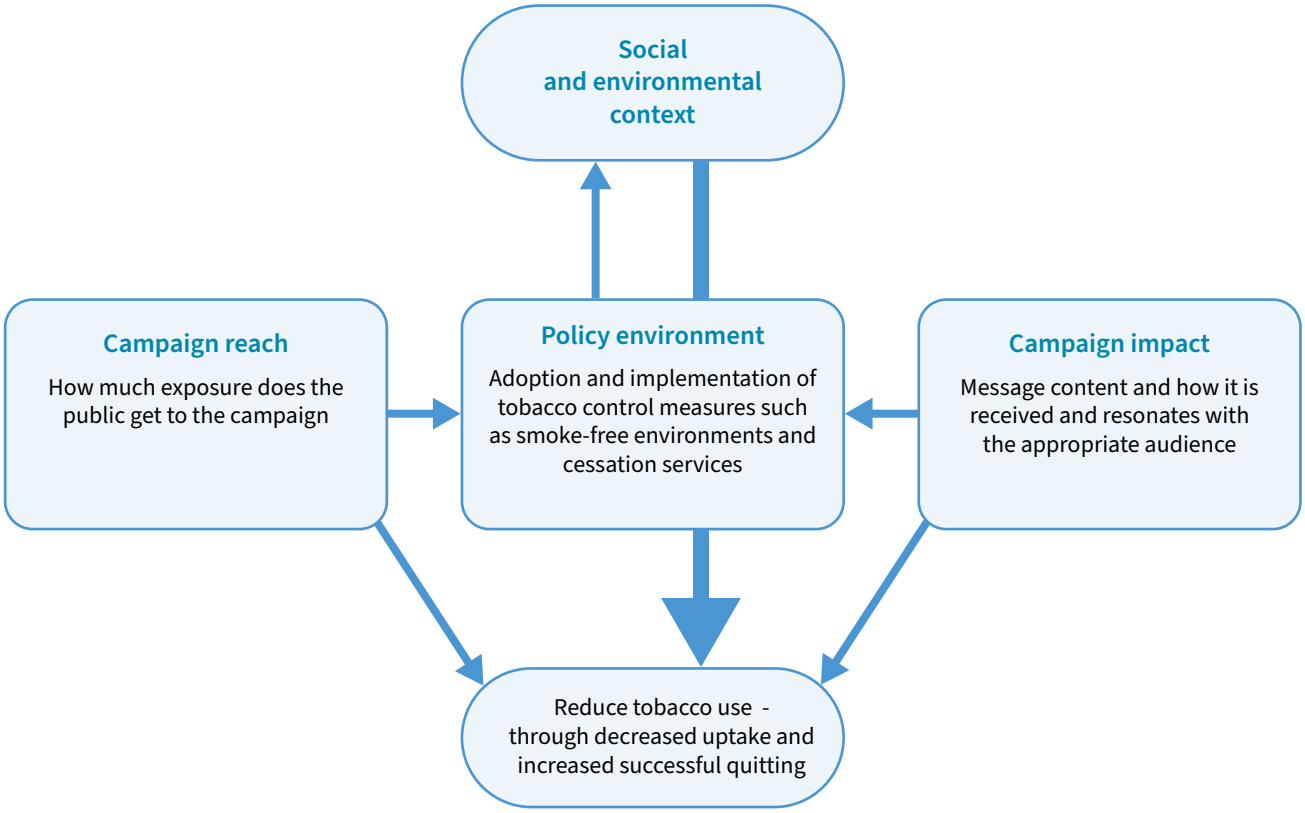
Mass Media Campaigns

Mass media campaigns employ a variety of media channels such as television, radio, billboards and increasingly online channels such as streaming services and social media platforms and aim to influence the public's knowledge, beliefs and/or behaviours related to public health issues. Countering positive and misleading tobacco industry messages about tobacco use by educating people about the real harms is also of vital importance.

Mass media campaigns are a powerful and effective tool for tobacco control

Mass media campaigns should be part of a comprehensive tobacco control programme. Anti-tobacco mass media campaigns have been shown to impact people's knowledge about the dangers of tobacco, increase personal risk perceptions and shift attitudes and social norms *(126)*; they can also be effective in tobacco cessation in adults *(127, 128)* and in changing smoking behaviour to avoid second-hand smoke exposure in homes *(129)*. The impact of mass media campaigns can vary greatly depending on factors including campaign intensity, duration, and content (Fig. 9) *(130)*.

Fig. 9. Campaigns are an essential component of a comprehensive tobacco control strategy *(130)*



Mass media campaigns are most impactful when they are part of a comprehensive tobacco control strategy and can help enhance the effectiveness of other measures

Integrating mass media campaigns with other tobacco control measures such as health warnings on packaging and smoke-free policies enhances their overall impact and can help denormalize tobacco use. Studies have shown that when mass media campaigns are combined with legislative measures, such as advertising bans, the effectiveness of these campaigns is significantly amplified *(131)*. For instance, the Tips from Former Smokers campaign in the United States has been associated with increased quit attempts among smokers, demonstrating the potential of mass media to motivate behaviour change *(132)*.

Messaging needs to have an emotional pull and different framings can be effective on different audiences

Mass media campaigns that evoke strong emotions, particularly emotions such as fear and sadness, have been shown to be particularly effective at promoting cessation attempts, preventing tobacco use initiation and altering attitudes towards tobacco use.

Studies indicate that emotionally evocative content combined with factual information about tobacco-related harms and cessation resources yields optimal outcomes. Personal testimonials, which often carry significant emotional weight, have shown high efficacy across diverse populations but may also be context specific *(133)*.

Messages can be constructed using either a loss frame or gain frame. Social framing can also be used – that is, messages that point to the impact of tobacco use on others (such as second-hand smoke exposure) or on important issues (for example, deforestation or environmental pollution). Indeed, the effectiveness of these different framings may depend on the specific age-groups, gender or culture being targeted, and these differential effects require further research *(134)*.

Anti-tobacco campaigns often use graphic depictions of the health consequences of smoking, which have been shown to resonate particularly well with adult audiences; messages targeting youth focused on the deceptive practices of the tobacco industry can also be effective *(135, 136)*. These messages have been successfully adapted and implemented across diverse cultural environments, demonstrating their adaptability and effectiveness *(137)*.

Messaging can be developed to target specific vulnerable groups and specific forms of tobacco use

There has been some debate on whether campaigns should target youth or adults, provide generic messaging or target specific population groups. In considering this issue, thinking about the desired outcome and the resources available is key. While targeting a specific age group, focused campaigns can still be more broadly effective and adult focused campaigns tend to be effective on youth *(138)*.

Emotive campaigns must be culturally sensitive and ethically sound, avoiding any portrayal that stigmatizes tobacco users. They should be inclusive and, where relevant, tailored to high-prevalence communities, such as individuals with mental health conditions, Indigenous populations and LGBTQ+ groups *(139)*. Using representative models or actors can help improve relevance and resonance. Evidence shows that campaigns often fall short in reaching vulnerable groups and tend to overlook products beyond cigarettes – such as smokeless tobacco and waterpipes – which also require focused attention *(140–143)*.

Media campaigns should be informed by evidence

Messaging and media campaign strategies should be informed by evidence (Table 5). Message testing and behavioural research are essential for designing effective media campaigns. This can be undertaken via focus groups or other methods that enable campaign designers to gain insights into the attitudes, beliefs and behaviours of various audience segments. For instance, a study with young adults found that messages emphasizing the social and financial advantages of quitting smoking were especially effective *(136)*. These groups also serve as a testing ground for different messages and visuals before a campaign is launched, allowing for an iterative process that refines content to be clear, engaging and impactful. Previous evidence can also be used. A large body of empirical literature and prior campaign evaluations have identified message framings and delivery channels that have been effective across jurisdictions. This evidence base increasingly allows for the development of evidence-informed media campaigns, where designers integrate insights from past studies to craft messages likely to resonate with target populations, even in the absence of new primary research.

Process evaluation is used to assess the implementation of mass media campaign; it allows for a better understanding of why a campaign is working or not, and can help those leading the campaign to make real-time decisions and correct course by changing media platforms or refining the messaging. Process evaluation is also essential to plan and optimize future campaigns.

Post-campaign surveys are crucial for assessing the campaign's impact and identifying areas for improvement. Systematic data collection and analysis of campaign reach, engagement and behavioural outcomes allow organizations to optimize their messaging and resource allocation. Through tracking key metrics such as message recall, attitude changes and cessation rates across demographics, organizations can identify which campaign elements and channels are most effective. Regular monitoring enables quick adaptation to changing media patterns and tobacco industry tactics, ensuring sustained campaign impact and ensures that future campaigns are continuously optimized based on real-world performance data *(144)*.

Table 5. Robust evidence helps to build an effective mass media campaigns *(145)*

Stage	Questions to be answered	Methods
Formative research and pre-testing	■ Who is the appropriate audience? ■ What do they currently know, believe, and do? ■ What misconceptions or knowledge gaps exist? ■ What motivates the audience? ■ Which messages and channels are likely to be most effective, and for whom?	■ Population surveys ■ Focus group discussions ■ Marketing research ■ Key informant interviews ■ Literature reviews
Process evaluation	■ What activities were implemented as planned? ■ What resources (e.g. personnel, budget, airtime) were used? ■ Were there deviations from the plan, and why? ■ How can implementation be improved in future campaigns?	■ Gross and Target rating points ■ Pre/post comparisons ■ Activity logs and cost analyses ■ Media reach analytics such as count of stories run and click-through-rates on social media
Outcome evaluation	**Proximal outcomes** ■ Did the campaign reach the intended audience? ■ Did it increase awareness, knowledge, attitudes, and intentions related to tobacco use? ■ Was there recall of the campaign message? ■ Was a new policy adopted or was the implementation of tobacco control measures improved?	■ Population surveys ■ Message recall tests ■ Quit line call volumes ■ Policy analyses ■ Case studies
	Distal outcomes ■ Did the campaign contribute to behavior change, such as reduced tobacco use? ■ What was the impact on the health of the population?	■ Population surveys ■ Tobacco sales data ■ National health surveillance systems and routine health data ■ Epidemiological studies

Mass media campaigns are cost–effective and are a "best-buy intervention" for noncommunicable disease prevention.

Effectiveness of mass media campaigns depends in part on how often it is seen

The effectiveness of mass media campaigns depends heavily on practical factors such as reach (how many people see the campaign), intensity (how often it is seen) and duration (how long it runs) *(146)*. To maximize success, the United States Centers for Disease Control estimated that such approaches must have sufficient reach, frequency and duration to reach 75% to 85% of the target audience each quarter and run at least six months to increase awareness, 12 to 18 months to have an impact on attitudes, and 18 to 24 months to influence behaviour. However, other studies have shown that campaigns can be effective with as little as a few weeks duration *(127, 147)*. Ideally, anti-tobacco mass media campaigns would be on air most months of the year. As a practical benchmark, three weeks can serve as a shorthand for the minimum campaign duration required to reasonably expect some degree of social or behavioural impact.

Mass media campaigns are a powerful and cost–effective tool that can help reduce tobacco use, counter misinformation and support other tobacco control measures.

Online platforms and social media are increasingly important as a media channel

The mix of media channels used can vary substantially across countries and demographic groups, necessitating carefully tailored approaches to reach intended audiences. Traditional media channels including television, radio, print newspapers and out-of-home advertising such as billboards are probably still a major source of information for much of the world's population. Fig. 10 depicts GATS data up to 10 years ago (between 2015 and 2023) on those reporting noticing information on the dangers of smoking cigarettes or that encourages quitting on one of the listed media channels. Media has been going through rapid changes recently though and digital platforms, including online media, social networks and mobile messaging services may now be the main source of news in many countries, including in African countries such as Nigeria *(148)*. Nonetheless, traditional media should not be neglected. Television and radio can still reach a broad audience *(149, 150)*, and digital media can offer enhanced targeting capabilities and interactive engagement opportunities, reaching a growing population. While the data presented here are difficult to interpret without also knowing what campaigns were run prior to the survey being administered, they provide insights into where people are receiving public health information and can help design future campaigns.

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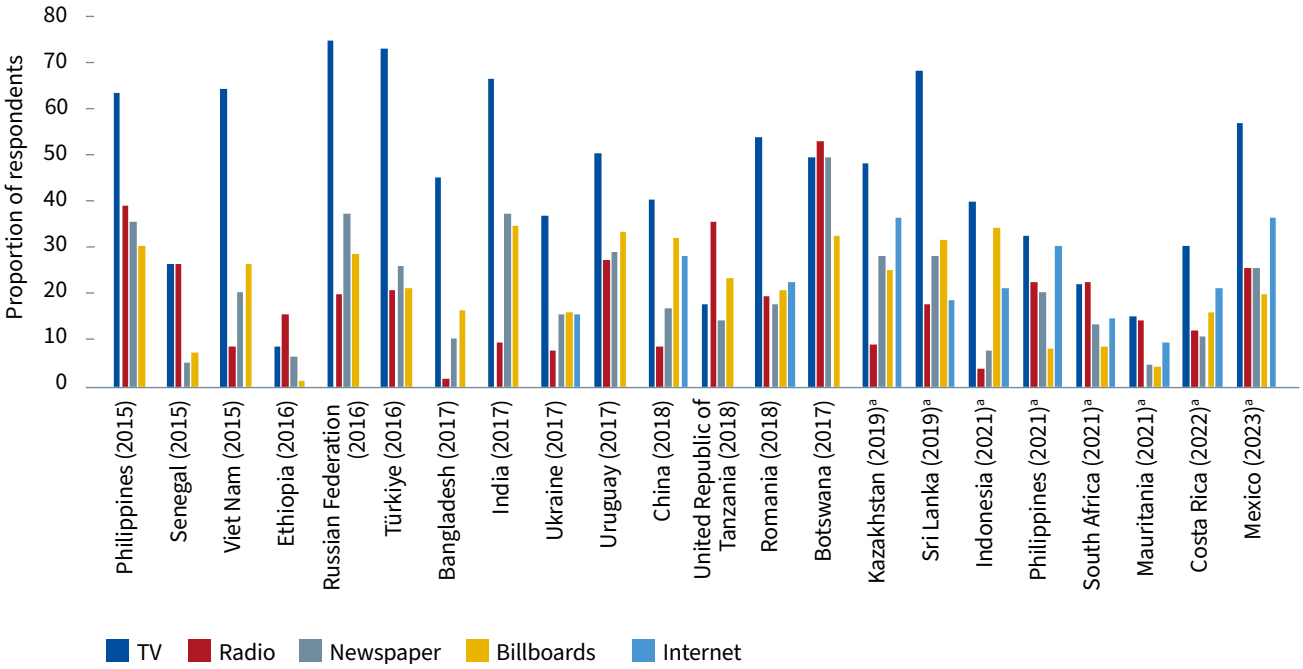
Fig. 10. The media channels where people noticed anti-tobacco mass media campaigns in the last 30 days (GATS 2015–2023)



[a] Unweighted averages

Undoubtedly, the digital and social media are increasingly important for public health campaigns. Studies have shown that tailored social media advertisements and technology-assisted peer recruitment can effectively and cost–effectively, recruit adult and young adult smokers for cessation programmes *(151, 152)*. Popular platforms such as Instagram and TikTok have been successfully used to disseminate anti-vaping messages to Generation Z, and partnerships with social media influencers have yielded high engagement rates in anti-tobacco campaigns. These findings underscore the potential of influence marketing on social media for tobacco use prevention, particularly among young adults and adolescents.

At the same time, the digital landscape also presents ongoing challenges, including the prevalence of pro-tobacco content on social media, which necessitates sustained counter-messaging efforts. To navigate this dynamic environment, innovative approaches such as social listening techniques are being employed to monitor tobacco-related conversations in real-time, facilitating timely interventions. As digital media advertising increases, tobacco control must respond by appropriate adoption and enforcement of TAPS bans as well as anti-tobacco campaigning. A variety of media platforms should be used and reach should be monitored *(153)*. While the use of influencers on digital platforms to help reach key audiences on digital platforms is likely to be effective, employing film and television celebrities can also be a powerful tool *(154)*.

Community-level communication approaches can also complement these broader efforts. Local initiatives such as community billboards, wall paintings and targeted poster campaigns, though more limited in reach, can activate grassroots engagement and reinforce messages at the neighbourhood level. This multilayered approach, combining both mass reach and localized touchpoints, enables campaigns to maximize their impact across different segments of the population while maintaining message consistency and relevance *(155)*.

Mass media campaigns are cost–effective and sustainable financing can be established

While costs of running mass media campaigns vary greatly, there is a common perception that they are unaffordable. However, the cost–effectiveness has been shown to be very favourable globally. Table 6 refers to the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases and the Best Buys identified in the updated Appendix 3 *(71)* of which mass media campaigns for tobacco is one and shows that in all country income groups contexts mass media campaigns are highly cost–effective, costing less than 100 international dollars for every healthy life year gained.

Table 6. Best buys identified in the updated Appendix 3 of the WHO Global Action Plan for the Prevention and Control of noncommunicable diseases 2013–2030: anti-tobacco mass media campaigns *(58)*

		Low-income country	Middle-income country	High-income country
Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke, and encourage behaviour change	International dollars[a] spent per healthy life year gained	Less than Int$ 100	Less than Int$ 100	Less than Int$ 100

[a] International dollar: an international dollar would buy a comparable amount of goods and service as one United States dollar would buy in the United States of America.

Ensuring cost-saving strategies are employed is also possible. For example, earned media – which refers to coverage of tobacco control issues that is not paid for such as news stories, social media posts and editorials – can help reach a wide audience and can also engender trust because the information is coming from a third source *(156)*.

Indeed, while a well-resourced campaign can potentially achieve further reach *(157)*, many strategies can save costs (Boxes 6 and Box 8). Depending on the country, audiences, especially young ones, are increasingly engaging with online media platforms in addition to or as an alternative to television. Using online media can enhance the cost–effectiveness of television campaigns *(158)*. By securing sustainable financing through government funding and international support, campaigns can continue to play a crucial role in reducing tobacco use and improving public health.

Box 6. Cost-saving strategies for mass media campaigns *(159)*

- Leverage both earned (such as news coverage) and owned media (such as government websites)
- Transfer the financial responsibility for anti-tobacco campaigns to the tobacco industry in line with the polluter-pays principle (Box 7)
- Require broadcasters to provide free airtime or incorporate the requirement into tobacco control measures to address tobacco use in film and TV
- Repurpose and adapt material – including material available from WHO World No Tobacco Day *(160)* (Box 8)
- Partner with influencers and trusted public figures to extend campaign reach
- Partner with civil society to share resources, enhance community engagement and co-create relevant campaign (Box 8)
- Earmark tobacco tax funds for mass media campaigns
- Establish a multiyear commitment within the country's national tobacco control programme

For maximum effectiveness, mass media campaigns should be sustained, evidence-based and integrated into a comprehensive tobacco control strategy.

Where relevant, transfer costs to support mass media campaigns

One example of a sustainable financing mechanism is the film rule policy in India that prohibits the advertisement and display of tobacco product in films and television programmes aired in India. Where tobacco products or tobacco use are depicted, government approved anti-tobacco health messages of a minimum of 30 seconds at the beginning and during the middle of the programme must be aired *(161)*. Putting mass media campaigns in theatres and over-the-top platforms (streaming media and video on demand over the internet services) transfers the cost to the theatre owners and producers of movies and over-the-top series, thus reaching a larger population at the cost of producers.

Box 7. Sustainable financing for warnings: Making the industry pay for public education

In the United States, the Master Settlement Agreement of 1998 led to the creation of the American Legacy Foundation in 1999, later renamed Truth Initiative in 2015, to combat youth tobacco use. Truth Initiative's "truth" campaign has contributed to significantly reducing youth smoking, from 23% in 2000 to 2% in 2022, preventing millions from smoking and saving billions in health care and productivity costs.

The Agreement's success continues today. Most recent settlements ordered that JUUL Labs, Inc., an American e-cigarette company, pay 462 million United States dollars (US$) to six states, which included funding for youth education and restrictions on marketing and sales.

Campaigns need to address the risks associated with e-cigarettes, heated tobacco products and nicotine pouches

Evaluations have demonstrated that mass media campaigns can improve knowledge about and change attitudes towards e-cigarettes *(162)*. They have also been shown to effectively reduce e-cigarette use amongst youth *(163)*. Addressing issues that connect with the target audience is important. In the United States, for example, mental health issues such as anxiety are currently at the forefront of health concerns for youth. Campaigns that point to the negative impact of e-cigarette use in relation to mental health are likely to resonate.

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Box 8. Examples of mass media campaigns that demonstrate cooperation, leveraging earned media and playing an important role in a comprehensive tobacco control strategy.

The Sponge campaign is demonstrably effective and has been used in several countries for several decades:

The iconic Sponge ad – originally developed in Australia in 1978 and widely used globally for its proven effectiveness – was broadcast in Senegal in 2013 over an eight-week period across television, radio and billboards. The campaign also featured a social media component, including a petition that gathered over 8,000 signatures in support of stronger tobacco control measures, such as smoke-free policies. During the campaign, calls to the government quit line increased by 600%, indicating a strong public response. In addition, campaign efforts generated over 50 press articles. It was thoroughly evaluated and the report is publicly available at: Mass Media for Tobacco Control Advocacy in Senegal - Vital Strategies. The campaign materials are still available in several languages at Sponge & Quite a Difference Campaign Hub.

The iconic Sponge campaign depicts a kitchen sponge saturated with a muddy substance representing the tar collected in a smoker's lungs lungs (left) and is presented on a billboard, Senegal (right).

Campaigns can be powerful tools to support and build momentum for tobacco control measures:

In March 2025, Viet Nam's Tobacco Control Fund launched a national media campaign advocating for higher tobacco taxes – a powerful approach. Timed ahead of the National Assembly's review of the Excise Tax Law, the campaign emphasized the dual health and economic benefits of tax increases. It countered aggressive tobacco industry misinformation about tobacco taxation through strategic communication across television radio, digital platforms and community networks, including Viet Nam's Youth and Women's Unions. A key strength was its media strategy, including journalist workshops and a new journalism award, which helped ensure accurate, evidence-based coverage. This campaign, which was supported by Vital Strategies and WHO Viet Nam, stands out for directly building public and political support for a major tobacco control measure, tobacco taxation, demonstrating Viet Nam's commitment to a comprehensive, strategic approach.

Vital Strategies and WHO join forces with Viet Nam Tobacco Control Fund to spread a life-saving message: higher tobacco taxes save lives. Translation: "Raise the tobacco tax to save our lives and families!"

Box 8 (continued). Examples of mass media campaigns that demonstrate cooperation, leveraging earned media and playing an important role in a comprehensive tobacco control strategy.

Tobacco control can leverage the capacity-building of earned media to counter misinformation and to help advocate for stronger measures:

Earned media plays a vital role in tobacco control mass media campaigns by amplifying messages through trusted, unpaid coverage. In the United Republic of Tanzania, the 2022 NCD Journalism Fellowship trained journalists to report on noncommunicable diseases, including tobacco use, resulting in 45 well-researched articles across print, radio, television and digital platforms. These stories increased public awareness, inspired peer reporting and encouraged evidence-based policy dialogue. By equipping journalists with knowledge and mentorship, the initiative built long-term media advocacy capacity. This approach shows how empowering the media can influence public attitudes, counter misinformation and help drive legislative reform for stronger tobacco control.

© the United Republic of Tanzania, WHO Country Office

Anti-tobacco poster developed after a noncommunicable disease journalism fellowship programme, United Republic of Tanzania.

Translation: "Avoid smoking", "Smoking is dangerous to your health and causes noncommunicable diseases" and "Change your lifestyle, health is the ultimate goal".

Recommendations for mass media campaigns

Create sustainable funding mechanisms for mass media campaigns. Mass media campaigns are cost–effective and can work synergistically with other tobacco control measures to increase their reach and impact. Strategically planning for campaigns and ensuring that funding will be available at the appropriate times to maintain regular and sustained campaigns is important.

Ensure country/government ownership of campaigns, tailoring content and media channels to the local context. Align efforts with existing public health strategies and priorities to increase effectiveness and efficiency. Integrating mass media campaigns into a broader tobacco control strategy with sustainable funding can help achieve greater impact with fewer resources.

Use monitoring and evaluation to strengthen the effectiveness of campaigns. Know your audience and develop the mass media material with insights from focus groups and other research to inform the approach. During and post-implementation, evaluations help refine the campaign approach and inform future iterations.

Include information on cessation services in the campaign. Including quit line numbers or other links to cessation services as part of the mass media campaign can help increase the chances that people interested in quitting will access those services.

Share campaign materials to save money. Many countries, civil society groups and WHO have developed and implemented successful campaigns. These campaign materials can be tested for adaptability and concepts can be reused to help save money, time and other resources. See Counter Tobacco for a small repository of campaign materials that can be adapted.

Ensure campaigns are available in appropriate languages and are distributed across relevant media channels to reach the intended audience. This includes accurate translation and cultural adaptation of campaign materials into multiple languages, especially in multilingual or diverse regions, and dissemination through both multiple media platforms including television, radio and social media apps where applicable and relevant to the target audience.

3. Policy implementation: putting tobacco control laws into practice

In this chapter, we refer to implementation as the process of putting policy into action. The law is not just a written text: its provisions must be actively carried out and enforced.

Enforcement refers to the process of ensuring a law is being followed, primarily through inspections and the application of sanctions for violations. Compliance is the degree to which a law is being followed by all relevant stakeholders, including tobacco companies, businesses, the general public and government authorities. Law enforcement and monitoring compliance are important components of effective implementation.

Notable progress has been made globally in the adoption of tobacco control policies, with about 6.1 billion people – 75% of the world's population – now covered by at least one comprehensive tobacco control measure, a five-fold improvement since 2007 when only 1 billion people and 15% of the world's population were covered. This legislation provides the foundation for action, but its effectiveness in protecting the population depends on achieving high compliance. Without it, people are not protected from the harms of tobacco and the intended health outcomes of the policy are not achieved. Moreover, the achievements and resources invested in policy adoption risk being lost and confidence in tobacco control is eroded.

For instance, advertising bans can be undermined if tobacco companies or other actors circumvent restrictions, resulting in continued exposure to tobacco branding and marketing. Similarly, public smoking bans may be ignored, thereby exposing nonsmokers to second-hand smoke, undermining social norm changes on smoking in public and making it harder for smokers to quit. The tobacco industry often points to the weak compliance with laws as evidence that tobacco control policies are ineffective, using this argument to weaken existing laws or to promote voluntary standards instead of comprehensive legislation with adequate enforcement.

Well-drafted laws with strong implementing rules support effective enforcement (Fig. 11). However, even comprehensive laws may be challenging to enforce if the implementing rules are weak or ineffective. For example, the process for sanctioning a retailer for TAPS violations may be overly complex, definitions of smoke-free places may be vague or pack warnings may lack a defined schedule for rotation.

Strong policies alone don't guarantee strong enforcement or compliance... but they lay the foundation for both.

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Fig. 11. Elements of clear and enforceable legislation *(164)*

No matter how strong a country's tobacco control legislation is, achieving high compliance with tobacco control laws is not automatic. Compliance requires effective and sustained implementation action to ensure stakeholders are aware of the law and their obligations under it, as well as close monitoring to identify and respond to violations.

The study *Correlates of compliance with national comprehensive smoke-free laws* published in 2018 examines factors that influence how well countries adhere to smoke-free laws using data compiled from earlier versions of this report *(165)*. Even when strong laws are in place, compliance can vary greatly across countries. The research, based on data from 41 countries with smoke-free laws in 2014, identified key factors that contribute to better compliance.

These factors include **local government involvement** – countries where local jurisdictions provided training or guidance for inspections had significantly higher compliance – and **perceived control of corruption** – countries with stronger perceptions of corruption control also showed higher compliance.

The study demonstrated the need to invest minimal but essential enforcement efforts and resources to ensure compliance in all countries and across types of indoor places.

Some countries, however, report challenges in implementing their laws, including lack of human and financial resources for monitoring compliance; inspections and other enforcement activities; and training and capacity, as well as frequent turnover in trained officers *(9)*. Table 7 presents resources that share guidance on tackling these challenges and providing examples of best practices.

Even countries that have achieved the adoption of all MPOWER measures need to strengthen and sustain implementation

Regardless of achievement in policy adoption, implementation of these measures can still be improved and strengthened. For example, although some countries like Türkiye and Egypt have adopted comprehensive smoke-free laws, observed and self-reported compliance is low in hospitality venues (Box 9) *(166, 167)*. Strategies that countries can use to improve and sustain high compliance include:

1. **Develop clear regulations and allocate resources:** Ensure regulations are precise and provide sufficient funding and resources for implementation and enforcement, including training and public awareness campaigns.

2. **Ensure penalties and incentives are applied consistently:** Ensure penalties for violations are meaningful (i.e. that the fines are set at an amount that will act as a deterrent) and are consistently applied. Consider offering incentives for positive contributions to tobacco control efforts.
3. **Enhance coordination among stakeholders:** Foster collaboration between government agencies, civil society and the private sector through intersectoral committees or task forces.
4. **Implement robust monitoring systems:** Regularly monitor and evaluate implementation of tobacco control measures to identify gaps and areas for improvement. Use digital tools to monitor tobacco sales, track illegal trade and ensure compliance with regulations.
5. **Engage the public and raise awareness:** Conduct public education campaigns to inform people about the benefits of tobacco control measures and encourage voluntary compliance. Establish mechanisms for the public to report violations and initiate other legal actions.
6. **Address tobacco industry interference:** Prepare for the tobacco industry's attempts to hamper tobacco control measures – for example by delaying implementation of graphic health warnings or arguing that the use of heated tobacco products/e-cigarettes should be exempted from smoke-free laws. Countries have faced these tactics for years and having strategies ready to counter them (see Tobacco Industry Interference chapter).
7. **Build capacity to implement measures and administer tax:** Regularly train law enforcement officers, customs officials, tax officials, journalists and public health professionals, and ensure local authorities are equipped to handle enforcement at regional and community levels.


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Box 9. Beyond strong legislation, there is a need for strong enforcement to achieve and sustain compliance

Strong enforcement plays a crucial role in achieving and sustaining compliance with tobacco control laws. Even in countries where laws are robust and overall adherence to smoke-free regulations is relatively high, compliance can still considerably vary across different types of venues. This variation persists even in countries that have fully implemented the MPOWER package as shown in the data collected through the WHO report on the global tobacco epidemic, 2025. The report uses a targeted survey of 3–5 key national experts in each country and compliance is scored by venue type (see Technical Note I).

One example is that of cafés. Across all four countries that have attained the full MPOWER package, compliance in hospitality venues, especially cafés and bars, continues to be challenging. Compliance in cafés and restaurants in Türkiye is markedly low – rated just 3 out of 10 and 5 out of 10 respectively by local expert informants. Observational studies echo this finding, revealing widespread noncompliance in such settings despite the strength of the laws on paper *(166)*. Universities are also a venue of concern in some countries like Brazil and Mauritius, which achieved the full MPOWER package in 2018 and 2022 respectively.

Smoke-free compliance[a] in countries with full MPOWER package adoption

Country	Health-care facilities	Education	Universities	Government facilities	Indoor workplaces	Restaurants	Cafés/ bars	Public transport
Brazil	10	10	6	9	8	8	6	10
Mauritius	8	10	6	10	10	10	10	10
Netherlands (Kingdom of the)	10	10	10	10	10	10	9	10
Türkiye	10	9	9	10	9	5	3	10

[a] Scores represent an average of responses and are out of 10

Other areas of enforcement may also need strengthening. For example, compliance with TAPS bans is generally high in these four countries but is weakest at point-of-sale and with regards to promotion and sponsorship of tobacco products.

Tax administration is also essential to ensure well-designed and impactful tax measures. Even with high tax rates on tobacco products, these products can still become more affordable due to factors like economic growth and inflation. Of the above four countries, only Mauritius has seen the affordability of their most popular cigarette decrease over the last 10 years.

Monitoring compliance is crucial for informing actions related to the implementation and enforcement of tobacco control policies. While the *WHO report on the global tobacco epidemic, 2023* offers some valuable insights, countries can also explore a range of processes and tools to enhance their efforts. Some of these are outlined in Table 7.

The adoption of the MPOWER measures is a critical step in the global fight against tobacco use. However, to achieve the intended public health impact, these policies must not only be adopted but also effectively implemented, enforced and complied with. Otherwise, the public health benefits will be lower than expected, the tobacco industry will have room to argue that the measures are ineffective and countries may fail to achieve their goals of reducing tobacco use and preventing related diseases. Governments must strengthen their institutional frameworks, engage the public through awareness campaigns, use technology to monitor compliance and ensure consistent enforcement with meaningful penalties. By taking these steps, countries can significantly reduce tobacco use and its associated harms, achieving the full potential of the MPOWER framework.

Table 7. Actions and resources to help strengthen implementation of MPOWER measures

	Implementation and enforcement	Resources
M - Monitoring tobacco control policies	Monitor compliance of different tobacco control measures to help strengthen enforcement efforts. Many monitoring tools exist including: observational studies and population surveys, mobile apps can be used in some contexts to report violations of smoke-free environments. AI tools have been developed to detect advertising on social media platforms.	Assessing compliance with smoke-free laws: 2nd Edition. Edinburgh: International Union Against Tuberculosis and Lung Disease, 2014 Assessing Compliance with Tobacco Advertising, Promotion, and Sponsorship (TAPS) Bans: A "How-to" Guide for Conducting Compliance Studies of Point of Sale Advertising & Product Display; Outdoor Advertising; and Product Packaging. Baltimore: Institute for Global Tobacco Control, 2013 Store Assessment Tools. Counter Tobacco.org, 2024
P - Smoke-free environments	Ensure regulations are clearly established to provide legal mechanisms for enforcement such as fines on the establishment for violations of smoke-free areas. Investing in the enforcement of smoke-free laws through dedicated funds and building local capacity (e.g. training enforcement officers, integrating compliance checks into existing health and safety checks where feasible, etc.)	WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 8. Geneva: World Health Organization; 2013 Tobacco Control Implementation Hub: smoke-free policy implementation. Vital Strategies; 2023 The WHO report on the global tobacco epidemic 2023: protect people from tobacco smoke. Geneva: World Health Organization; 2023 Smoke-free Policy Implementation & Enforcement: A Practical Guide. Bangkok: Southeast Asia Tobacco Control Alliance; 2024
O – Offer help to quit	Ensure regulations are clearly established to provide legal mechanisms for enforcement such as fines on the establishment for violations of smoke-free areas. Investing in the enforcement of smoke-free laws through dedicated funds and building local capacity (e.g. training enforcement officers, integrating compliance checks into existing health and safety checks where feasible, etc.)	WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 14. Geneva: World Health Organization; 2013 WHO clinical treatment guideline for tobacco cessation in adults. Geneva: World Health Organization; 2024 Strengthening health systems for treating tobacco dependence in primary care. Geneva: World Health Organization; 2013 Developing and improving national toll-free tobacco quit-line services: a World Health Organization manual. Geneva: World Health Organization; 2011 Training for tobacco quit line counsellors: telephone counselling. Geneva: World Health Organization; 2014 Toolkit for delivering brief tobacco interventions in primary care. Geneva: World Health Organization; 2014 WHO Model List of Essential Medicines – 23rd list, 2023. Geneva: World Health Organization; 2023

Table 7 (continued). Actions and resources to help strengthen implementation of MPOWER measures

	Implementation and enforcement	Resources
W - Warn about the dangers of tobacco	Establishing a comprehensive tobacco cessation and treatment system, giving priority to three population-level approaches (brief advice in primary care, national toll-free quit line and cessation) Monitor through surveys if tobacco users are accessing tobacco cessation services Monitor availability of tobacco cessation services including pharmacotherapies	WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 11. Geneva: World Health Organization; 2013 Get ready for plain packaging. Geneva: World Health Organization; 2016 Homepage | TPackSS: Tobacco Pack Surveillance System. TPACKSS: Johns Hopkins Assessing compliance with tobacco packaging and labeling regulations. Baltimore: Institute for Global Tobacco Control; 2020
E - Enforce bans on tobacco advertising, promotion and sponsorship	Ensure regulations are clearly established to provide legal mechanisms for enforcement such as fines on tobacco companies for noncompliance. Develop monitoring efforts to assess compliance through enforcement officers.	WHO Framework Convention on Tobacco Control: guidelines for implementation of Article 13. Geneva: World Health Organization; 2013 Restricting digital marketing in the context of tobacco, alcohol, food and beverages, and breast-milk substitutes: existing approaches and policy options. Geneva: World Health Organization; 2023 Tobacco Control Implementation Hub: TAPS policy implementation. Vital Strategies; 2023 Tobacco Enforcement and Reporting Movement monitoring. Vital Strategies
R - Raise taxes on tobacco	Ensure regulations are clearly established to provide legal mechanisms for enforcement such as fines on retailers for violations of TAPS bans. Develop monitoring efforts to measure compliance through enforcement officers, the public or using AI tools to detect online digital marketing.	WHO technical manual on tobacco tax policy and administration. Geneva: World Health Organization, 2021. WHO FCTC Guidelines for implementation of Article 6: Price and tax measures to reduce the demand for tobacco. Geneva: World Health Organization, 2014 Action for health taxes from policy development to implementation: making the case for tobacco taxes. Geneva: World Health Organization and the United Nations Development Programme, 2024. Tobacco Tax Reform at the Crossroads of Health and Development. Washington (DC): World Bank; 2017. Available from: Fiscal policy: how to design and enforce tobacco excises? Washington (DC): International Monetary Fund, 2016.

4. Tobacco industry interference

Anticipating and countering shifting industry tactics

Tobacco industry interference remains one of the greatest threats to the adoption, implementation and enforcement of effective tobacco control measures. The industry, which now also manufactures and sells new nicotine products such as e-cigarettes and nicotine pouches, has a long history of opposing and obstructing public health efforts to protect people from tobacco. The timeline shown in Table 9 traces the evolution of some of the industry's tactics, highlighting some of the key events, strategies and organizations that have been involved. The industry has invested massive resources into opposing tobacco control throughout the years, and current evidence demonstrates that the industry continues to employ a growing range of tactics to undermine crucial public health interventions.

Old and new tactics that continue to be employed include *(168)*:

TACTIC 1
Building increasingly elaborate alliances and front groups to represent its case, known as the third-party technique.

TACTIC 2
Attempting to fragment and weaken the public health community.

TACTIC 3
Disputing and suppressing public health information.

TACTIC 4
Producing and disseminating misleading research and information.

TACTIC 5
Directly lobbying and influencing policy-making.

TACTIC 6
Influencing upstream policies, including trade and investment agreements, to make it harder to pass public health regulations.

TACTIC 7
Litigating or threatening litigation.

TACTIC 8
Facilitating tobacco smuggling and causing confusion to undermine tobacco control.

TACTIC 9
Seeking to manage and enhance the industry's reputation by rebranding themselves as environmentally and socially responsible to increase the ability to influence policy.

Tobacco industry interference remains one of the greatest threats to the adoption, implementation and enforcement of effective tobacco control measures.

Table 9. Brief history of the tobacco industry's evolving tactics

Early 20th Century	Industrial advances in the late 1800s enable mass cigarette production, leading to a rise in sales by the early 1900s. Tobacco companies link smoking to glamour and masculinity, and target women in the United States as early as 1929, marketing smoking as a symbol of freedom and empowerment.
1950s to 1960s **Denial and manufacturing doubt**	As research linked smoking to cancer and heart disease *(169)*, United States tobacco companies formed the front group Tobacco Industry Research Committee in 1953 to cast doubt and delay regulation. In 1954, they issued the Frank Statement, falsely claiming a commitment to public health *(169)*. The U.S. Surgeon General's Report officially declares smoking to be a cause of lung cancer and other diseases *(170)*, while the tobacco industry maintains its campaign of denial and attempts discredit scientific research.
1970s to 1980s **Diversion, global expansion and rebranding**	The tobacco industry introduces "light" and "mild" cigarettes as less harmful, although internal documents revealed that they knew they were just as dangerous *(171)*. This move marks the beginning of the harm reduction and reduced risk narratives that are still used today *(172)*. Mounting evidence demonstrates the impact of second-hand smoke. In response, the industry again sets up a front group called the Center for Indoor Air Research to fund research that would undermine and divert attention away from these findings *(173)*. Tobacco companies expand their markets to low- and middle-income countries. The sale of single stick cigarettes makes smoking affordable and accessible to economically disadvantaged young people and the industry actively works to prevent effective bans on this practice *(174)*. Their efforts are ongoing. In many low- and middle-income countries, the industry also exploits weaker regulatory environments, aggressively marketing to youth and women. The sale of single stick cigarettes makes smoking affordable and accessible to economically disadvantaged young people *(175, 176)*. In light of increasing scrutiny, tobacco companies launch corporate social responsibility campaigns to improve their public image by advertising their charitable contributions to various causes *(177)*.
1990s and 2000s **Lies and litigation**	Legal action forces tobacco companies to reveal incriminating documents, leading to the 1998 Master Settlement Agreement. During this period, seven chief executive officers falsely testified to Congress that nicotine is not addictive, exposing decades of deception *(178)*. The tobacco industry lobbied aggressively against the WHO FCTC, using front groups to oppose and delay negotiations. Despite these efforts, the treaty came into force in 2005. Meanwhile, in low- and middle-income countries, tobacco companies shift focus to lobbying against tax increases and packaging laws, using economic blackmail – claiming job losses and harm to small farmers – to stall progress *(174)*.
2010s to 2020s Disruption and diversification	Australia takes the global lead on plain packaging for tobacco products in 2012. The tobacco industry responds with aggressive legal challenges and ongoing lobbying. The industry's case is eventually dismissed *(179, 180)*. The tobacco industry uses corporate social responsibility campaigns during the COVID-19 pandemic (such as donating ventilators to hospitals) to influence public perception. The industry expands into e-cigarettes and heated tobacco, marketing them as reduced-risk products, while aggressively targeting youth. At the same time, it continues promoting traditional cigarettes *(176)* – maintaining profits under the guise of supporting public health *(181)*.
The Future… **Contradictions and continuing tactics**	Despite stated aims to decrease tobacco sales, the industry's actual activities often contradict these claims. For example, the industry makes public statements about reducing tobacco use, while tobacco companies spent US$ 8.2 billion on advertising and promoting cigarettes and smokeless tobacco products in the United States in 2022 alone *(182, 183)*. Given the tactics the tobacco industry has employed throughout history, we can expect evolving strategies to continue.

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Protecting populations from tobacco industry tactics

In 2008, the COP to the WHO FCTC adopted important guidelines for the implementation of Article 5.3. These guidelines are vital in combating tobacco industry interference and must be applied to both conventional and emerging nicotine and tobacco products.

The tobacco industry continues to falsely present itself as a partner in tobacco control, all while blocking effective regulatory measures.

Partnerships with the tobacco and related industries must now be rejected. Governments must take a firm stand by establishing clear and enforceable rules to prevent conflicts of interest among government officials and employees.

To protect public health and safeguard tobacco control efforts, governments should fully implement all recommendations of WHO FCTC Article 5.3. Key actions are outlined in Fig. 12; for a more comprehensive list, consult the *WHO report on the global tobacco epidemic, 2023*.

The time for decisive action is now.

Fig. 12 The WHO FCTC Article 5.3 calls on Parties to protect public health policies from the commercial and other vested interests of the tobacco industry *(184)*

Tobacco industry tactics used to undermine graphic health warnings and mass media campaigns

Undermining the science behind warnings

Common strategies of the tobacco industry are to discredit scientific findings, fund and produce misleading research and create scientific controversy *(185)*. These strategies aim to delay or undermine the implementation of measures to restrict tobacco use. The industry has used similar strategies in the context of pictorial health warnings and anti-tobacco mass media campaigns. For example, in response to the public health evidence-based guidance to include graphic pictures on health warnings, the tobacco industry has suggested that the use of large pictures may reduce the effectiveness of health warnings and could actually lead to increases in smoking behaviour. The former chief executive officer of British American Tobacco once said: "The growing use of graphic image health warnings … can offend and harass consumers – yet in fact give them no more information than print warnings." *(186)*

One example of the industry's tactics in this regard is outlined in a study examining the submissions by two tobacco companies as responses to the United Kingdom government's public consultation on plain packaging. These companies claimed that the evidence supporting plain packaging was deeply flawed and did not justify its introduction. However, this claim was based on three misleading techniques. First, the companies frequently misquoted published studies, distorting their main conclusions. Second, they employed mimicked scientific critique to discredit the evidence, demanding methodological perfection, rejecting diverse methodologies, adopting a litigation approach rather than a scientific one and lacking rigour. Third, tobacco companies engaged in evidential landscaping, creating an alternative evidence base to distract from plain packaging and omitting company-held evidence relevant to plain packaging *(187)*.

Manipulating packaging and health warnings

The industry has also attempted to undermine the effectiveness of graphic health warnings once implemented *(178, 188, 189)*. Tobacco companies are manipulating pack sizes and shapes to minimize the visual impact of warnings and/or to counter the impact of plain packaging. Additionally, the industry introduced "brand variant name strategies" to maintain brand appeal despite plain packaging and large graphic warnings *(90)*. Brand variant name strategies refer to the tactics used by tobacco companies to maintain brand appeal and differentiate their products, even under strict marketing regulations like plain packaging and graphic health warnings. Some of these strategies are: (1) using colour descriptors in the names of the brand (such as Gold, Silver or Blue) to distinguish between different variants of the same brand. Doing so helps consumers identify their preferred product despite uniform packaging; (2) using flavour descriptors such as menthol or smooth to attract specific consumer preferences; (3) using innovative packaging – even with plain packaging laws, companies may alter the size, shape or opening mechanism of packs to make them more appealing and recognizable *(79)*; and (4) creating sub-branding or variants within a main brand, which allows companies to offer a range of products under a single brand umbrella, catering to different tastes and preferences.

All these strategies help tobacco companies circumvent marketing restrictions and continue to attract and retain customers.

Using ineffective youth anti-tobacco campaigns and programmes to create a façade of social responsibility

The tobacco industry has long employed ineffective youth tobacco use prevention campaigns and programmes as a strategy to greenwash its image. These initiatives are often designed to appear as though they are addressing youth smoking, but in reality, they are designed to be ineffective and sometimes even counterproductive. For example, industry-sponsored school-based programmes have been shown to fail in reducing youth smoking rates and may even promote tobacco use among young people *(190)*. These programmes often lack scientific rigour and are not evidence-based, serving as public relations tools to improve the industry's image rather than genuinely contributing to preventing youth smoking. This tactic of greenwashing helps the industry to deflect criticism and maintain a positive public image while continuing to market their products aggressively *(191–193)*.

Undermining tobacco control measures with their own campaigns

The industry has developed campaigns to counter tobacco control measures and their impact. For example, in response to European Union (EU) Tobacco Product Directives, designed to regulate the manufacture, presentation and sale of tobacco products across the EU, the industry developed websites to encourage opposition to the measures, incite anger against the so-called nanny State and to sow seeds of fear that the measure could impact business owners or increase illicit trade *(194)*. Studies have also revealed how tobacco companies increase their own advertising expenditure in response to discussions about tobacco control legislation and national anti-tobacco media campaigns, with the aim of influencing decision-making and diluting the effectiveness of tobacco control measures *(195)*.

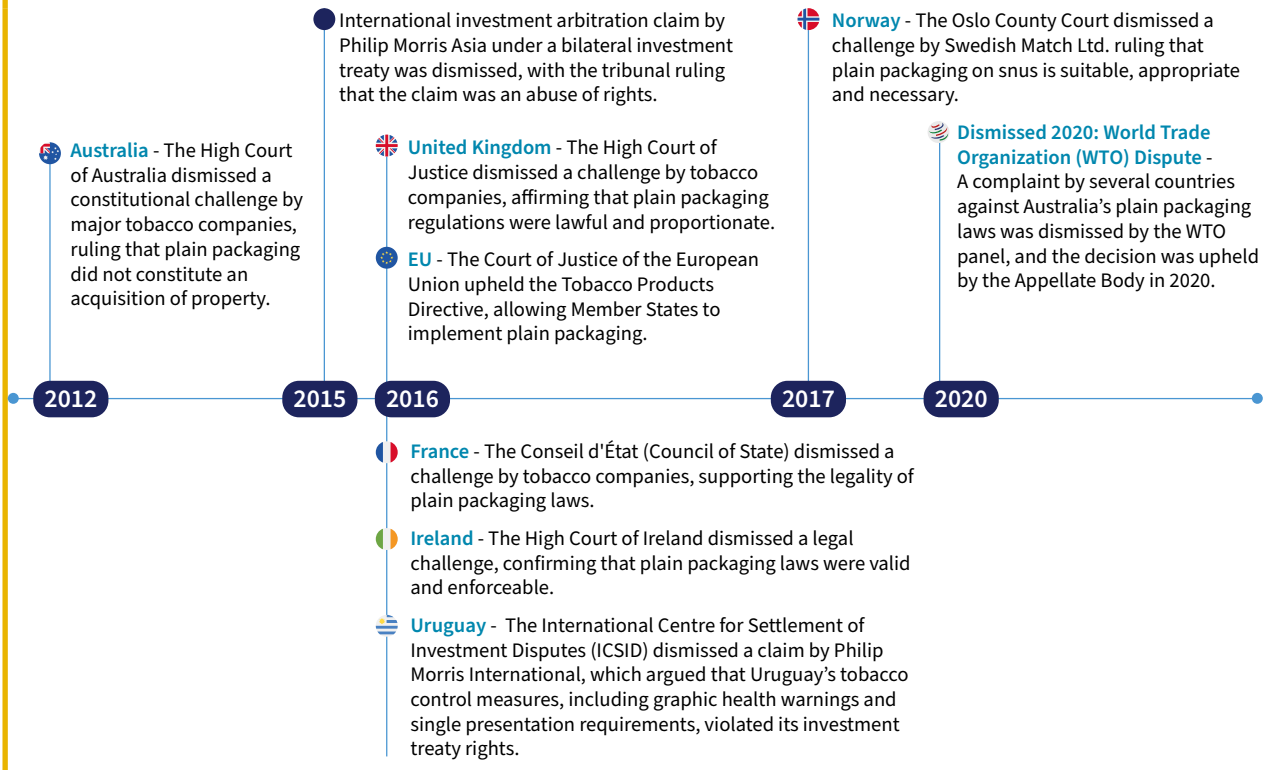
Using litigation and legal challenges to delay and hinder policy adoption and implementation

The tobacco industry consistently opposes, delays and dilutes the implementation of graphic health warnings worldwide. Tactics to impede graphic health warnings include lobbying policy-makers, challenging regulations in court and proposing alternative, weaker measures. Transnational tobacco companies have used trade agreements to threaten legal action against low- and middle-income countries considering stronger health warnings.

The tobacco industry frequently challenges tobacco control measures by claiming they violate international trade and intellectual property laws. Sometimes, their primary goal is not to win these legal battles, but rather to delay implementation and protect their profits for as long as possible *(196)*. The industry also often operates through proxy organizations and front groups, having third parties file legal challenges to mask the industry's direct involvement *(197)*. This tactic helps frame opposition as coming from small businesses or intellectual property experts rather than tobacco companies.

Their opposition to plain packaging legislation demonstrates a well-established pattern of interference (Boxes 10 and 11). The industry has mounted legal challenges in multiple countries, typically arguing violations of intellectual property rights and trade agreements. Evidence suggests these actions are strategically designed to create regulatory chill – deterring other countries from adopting similar measures. All of these legal challenges, however, have thus far been dismissed by the courts (Box 10) and should encourage governments to continue pursuing plain packaging policies.

Box 10. Timeline of legal challenges to plain packaging dismissed by courts globally since 2012 *(180, 198)*



Tactics to impede graphic health warnings include lobbying policy-makers, challenging regulations in court and proposing alternative, weaker measures.

Nonetheless, the industry's litigation strategy has achieved partial success. By forcing governments to spend time and resources defending these laws, tobacco companies have managed to delay implementation in some countries and increase the cost of tobacco control efforts. However, governments should be reassured by the dismissal cases *(199)*.

Framing warnings as part of a "nanny State" agenda, thus undermining public health institutions

The tobacco industry systematically works to undermine the credibility of public health institutions through sophisticated disinformation campaigns. These tactics serve a clear purpose: to weaken public trust in health authorities and their anti-smoking messages.

By portraying tobacco control measures, including pictorial health warnings, as excessive "nanny State" interventions that limit personal freedom, the industry attempts to shift the narrative away from public health concerns and toward individual rights, thereby eroding public support for life-saving tobacco control policies *(200)*.

Exploiting loopholes in legislation to avoid the adoption of warnings

Consumers have a right to be protected from harmful products and misleading product information. Consumers must be provided with accurate information about the products safety – or lack thereof. The marketing tactics used in the promotion of e-cigarettes and heated tobacco products, however, often do not sufficiently warn consumers about the risks associated with using them. Indeed, the industry has even avoided applying effective warnings by using loopholes in the legislation. For example, where products such as iQOS, a heated tobacco product, have been categorized as smokeless tobacco products and the country may require full graphic warnings on "smoked" products only (Box 12).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Box 11. The tobacco industry uses false claims of illicit trade to undermine legislation on packaging

The tobacco industry claims that large graphic health warnings and plain packaging increase illicit trade by making cigarette packs easier to counterfeit and less appealing, pushing consumers toward illegal sources. However, evidence from Australia – where plain packaging with large warnings was introduced in 2012 – shows no significant increase in illicit trade. Studies found no rise in the use of "cheap whites" (illicit cigarettes) or purchases from informal sellers (both <0.1%), and the prevalence of unbranded illicit tobacco use stayed around 3% with no significant change *(201, 202)*. These findings are consistent with those in other contexts *(202–204)*. In fact, large graphic warnings can help enforcement by making illicit products easier to detect, especially when rotated regularly and used alongside excise tax stamps. This undermines the industry's argument and supports the effectiveness of these public health measures.

Box 12. Attempts by the tobacco industry to classify HTPs in ways that avoid or minimize regulation

Tobacco companies frequently seek to ensure that HTPs are subject to minimal regulation – and particularly that they are not regulated equivalently to conventional cigarettes. This maneuvering includes arguing that HTPs do not produce smoke and, where convenient, should be classified as smokeless products.

For example, in New Zealand, Philip Morris was charged by the Ministry of Health for selling a tobacco product called Heets, which is heated in a device known as IQOS for inhalation. The charge was based on an alleged breach of Section 29 (2) of the Smoke-free Environments Act 1990, which prohibits the sale, distribution or labelling of any tobacco product as suitable for chewing or any other oral use (other than smoking).

The Ministry of Health argued that the aerosol produced is inhaled through the mouth, thus constituting "any other oral use." In contrast, Philip Morris argued that Section 29 was originally intended to prohibit chewing tobacco and similar products that are absorbed through the lining of the mouth—not products that are inhaled. The company claimed that Heets do not involve oral absorption in the same way and therefore fall outside the scope of the prohibition.

The Court dismissed the charge, holding that Heets did not fall under Section 29 (2), concluding that Parliament did not intend for Section 29 to apply to such products.

In response to the increasing availability of novel nicotine products, including HTPs, New Zealand enacted substantial reforms in 2020 through the **Smoke-free Environments and Regulated Products (Vaping) Amendment Act**. Under this legislation, a "heated tobacco product is defined as a smokeless tobacco product that uses or facilitates the use of heat to aerosolise nicotine directly from the tobacco leaf".

Accordingly, these products are subject to specific labelling requirements: text-only health warnings must be displayed on all packaging of "smokeless tobacco products," including tobacco inserts. The warning must state: *"This product damages your health and is addictive"* in both English and te reo Māori, and must appear in the reserved area (at least 32% of both the front and back surfaces of the packaging).

By contrast, under the **European Tobacco Products Directive (Directive 2014/40/EU)**, tobacco products for smoking—other than cigarettes, roll-your-own tobacco, and waterpipe tobacco—were initially exempt from the requirement to carry large combined health warnings, which include both text and graphic images. Smokeless tobacco products were only required to display small textual warnings. Arguing that HTPs were smokeless, tobacco companies marketed these products in EU Member States without including combined health warnings.

However, six years later, **the delegated directive (EU) 2022/2100** amended Directive 2014/40/EU to withdraw certain exemptions for HTPs. As a result, since 2023, HTPs classified as tobacco products for smoking can no longer be exempted from the obligation to carry combined health warnings. However, this does not apply to HTPs that continue to be classified as smokeless tobacco products and companies including Philip Morris argue that HTPs should be classified as smokeless.

Recognizing that companies seek to avoid or minimize regulation, countries should consider adopting equivalent regulation of any product categories permitted on the market, or a common set of minimum requirements that achieve a high level of health protection. Countries should also consider how to word future legislative definitions of product categories to ensure they are sufficiently inclusive of tobacco products, nicotine products, analogues, and devices and accessories.

Box 13. Youth-led counter-advertising activation in Argentina exposes tobacco industry tactics

The Second Latin American Youth Summit on Tobacco Control, organized by CREA red and Campaign for Tobacco-Free Kids in partnership with Fundeps, FIC Argentina and Proyecto Squatters, was held in Neuquén, Argentina, from 11 to 13 March 2025. The summit brought together 25 youth advocates from 10 Latin American countries, with the goal of inspiring a new generation of tobacco control activists.

A central activity of the summit was a counter-advertising workshop focused on exposing the tactics used by the tobacco industry to target young people – particularly through new and emerging nicotine and tobacco products. Participants explored how the industry manipulates messaging, uses appealing packaging and flavours, and promotes its products through digital channels. The workshop was not only educational – it was also a real advocacy experience.

To put their learning into practice, participants created a powerful public activation: a collective mural on the exterior of the National Museum of Fine Arts in Neuquén.

The mural served as a visual protest, revealing how tobacco companies rebrand harmful products to attract youth. The activity allowed participants to transform their insights into a creative message for the public.

This activity empowered young people to reclaim public space through activism, and sparked dialogue among local residents and passersby, gaining even the attention of the local media. It demonstrated the importance of youth-led strategies in countering the normalization of nicotine use and building momentum for stronger regulations, including comprehensive bans on TAPS for emerging products.

The Neuquén activation is a testament to how creative, community-based approaches can challenge industry interference and help protect the right to health. It also reflects the growing strength of youth networks like CREA in shaping the tobacco control agenda in Argentina and across Latin America.

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©CTFK/Patricia Gutkowski, Argentina

Workshop aimed to empower young people to counter tobacco advertising, Argentina

© WHO / Uka Borregaard

5. Effective tobacco control measures

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

Monitoring tobacco use and prevention policies

Article 20 of the WHO FCTC states:

"…Parties shall establish …surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke… Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels…"

Monitoring tobacco use trends is at the core of tobacco control

Monitoring patterns and trends in tobacco use generates information to help strengthen tobacco control efforts, improve the implementation of tobacco control interventions *(205)* and measure their impact.

Key elements to track through monitoring include the use of:

- cigarettes and all other forms of smoked tobacco (e.g. cigars, pipes, bidis, water pipes, heated tobacco products);
- smokeless tobacco products (oral or nasal tobacco);
- novel and emerging tobacco products;
- non-tobacco forms of nicotine (e.g. ENDS).

Key information to track through population surveys include:

- **use of all kinds of tobacco products** available or being used in the country;
- **use of all kinds of all forms of nicotine products** that are not classified as tobacco products (e.g. electronic nicotine delivery systems);
- **knowledge of the harms** of tobacco and nicotine use;
- **experience with tobacco control policies** (e.g. exposure to tobacco advertising and second-hand smoke, access to help to quit);
- **attitudes to/support for policies** not already in place;
- **quitting attempts**, methods and effectiveness of aids/cessation support received;
- **background characteristics** of respondents.

This information can help with:

Policy development and evaluation: These data provide evidence to develop, implement and evaluate tobacco control policies. Policy-makers can use this information to understand the effectiveness of existing measures and identify areas needing improvement (Box 14 and Box 15).

Advocacy and resource allocation: Data on trends in tobacco use and exposure, attitudes and experiences regarding tobacco control policies provide policy-makers with the evidence they need to advocate for more tobacco control efforts and implementation resources, thereby strengthening the WHO FCTC – the goal of SDG 3.a *(206)*. Data provide a factual basis for raising public awareness about the dangers of tobacco and helps allocate resources more effectively by identifying high-risk populations and regions that require more intensive tobacco control efforts.

Global comparisons and progress tracking: Data from different countries can be compared to track global progress in tobacco control, facilitating international cooperation and learning from successful strategies. The WHO FCTC recognizes that a global approach is needed to combat a global industry, and Parties have an obligation under Articles 20 and 21 to share data and work together on international reporting and research.

Fig. 13. Monitoring the prevalence of tobacco use, 2024

Highest level of achievement: Armenia, Australia, Austria, Azerbaijan, Belarus, Belgium, Bhutan, Brazil, Brunei Darussalam, Bulgaria, Cambodia, Canada, Chile, China, Colombia, Costa Rica, Croatia, Cyprus, Czechia, Denmark, El Salvador, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Italy, Japan, Kazakhstan, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Marshall Islands[a], Mongolia, Montenegro, Netherlands (Kingdom of the), New Zealand, North Macedonia, Norway, Palau, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, Ukraine, the United Kingdom, the United States, Uruguay and Viet Nam.

[a] Country newly at the highest level since 2022.

Only 34% of countries regularly ask their populations about tobacco use in nationally representative surveys among adults and adolescents.

Almost half of the world's population – 3.8 billion people in 67 countries – are regularly asked about their tobacco use in nationally representative surveys among adults and adolescents. Most of these countries (42 out of 67) with comprehensive monitoring are high-income countries, while no low-income countries are at best-practice level in 2024. Despite having adequate resources, 34% of high-income countries are not monitoring their populations at best-practice level. A total of 64 countries have not completed a national survey among adults or among adolescents since before 2019 (Fig. 13). Since 2007, an additional 2.4 billion people in 18 countries are now covered by tobacco use monitoring at best-practice level (Fig. 14).

The impact of COVID-19 pandemic delays on population-level surveys continues to be felt

Since 2022, the number of countries monitoring at best-practice level has decreased by ten countries, and the population living in countries who monitor at best-practice level dropped by about a quarter of a billion (Table A1). Many surveys planned in 2020, 2021 and 2022 were delayed or cancelled due to COVID19.

In this report, we extended the "maximum allowable interval between surveys" from five to seven years where a repeat survey was due during the COVID-19 pandemic, allowing best-practice countries to maintain their status.

Nevertheless, the pre-COVID-19 levels of monitoring have not yet fully recovered.

Eighty-eight per cent of high-income countries and 64% of middle-income countries have completed at least one recent national survey among adults or adolescents. However, only 31% of low-income countries (8 countries) have done so (Fig. 15).

Fig. 14. Progress in monitoring, 2007–2024

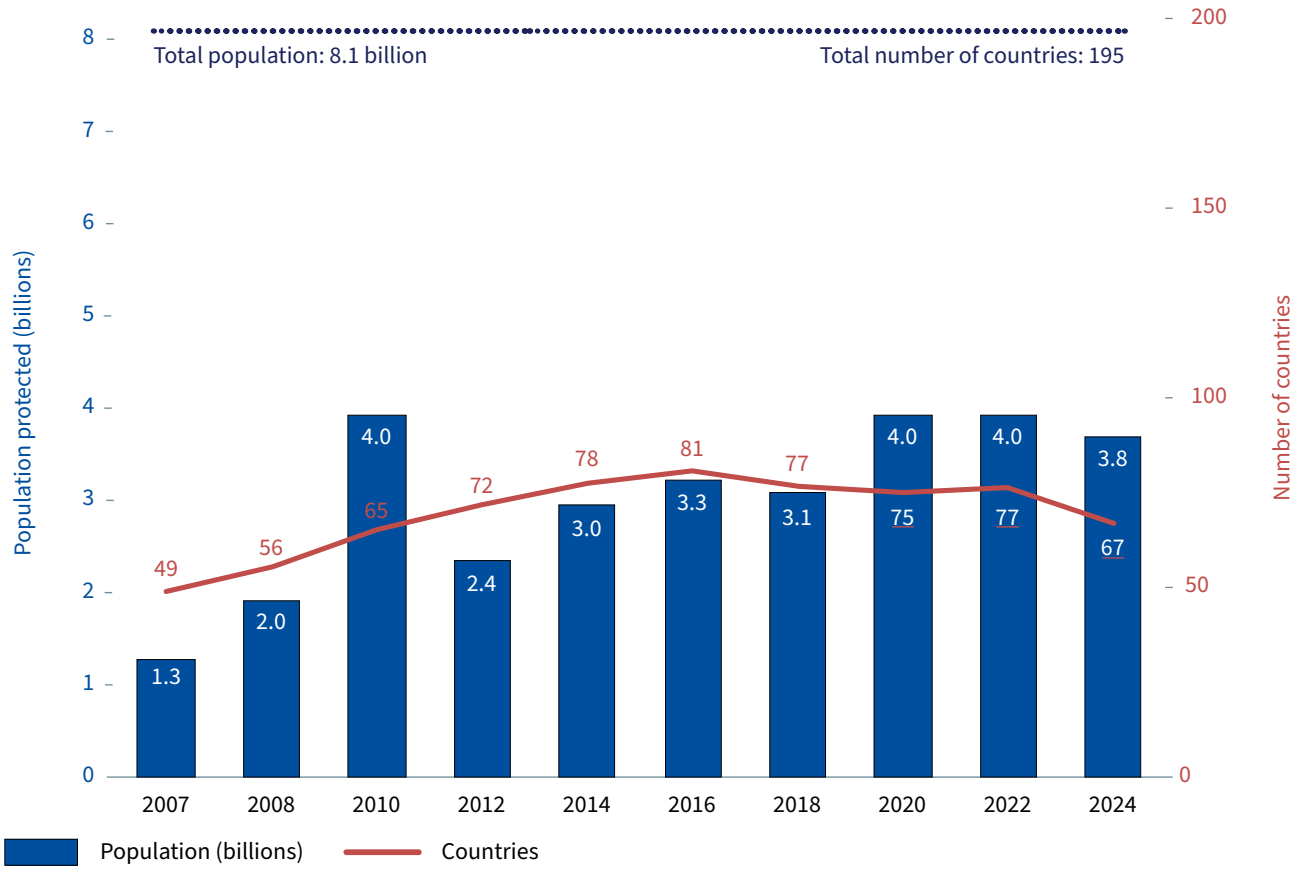
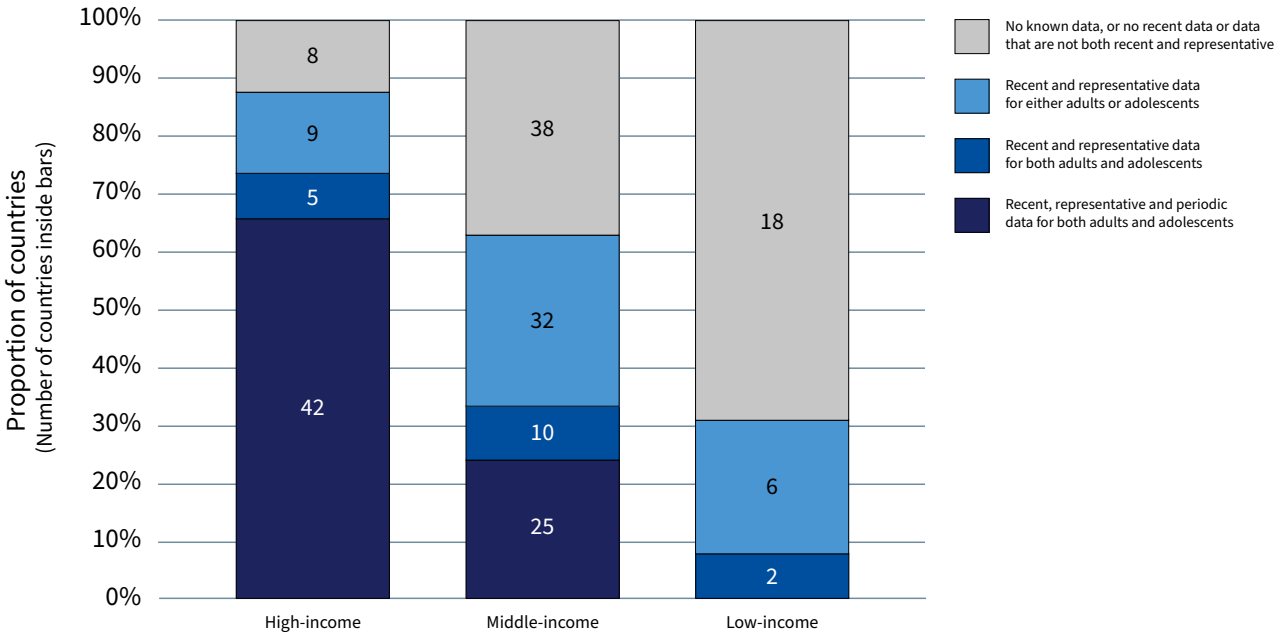


Fig. 15. Monitoring, by country-income level, 2024



Smoking rates have been falling across all country income groups.

Smoking prevalence continues to decrease globally

Between 2007 and 2023, the global average smoking prevalence has reduced from 22.3% to 16.4%, a relative reduction of 26% over 16 years. (see Technical Note II). Smoking rates have been falling in all income groups of countries (see Technical Note II). The relative reduction in average prevalence over this 16-year period was 23% for both low- and middle-income countries, and 31% for high-income countries.

As 75% of the world's smokers live in middle-income countries, the global smoking prevalence is strongly influenced by the smoking rates of middle-income countries, which averages 15.6%. High-income countries, where 21% of the world's smokers live, have the highest average rate at 23.9% of adults smoking. Only 4% of the world's smokers live in low-income countries, where the average prevalence of smoking is also lowest at 10.3%.

Among men, the global prevalence of smoking in 2023 was 28.1%, down from 36.8% in 2007. In relative terms, smoking rates among men reduced by 24% over the period. Among women, the global average rate reduced by 39% – from 7.8% of women smoking in 2007 to 4.7% in 2023.

Although most countries ban sales to minors, the most recent school-based surveys in the 154 countries who ran one in 2014 or later collectively show that over 30 million children aged 13–15 years are current users of tobacco. Prevalence in the other 41 countries, where 17% of the world's children aged 13–15 live, is unknown but unlikely to be zero.

Data on e-cigarette use among children aged 13–15 is available from 110 countries which together comprise 45% of the global population in this age group. Among this group, 12 million reported current use of e-cigarettes, giving a population-weighted average prevalence of 6% across the 110 countries. Of the 55% of children with no survey coverage concerning e-cigarette use, almost half live in countries where e-cigarette sales are banned. For the remainder, we assume that e-cigarette use is not zero, therefore the 12 million is an undercount. Indeed, among countries with data, 26 of them also have a sales ban in place, and the average prevalence in those 26 countries is also 6%. In some cases, the data precede the sales ban.

Currently, there is no WHO estimate of global ENDS use among adults because the data are still scant in many regions of the world.

Box 14. Costa Rica: Institutional commitment to tobacco surveillance

Costa Rica was one of the first countries globally to implement the Global Youth Tobacco Survey (GYTS). Since 1999, the survey has been repeated at regular intervals, capturing valuable data on trends over time. Costa Rica was also the second country in the WHO Region of the Americas to conduct the GATS using national funding, implementing two rounds by April 2025.

Sustained implementation of these surveys has allowed the country to assess progress and identify emerging challenges. For example, data have indicated declining exposure to second-hand smoke for children and adolescents inside any enclosed public place (from 40.3% to 26.8%) revealing the positive impact of smoke-free environments. Less positively, data also indicated increasing use of electronic cigarettes among youth (22.8%), underscoring the need to strengthen regulatory measures and public awareness campaigns for these products.

Costa Rica's experiences highlight the value of partnership in surveillance. The GYTS is coordinated by the national Institute on Alcoholism and Drug Dependence (IAFA), in collaboration with the Ministry of Health and the partners of the Global Tobacco Surveillance System. The GATS was similarly led by the Ministry of Health (2015) and then IAFA (2022). The successful collaboration between these stakeholders highlights the benefits of strong institutional partnership in expanding surveillance capacity.

In addition to the GYTS and GATS, the country has also expanded data on tobacco through other national surveys: the National Household Survey on Psychoactive Substance Use, the National Drug Use Survey in the General Population and the National Drug Use Survey among Secondary School Students. Together these provide a comprehensive picture of tobacco epidemic trends, forming the basis for the design of more effective public policies.

The long-standing prioritization of surveys has enabled Costa Rica to consistently meet the highest level of best practice in tobacco surveillance and stand out as a regional benchmark.

Conducting a survey interview, Costa Rica, 2022

Box 15. Cambodia: Reducing tobacco use through data-driven action and surveillance

Cambodia has maintained high level of tobacco surveillance by regularly conducting nationally representative surveys for both adults and adolescents.

Since 2000, Cambodia has included questions on tobacco use and exposure in its Demographic and Health Survey. In 2011, the country conducted its first National Adult Tobacco Survey, which provided critical data for shaping its comprehensive Law on Tobacco Control. After the law was adopted in 2015, the Ministry of Health worked with national and international partners to ensure effective implementation and monitoring.

By 2021, results from the second National Adult Tobacco Survey showed a significant drop in smoking prevalence – down to 14.6%, from 16.9% in 2014. Among men, there was a 13.7% relative reduction. These findings influenced policies aimed at securing further health gains, including higher tobacco taxes and stricter smoke-free regulations.

Between 2021 and 2024, Cambodia expanded its tobacco surveillance efforts. The 2021–2022 Demographic and Health Survey collected detailed data on tobacco use, second-hand smoke exposure and related health indicators among adults and adolescents. Building on this, the 2023 NCD STEPS Survey assessed biological and behavioural risk factors, including tobacco use, among adults.

In 2024, the national census marked a new milestone by including, for the first time, questions on e-cigarette use and tobacco consumption, highlighting Cambodia's proactive stance on monitoring emerging nicotine products and evolving patterns of use.

For youth, Cambodia conducted the GYTS in 2016 and 2022, offering internationally comparable data on tobacco use among school-aged children. These findings helped guide prevention programmes and supported collaboration with the Ministry of Education, Youth and Sport, and universities to block industry interference.

Cambodia's experience shows how consistent surveillance can promote effective policy-making, encourage cooperation across sectors and drive real progress in reducing tobacco use.

Students filling in the Global Youth Tobacco Survey, Cambodia, 2021

Protect people from tobacco smoke

Article 8 of the WHO FCTC states:

"… [S]cientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability … [Parties] shall adopt and implement … measures providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places". WHO FCTC Article 8 guidelines are intended to assist Parties in meeting their obligations under Article 8 of the WHO FCTC and provide a clear timeline for Parties to adopt appropriate measures (within five years after entry into force of the WHO FCTC for a given Party).

Exposure to second-hand smoke is deadly – and smoke-free laws save lives

Exposure to second-hand smoke is harmful, even after only a short exposure. It can lead to severe or fatal conditions such as heart disease, respiratory illnesses and cancer. Studies estimate that over 1.6 million nonsmokers die every year from exposure to second-hand smoke *(28)*.

Evidence shows that smoke-free public spaces lead to fewer hospital admissions for heart attacks and lower mortality rates from smoking-related diseases – even amongst neonates and infants. One study estimates that comprehensive smoke-free laws implemented in 18 countries have prevented up to 12 000 neonatal deaths over three years *(207)*.

Importantly, these laws make smoking less socially acceptable and less visible to children and youth, promoting healthier behaviours such as not smoking at home or in cars. Smoke-free environments can also encourage smokers to cut down on tobacco use, attempt to quit and stay tobacco-free in the long run.

To effectively protect the population, smoke-free laws must be comprehensive

- **Designated smoking rooms do not protect people from second-hand smoke**: Allowing designated smoking rooms or areas in smoke-free environments does not protect nonsmokers from second-hand smoke *(208)*.
- **All public indoor areas should be covered by smoke-free laws:** Indoor areas include at the minimum government offices, educational facilities, health-care facilities, universities, workplaces, restaurants, bars and cafes, and public transport.
- **Countries should be encouraged to apply smoke-free laws to other indoor areas as well as outdoor areas where appropriate:** More and more countries are adopting such smoke-free laws.

Smoke-free laws do not harm businesses and have strong public support

Despite claims from the tobacco industry, studies show that smoke-free laws not only do not harm businesses but often benefit them, including those in the hospitality sector *(209)*. When smoke-free laws are adopted and enforced, they are invariably supported by the public (smokers and nonsmokers) and attract families with children to places they previously avoided. Smoke-free laws are relatively straightforward to implement and enforce *(3)*.

Smoke-free laws help protect the vulnerable

Women and children are especially vulnerable to second-hand smoke. Children have increased risks of respiratory issues, middle-ear infections and sudden infant death syndrome *(210–216)*. Women are more likely to be nonsmokers but are often exposed to second-hand smoke in their own homes and therefore make up more than half of the total deaths due to exposure *(217)*.

Fig. 16. Smoke-free environments at best-practice level, 2024

Highest level of achievement: Afghanistan, Albania, Antigua and Barbuda, Argentina, Australia, Barbados, Benin, Bolivia (Plurinational State of), Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Burundi, Cambodia, Canada, Chad, Chile, Colombia, Congo, Cook Islands[a], Costa Rica, Democratic Republic of the Congo, Ecuador, Egypt, El Salvador, Ethiopia, Gambia, Greece, Guatemala, Guyana, Honduras, Indonesia[a], Iran (Islamic Republic of), Iraq, Ireland, Jamaica, Jordan, Lao People's Democratic Republic, Lebanon, Libya, Madagascar, Malaysia[a], Malta, Marshall Islands, Mauritius, Mexico, Namibia, Nauru, Nepal, Netherlands (Kingdom of the), New Zealand, Niue, North Macedonia, Norway, occupied Palestinian territory, including east Jerusalem[b], Pakistan, Panama, Papua New Guinea, Paraguay, Peru, Republic of Moldova, Romania, Russian Federation, Saint Lucia, Seychelles, Sierra Leone[a], Slovenia[a], Spain, Suriname, Thailand, Trinidad and Tobago, Türkiye, Turkmenistan, Uganda, Ukraine, the United Kingdom, Uruguay, Uzbekistan[a] and Venezuela (Bolivarian Republic of).

[a] Country newly at the highest level since 2022

[b] Hereinafter referred to as "occupied Palestinian territory"

Still, only 41% of countries and 33% of the world's population are protected by smoke-free environments

Sustained and gradual progress has occurred in the adoption of smoke-free laws. In 2007, only 10 countries in the world had a comprehensive smoking ban in place, covering just 3% of the world's population. Now, 2.4 billion more people in 69 additional countries are covered by best-practice smoke-free laws. This means that 2.6 billion people are living in 79 countries where the smoking bans are at best-practice level (Fig. 16 and Fig. 17).

Although more than half of the countries with smoke-free environments are middle-income countries, an almost equal proportion of countries (around 40%) in each income group are covered by comprehensive smoke-free bans.

The complete absence of smoking bans, or minimal bans that are not comprehensive enough to protect people from the harms of second-hand smoke, are remarkably common in high-income countries. In fact, 16 high-income countries (25%) still have extremely minimal or no legislation in place to protect people from second-hand smoke in public places. The same is true for 24 middle-income countries (23%) and 11 low-income countries (42%) (Fig. 18).

In the past two years, six countries have joined the group of countries providing protection at best-practice level, with all public places now completely smoke-free. Three of these countries (Malaysia, Sierra Leone and Uzbekistan) (see Boxes 16 and 17) went from a minimal law to a complete ban covering all public places and workplaces. Two countries (Indonesia and Slovenia) advanced from three or four public places covered by smoke-free environments and one country (Cook Islands) extended the smoke-free law to indoor private offices and workplaces to reach best-practice level.

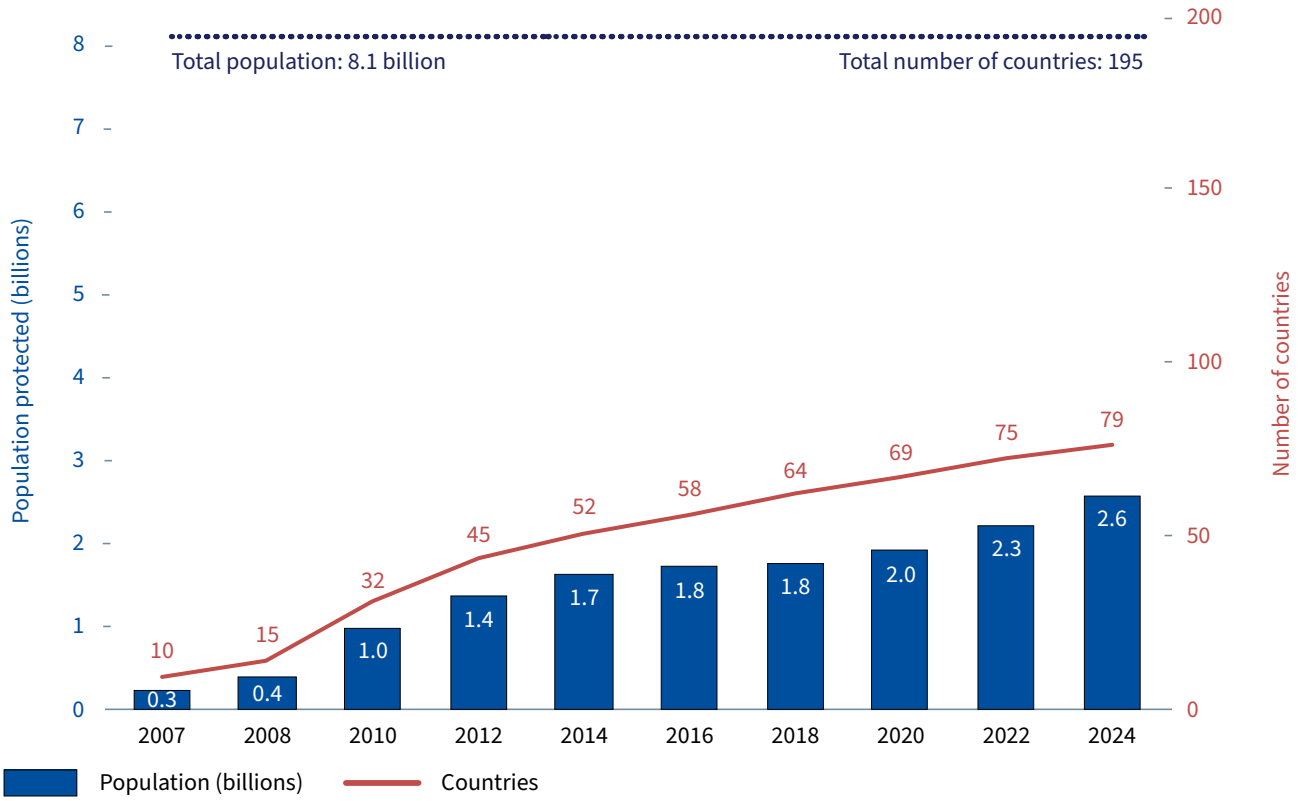
Over 90 million additional people could be protected by comprehensive smoke-free laws if nine countries banned smoking in just one more public place

Nine countries, representing 91 million people, only need to cover one more place with a smoking ban to join the 79 other countries with comprehensive smoke free laws: Armenia, Cyprus and Hungary (public transport); Democratic People's Republic of Korea (government facilities), Georgia (cafés, pubs, bars), Kyrgyzstan and Zambia (indoor offices), Senegal (restaurants) and Tonga (universities). Notably, Kyrgyzstan and Tajikistan did have a comprehensive ban in 2022 but took a retrograde step by later introducing designated smoking rooms allowances.

A further 14 countries with about 1.7 billion people only need to cover two more places with a smoke-free ban to reach best-practice adoption. One country (Tunisia, with 12 million people) improved their smoke-free law since 2022 but did not reach best-practice level in 2024. Thirteen countries (with 1.7 billion people in total) would achieve a comprehensive ban by simply removing the allowance of designated smoke rooms under the law.

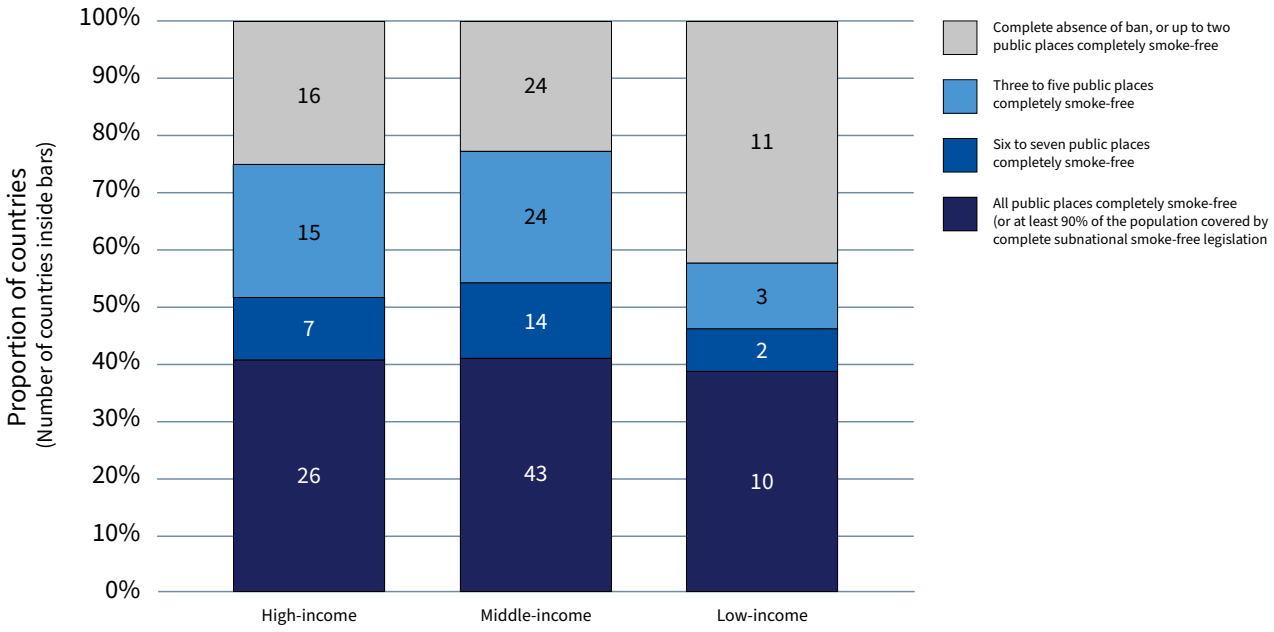
Out of the 545 million people (6.7% of the global population) living in the world's 100 largest cities, only 317 million in 51 cities are protected by comprehensive smoke-free laws (Annex 4). Of these, two cities (Beijing and China, Hong Kong Special Administrative Region (Hong Kong SAR)) have enacted their own city-level laws, three (Hyderabad, Los Angeles and Toronto) are covered by state or provincial laws, and the remaining 46 fall under national legislation. The other 49 cities not yet protected by national best-practice laws could take action at the city, state or provincial level to implement smoke-free policies and more rapidly protect their populations.

Fig. 17. Progress in smoke-free legislation, 2007–2024



79 countries, covering one third of the world's population, protect their populations from second-hand smoke.

Fig. 18. Smoke-free legislation, by country-income group, 2024



Since 2022, six more countries have adopted comprehensive smoke-free environments.

Box 16. Sierra Leone: Advancing smoke-free public spaces to protect health and save lives

Sierra Leone is making strong progress in tobacco control, recognizing the urgent need to address the rising use of tobacco. Sierra Leone has taken bold steps to combat the growing public health and economic burden of tobacco use, particularly among youth. With 27.9% of men and 18.6% of women using tobacco, and over 3330 tobacco-related deaths annually – including more than 900 from second-hand smoke – the country faced an urgent need for action. The economic toll was equally stark, with an estimated US$ 17.7 million lost each year in health-care costs and productivity, equivalent to 1.5% of gross domestic product in 2017.

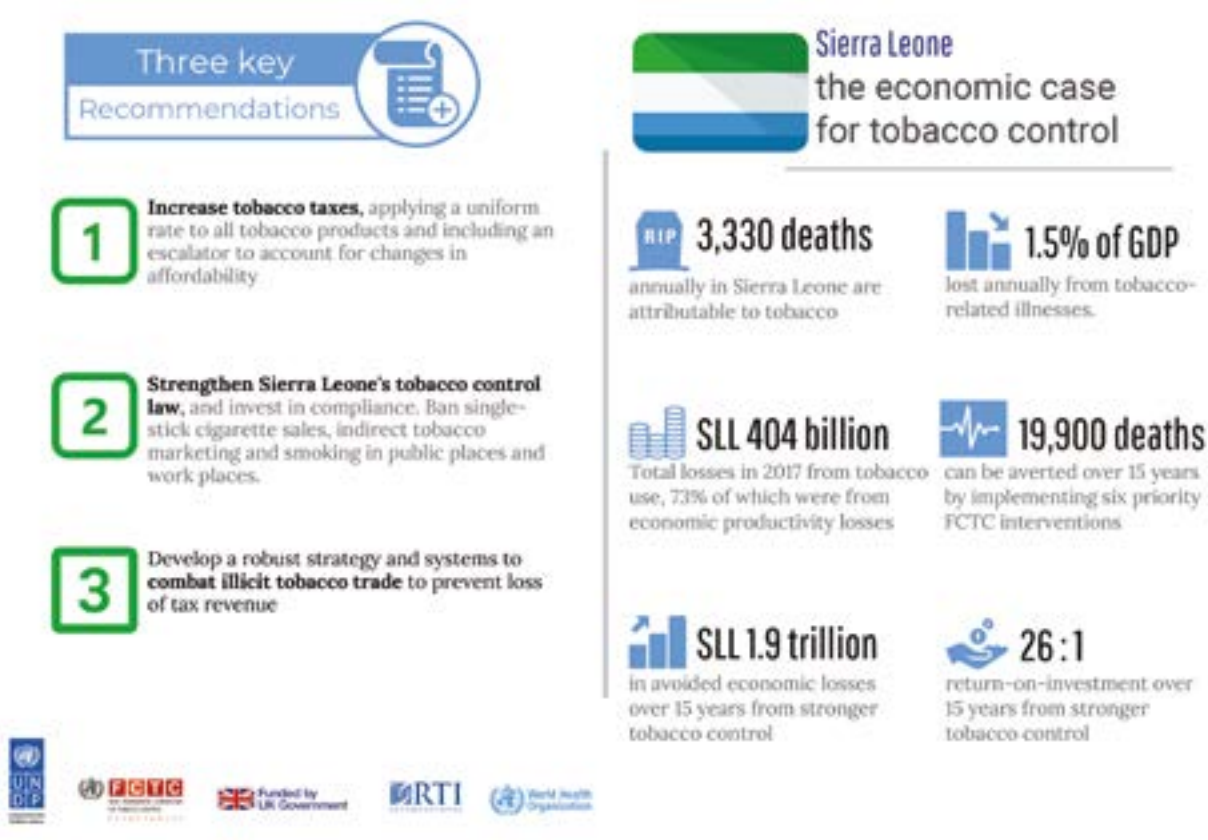
In 2022, Sierra Leone passed the Tobacco and Nicotine Control Act, a landmark piece of legislation supported by the WHO FCTC 2030 Project and WHO Regional Office for Africa. The Act introduced 100% smoke-free indoor public places, large graphic health warnings, and bans on advertising, promotion and sponsorship. These measures are proven to be effective in reducing tobacco use and protecting public health.

A key driver behind the passage of this Act was the development of the Investment Case for Tobacco Control in Sierra Leone Report *(218)*.

Designed as an advocacy tool, the investment case clearly demonstrated the high returns of implementing WHO-recommended tobacco control interventions. It framed tobacco control as both a public health necessity and an economic development strategy aligned with the sustainable development goals.

Developed with input from the Ministry of Finance, National Revenue Authority, Statistics Sierra Leone, civil society and the Parliamentary Health Committee, the investment case was widely referenced during parliamentary debates. Lawmakers cited its data on health impacts, economic costs and return on investment, helping to secure broad support for the bill.

Sierra Leone's commitment to comprehensive smoke-free legislation demonstrates that any country, regardless of income level, can take decisive action to protect its population from second-hand smoke, help smokers quit and reduce youth initiation. These laws are a win for public health, economic resilience and equitable development.



Infographic developed from the Sierra Leone investment case, Sierra Leone

Box 17. Uzbekistan: Robust legislation to strengthen tobacco control

Uzbekistan has made considerable strides in tobacco control by focusing on stronger legislation. The country's journey began in 1995 with the introduction of a smoking ban on public transport, which evolved in 2011 and 2015 with the introduction of multiple smoke-free public spaces and increased penalties. A breakthrough came in 2023 with Law No. ZRU-844, which detailed prohibited areas for tobacco and nicotine device use, such as workplaces, elevators and playgrounds, and removed the provision for designated smoking areas. The law also clarified that officials and business owners are accountable for enforcement and have responsibilities, including displaying visible no-smoking signs in public places, issuing warnings to violators, and, where necessary, reporting repeated offenders to law enforcement. Stricter smoke-free policies for catering establishments (including restaurants and bars) also followed in 2024.

Public and political awareness of and support for these measures have been crucial to their success. Between 2020 and 2024, various seminars, roundtables and press briefings were organized for policy-makers and media representatives. These events familiarized participants with WHO FCTC principles and global best practices in tobacco control, promoting Uzbekistan's transition to a smoke-free society and tighter regulation of novel nicotine products.

Unsurprisingly, the tobacco industry actively lobbied against these measures, exerting pressure on government bodies, the Legislative Chamber and the Senate of the Oliy Majlis, while leveraging media to protect its interests.

However, strong advocacy efforts by civil society, journalists, international partners and key decision-makers ensured the passage of robust tobacco control legislation.

The use of all tobacco and nicotine products, including snus, nasvay, HTPs, e-cigarettes (including those with nicotine-free e-liquids) and nicotine pouches, is now prohibited within smoke-free zones. Ongoing initiatives to further strengthen these efforts include amendments to penalize noncompliance and giving authorities enforcement responsibilities. These efforts underline Uzbekistan's dedication to guaranteeing smoke-free environments, reducing tobacco use and safeguarding public health.

An event at AMITI University in Tashkent to build awareness about the harms of new and emerging tobacco and nicotine products, Uzbekistan, 2025

Offer help to quit tobacco use

Article 14 of the WHO FCTC states:

"Each Party shall … take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence… Each Party shall … design and implement effective programmes aimed at promoting the cessation of tobacco use". WHO FCTC Article 14 guidelines are intended to assist Parties in meeting their obligations under Article 14 of the WHO FCTC.

Tobacco users are more likely to successfully quit when they have help

Nicotine is a highly addictive substance and new tobacco users (usually adolescents) can become dependent after smoking only four cigarettes *(38)*. Once addicted, many smokers eventually want to quit but only about 4% (that is, 1 in 25 smokers) succeed without adequate support *(219)*. With appropriate support, their chances of success can be improved. Helping people quit smoking is not only a public health priority but also a matter of human rights. Tobacco control measures, such as smoke-free environments and tobacco taxes, motivate people to quit, but adequate support, as part of a comprehensive tobacco control approach, must be available to help them succeed.

The recently published *WHO clinical treatment guideline for tobacco cessation in adults* comprehensively reviews current evidence on cessation interventions and provides countries with up-to-date guidance *(220)*. Below are some proven, cost–effective methods to help people quit smoking:

Behavioural support:

- **Brief advice from health workers:** During routine medical visits, health workers can offer brief advice in 30 seconds to three minutes, making efficient use of existing services. This approach reaches individuals who might not have considered quitting and provides personalized counselling *(219)*.
- **Quit lines:** Toll-free quit lines offer brief and intensive counselling, increasing the absolute quit rate by 4%. Proactive quit lines, where counsellors follow up with callers, can further boost success rates *(221)*.
- **Digital tobacco cessation programmes:** Text-message-based interventions show promise, increasing the absolute quit rate by 4% *(222)*. The other digital tobacco cessation modalities (smartphone applications, artificial intelligence-based intervention or internet-based interventions) can also help reach a large number of tobacco users and increase their chances of successful quitting.

Pharmacological aids:

- **Nicotine replacement therapy (NRT):** Products like patches and gums can increase the absolute quit rate by 6%.
- **Non-nicotine medications:** Drugs such as bupropion, varenicline and cytisine help reduce cravings and the pleasurable effects of smoking, increasing the chances of a successful quite attempt by up to 15%.
- **Combination treatments:** Using a mix of NRTs, non-nicotine medications and behavioural support under the guidance of a health professional can further enhance the likelihood of quitting *(223)*.

Fig. 19. Tobacco dependence treatment at best-practice level, 2024

Highest level of achievement: Armenia, Brazil, Canada, Costa Rica, Czechia, Denmark, El Salvador[a], Ethiopia, India, Ireland, Israel, Jamaica, Jordan, Kuwait, Lithuania[a], Luxembourg, Mauritius, Mexico, Netherlands (Kingdom of the), New Zealand, Republic of Korea, Romania, Saudi Arabia, Singapore, Slovakia, Sweden, Tonga, Türkiye, United Arab Emirates, the United States and Zambia.

[a] Country newly at the highest level since 2022.

Over one third of the world's population have access to cessation support

Thirty-one countries are now covered by comprehensive cessation services (Fig. 19). Since 2007, 21 countries have adopted comprehensive cessation support services, extending protection to an additional 2.2 billion people (Box 18 and Box 19). As a result, a total of 2.7 billion individuals now have access to comprehensive cessation support. (Fig 20).

Less than one third of high-income countries, 11% of middle-income countries and 4% of low-income countries offer comprehensive cessation support at best-practice level (Fig. 21). Globally, almost all high-income countries (89%) offer at least partial coverage of the cost of cessation services. Most middle-income countries (67%) do the same, while 23% of low-income countries offer some cost-coverage for services.

Thirty-three countries provide no cessation support at all. Three high-income countries, covering a population of 174 000, offer no support to help users quit, while 17 middle-income countries (with a total population of 115 million) and 13 low-income countries (with 249 million inhabitants), offer no support to tobacco users.

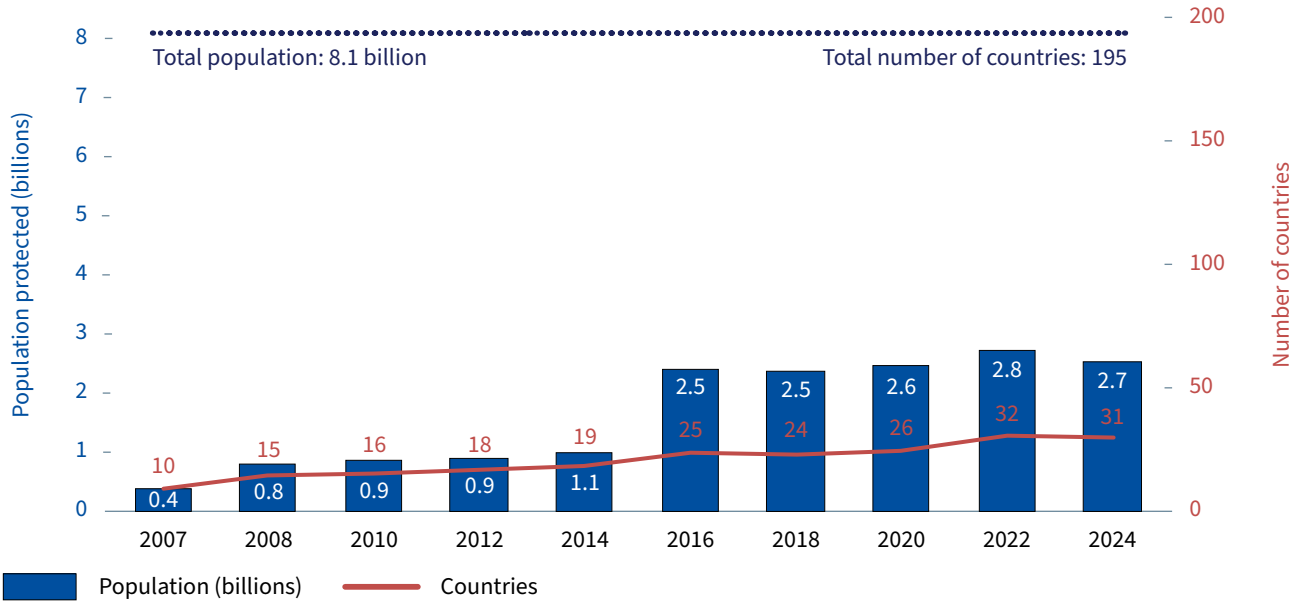
If 25 countries implement quit lines 720 million more people will have access to comprehensive cessation services

Since 2022, two countries (El Salvador and Lithuania) have started offering comprehensive cessation services, Disappointingly, however, the number of people protected by these provisions has been offset by three countries (Cook Islands, Iran (Islamic Republic of) and Philippines, representing 207 million people) dropping out of the best-practice group in the same period. This means there has been a net loss of two countries since 2022 (from 33 countries to 31) and the number of people protected has decreased by 198 million in the past two years (Fig. 20).

Sixty-four countries – home to 2.3 billion people – provide cessation support packages that are missing only one element to achieve best-practice implementation: (1) a national toll-free quit line; (2) cost-coverage of NRT; or (3) cost-coverage of cessation services in clinical settings or in the community. Of these 64 countries, 25 need only to add a national toll-free quit line in order to bring comprehensive tobacco cessation support to an additional 720 million people, while 38 need to offer cost-covered NRTs to cover an additional 1.5 billion people; and one country needs to cost-cover one or more cessation services in clinical settings or the community to cover an additional 19 million people.

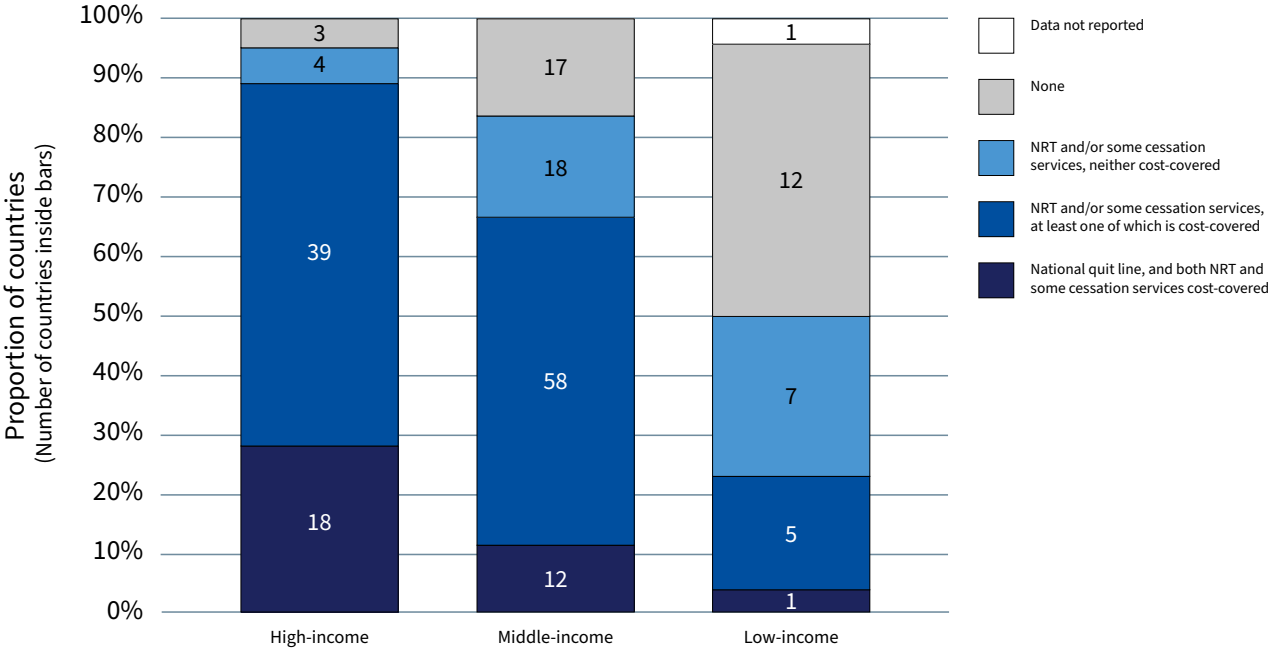
Of the 545 million people (6.7% of the world's population) who live in one of the world's 100 largest cities, only 263 million (in 48 cities) are protected by a comprehensive cessation service (Annex 4). Two of these cities are covered by city-level policies (China, Hong Kong SAR and London). The other 46 are covered by national policies. Instead of waiting for a national policy to be put in place, the remaining 52 large cities not currently protected by a national best-practice policy could move ahead with a city, state or provincial-level policy to offer comprehensive cessation support to their large populations sooner.

Fig. 20. Progress in tobacco dependence treatment, 2007–2024



33% of the world's population is covered by comprehensive cessation services.

Fig. 21. Tobacco dependence treatment, by country-income group, 2024



Box 18. Armenia: Celebrating major progress in helping people quit tobacco

Tobacco use rates in Armenia are high, especially amongst men. A recent survey (Health System Performance Assessment, 2022) revealed that 53.2% of adult men use tobacco daily as compared to 2% of women. However, over the past decade, the country has taken strong and steady steps to help people quit tobacco – and it is paying off. The country has expanded access to support services, made quitting more affordable and trained health workers to provide expert help. Since 2014, nearly 2000 health workers have been trained in how to help patients stop smoking, with practical guidance from the Ministry of Health on managing noncommunicable diseases.

In 2018, Armenia hosted a WHO train-the-trainer workshop with participants from Armenia, Georgia and Ukraine sharing knowledge across the region and boosting national expertise in tobacco cessation.

In 2019 and 2020, Armenia introduced new national guidelines and protocols for smoking cessation, based on WHO recommendations. These were used to train 300 primary health workers to deliver effective support to people trying to quit.

One of the country's most impactful achievements came in 2020, with the launch of a toll-free national quit line. The service offers confidential advice, follow-up calls and practical help to manage cravings. Many callers reported high satisfaction and greater motivation to stay tobacco-free. In 2022, Armenia made quitting even more accessible by revising its essential medicines list to include cessation medicines and began offering partial cost coverage for nicotine replacement therapies through the State's budget.

By integrating quitting support into primary health care, training professionals and backing these efforts with strong policies, Armenia is paving the way for lower smoking rates, therefore helping more people live longer, healthier lives, free from tobacco.

Poster from campaign to promote the cessation quit line, Armenia. Translation: "Do you want to quit smoking? Our experts will help you!"

Box 19. China: Expanding help to quit through community-based tobacco cessation services

China is making notable progress in expanding access to tobacco cessation support through its health system. Since 2021, the Chinese Center for Disease Control and Prevention has promoted a community-based model of cessation services built on the routine delivery of brief advice at the primary care level.

With around 300 million smokers and only 16% of smokers intending to quit in the next 12 months, China's cessation services have traditionally been concentrated in large hospitals and urban centres.

To ensure the accessibility of cessation services for most smokers, China has begun shifting toward a more equitable and scalable approach by integrating brief tobacco cessation interventions at the primary care level. This intervention has the potential to reach over 80% of smokers, including those not yet motivated to quit.

A leading example is the Yinchuan Initiative, which introduced two service models in the capital of Ningxia Hui Autonomous Region (population: 2.9 million). The basic model delivers brief cessation advice during routine visits at community health centres, while the intensive model adds structured four-phase intensive cessation services and community awareness campaigns.

A 2024 evaluation in 20 communities in Yinchuan revealed that the basic model achieved a six-month continuous abstinence rate of 5.43%, while the intensive model yielded 23.16% – demonstrating both the effectiveness and cost–effectiveness of scaled-up cessation support in community settings.

As a next step, China aims to use this local evidence to enable the sustainable integration of brief cessation advice across primary care settings nationwide. Communities with sufficient resources may additionally offer intensive cessation support. These efforts show that offering help to quit is both feasible and impactful, across countries with different levels of tobacco prevalence and diverse health systems.

A smoking patient receives brief advice in a Community Heath Centre, China

Warn about the dangers of tobacco

Article 11 of the WHO FCTC states:

Each Party shall … adopt and implement … effective measures to ensure that … tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions". WHO FCTC Article 11 guidelines are intended to help Parties meet their obligations under Article 11 of the WHO FCTC, which provides a clear timeline for Parties to adopt appropriate measures (within three years after entry into force of the WHO FCTC for a given Party).

Graphic health warnings are the mostly widely adopted MPOWER measure

Currently, 110 countries with a total of 5 billion people are protected by strong graphic health warnings. This is an increase of 101 countries and 4.7 billion people since 2007. Of all MPOWER measures, large graphic health warnings on cigarette packages have seen most progress since 2007 – both in terms of number of countries and population covered by a best-practice policy (Fig. 22 and Fig. 23).

This means that strong health warnings now cover almost two thirds of the global population (62%). A total of 69% of high-income countries, 56% of middle-income countries and 27% of low-income countries are covered. Only 22 countries (5 high-income, 11 middle-income and 6 low-income) have not adopted any warning labels and 48 others have issued warnings that cover less than 50% of the principal package display areas (below the coverage required by the WHO FCTC) (Fig. 24).

In the past two years, six additional countries (Côte d'Ivoire, Indonesia, Iraq, Oman, Sierra Leone and Uzbekistan), with a combined 5% of the world's population, have joined the 104 countries that required large graphic warning labels on tobacco products in 2022. Four of the countries are middle-income countries, one is high-income and the other is low-income.

An increasing number of countries mandate plain packaging of tobacco products

Despite tobacco industry lobbying, several countries are moving forward with plain packaging. By the end of 2024, 25 countries had adopted legislation mandating plain packaging of tobacco products and had issued regulations with implementation dates (Australia, Belgium, Canada, Côte d'Ivoire, Denmark, Finland, France, Georgia, Hungary, Ireland, Israel, Lao People's Democratic Republic, Mauritius, Myanmar, Netherlands (Kingdom of the), New Zealand, Norway, Oman, Saudi Arabia, Singapore, Slovenia, Thailand, Türkiye, the United Kingdom and Uruguay).

Strong graphic health warnings appearing on cigarette packaging protect 5.1 billion people

Six countries, with 126 million people, need to raise the pack coverage only by 20% or less to meet all best-practice criteria for large graphic pack warnings. An additional 13 countries have mandated large warnings (covering at least 50% of the pack) and need to add only one criterion to achieve best-practice. Six of these 13 countries, representing 160 million people, only need to mandate that strong graphic health warnings appear on each package and any outside packaging used in the retail sale. Six others, with a total 26 million people, only need to add a graphic image to their current text-only warnings, and one country only needs to mandate that the warnings are rotated.

Of the 545 million people (6.7% of the world's population) who live in one of the world's 100 largest cities, only 423 million (in 74 cities) are informed about the dangers of tobacco use by the display of large graphic warning labels on their cigarette packs (Annex 4). One of these cities is covered by city-level policies (China, Hong Kong SAR) and the remaining 73 are covered by national laws.

Fig. 22. Graphic health warning labels at best-practice level, 2024

Highest level of achievement: Albania, Argentina, Armenia, Australia, Austria, Bangladesh, Barbados, Belarus, Belgium, Benin, Bolivia (Plurinational State of), Brazil, Brunei Darussalam, Bulgaria, Burkina Faso, Cambodia, Cameroon, Canada, Chad, Chile, Costa Rica, Côte d'Ivoire[a], Croatia, Cyprus, Czechia, Denmark, Djibouti, Ecuador, Egypt, El Salvador, Estonia, Ethiopia, Fiji, Finland, France, Gambia, Georgia, Germany, Ghana, Greece, Guyana, Honduras, Hungary, India, Indonesia[a], Iran (Islamic Republic of), Iraq[a], Ireland, Italy, Jamaica, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Lithuania, Luxembourg, Madagascar, Malaysia, Malta, Mauritania, Mauritius, Mexico, Mongolia, Montenegro, Myanmar, Namibia, Nepal, Netherlands (Kingdom of the), New Zealand, Niger, Nigeria, Oman[a], Pakistan, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Moldova, Romania, Russian Federation, Saint Lucia, Samoa, Saudi Arabia, Senegal, Seychelles, Sierra Leone[a], Singapore, Slovakia, Slovenia, Solomon Islands, Spain, Sri Lanka, Suriname, Sweden, Tajikistan, Thailand, Timor-Leste, Trinidad and Tobago, Tunisia, Türkiye, Turkmenistan, Ukraine, the United Kingdom, Uruguay, Uzbekistan[a], Vanuatu, Venezuela (Bolivarian Republic of) and Viet Nam.

[a] Country newly at the highest level since 2022.


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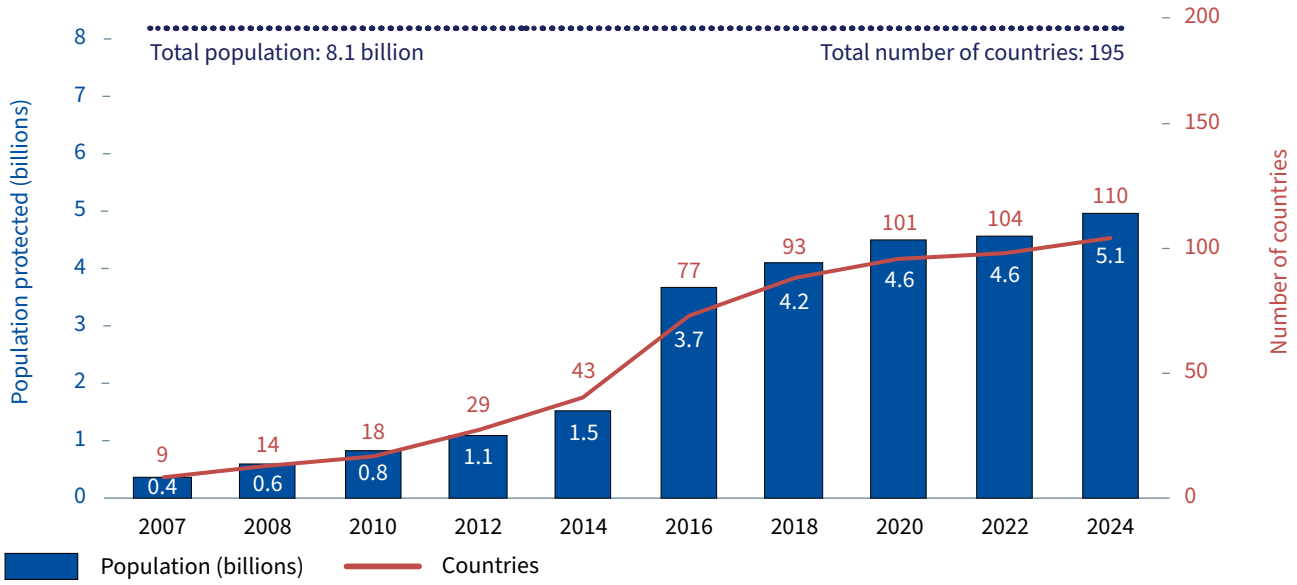
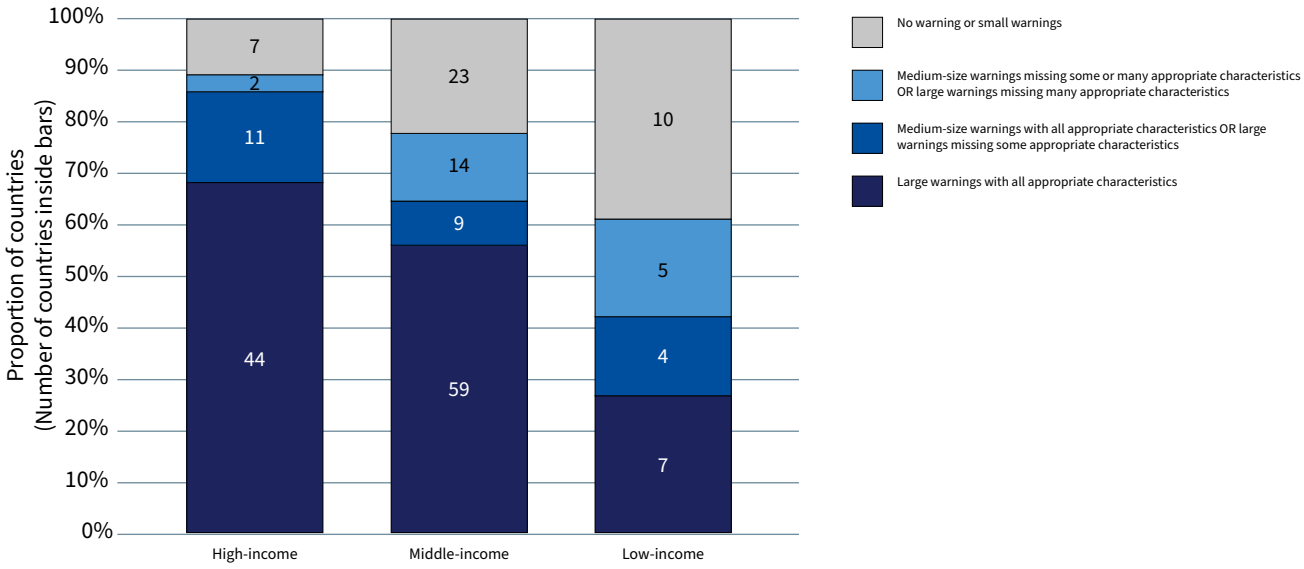
Fig. 23. Progress in health warning labels, 2007–2024



Graphic health warnings are the fastest progressing MPOWER measure with 56% of countries and 62% of the world population covered by best-practice warnings.

Fig. 24. Health warning labels, by country-income group, 2024



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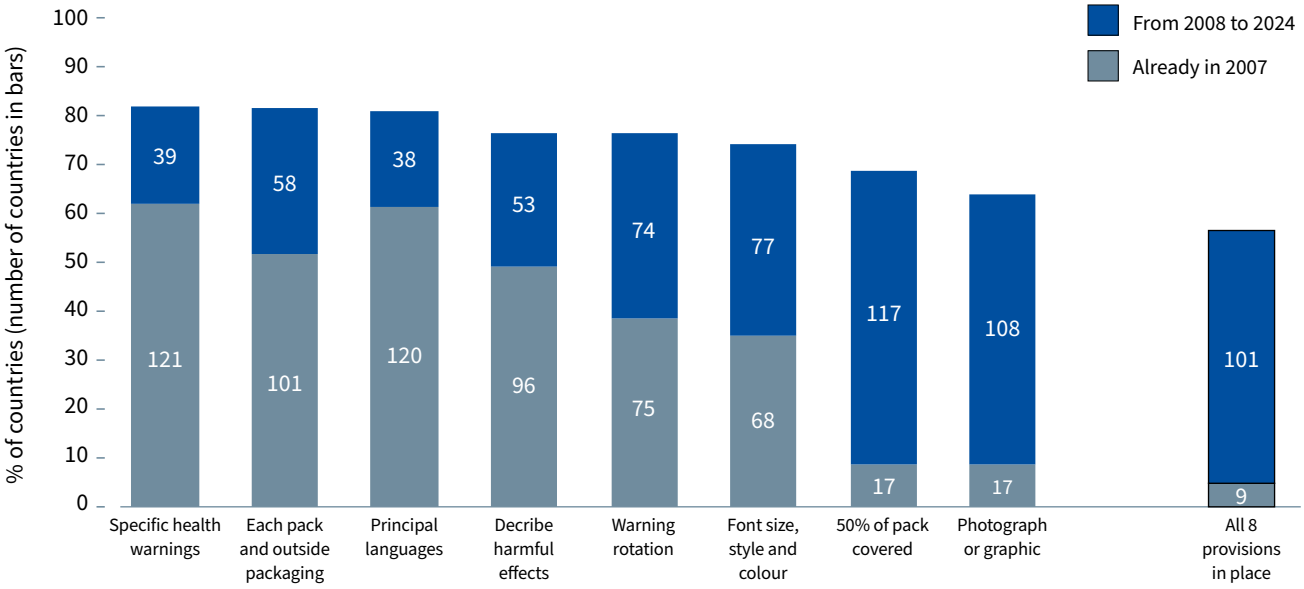
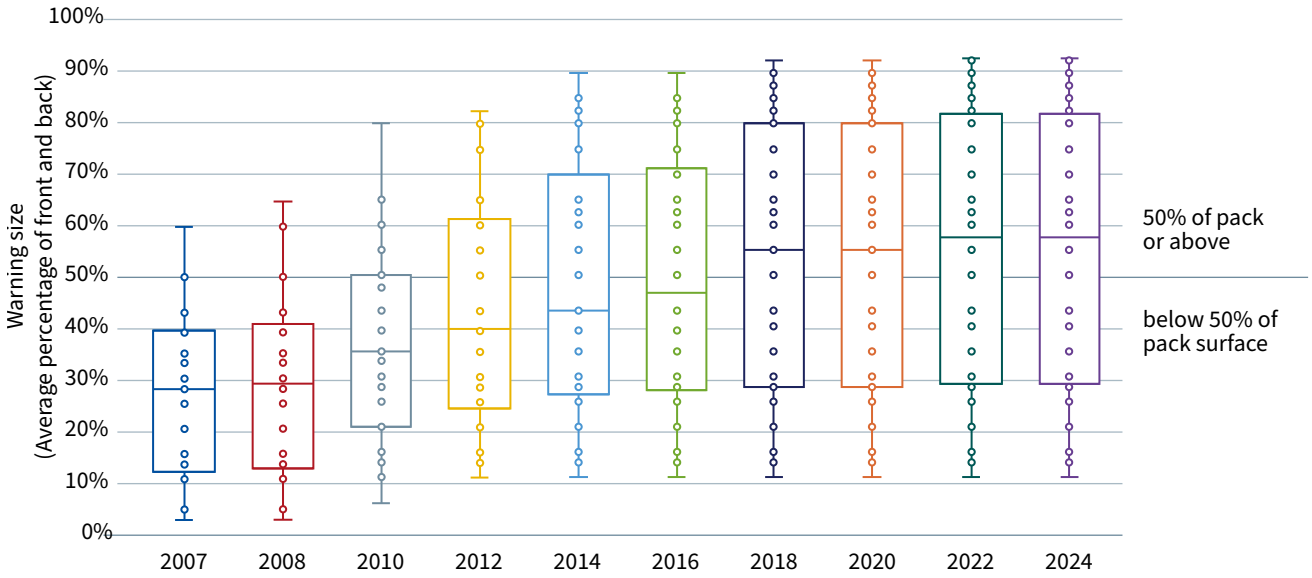
While over 60% of countries in 2007 (121 countries) had mandated specific health warning on tobacco packaging and many had ensured that the warnings describing harmful effects of tobacco were to be displayed in the principal language, only 17 countries (fewer than 10% of countries) had included the requirement for a photograph or graphic on the label and 17 required a size greater than 50% of the main display areas of the packages (the maximum in 2007 being 60% of the main display areas) (Fig 25). Since 2007, the latter two characteristics have made the most progress, with an additional 108 and 117 countries respectively helping to make graphic health warnings the fastest measure to progress (the maximum in 2024 being 92.5% of the main display areas).

Fig. 25. Health warning provisions, 2007 and 2024



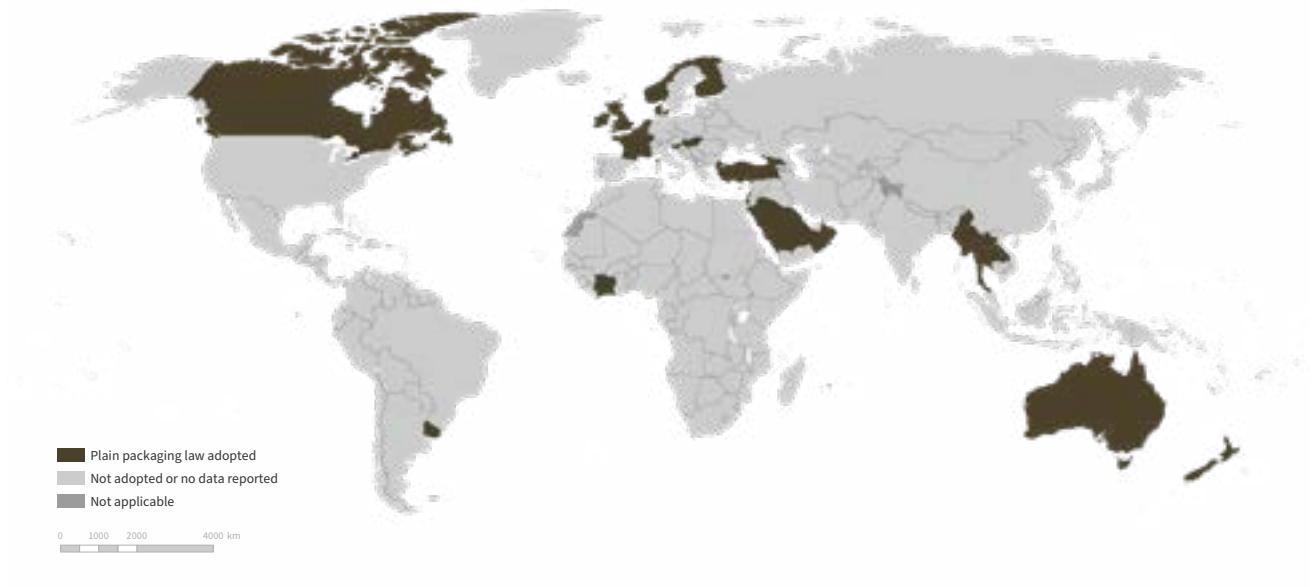
Not only are more countries adopting graphic health warnings, but the average size of warnings has increased from 28% in 2007 to almost 60% in 2024.

Fig. 26. Progress in average health warning size on cigarette packaging, 2007–2024



In 2007, the mean warning size across all countries that mandated one was below 30% of the pack (average front and back) (Fig. 26). The largest warning in 2007 was 60% and was required in Australia and New Zealand. The mean size globally increased to around 35% by 2010 and steadily moved higher each year until it passed 50% in 2018. Similarly, the maximum size increased every year until 2018, when 92.5% was adopted in Timor-Leste, a size that Türkiye also adopted in 2022 (Box 20).

Fig. 27. Plain packaging, 2024

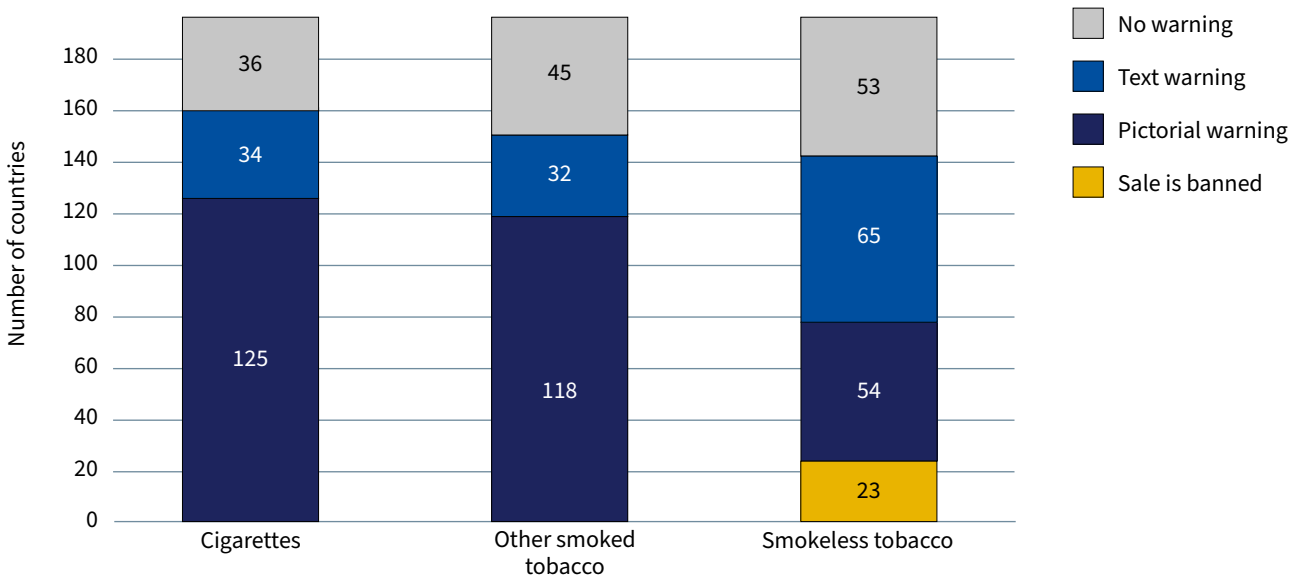


Plain packaging law adopted in: Australia, Belgium, Canada, Côte d'Ivoire, Denmark, Finland, France, Georgia, Hungary, Ireland, Israel, Lao People's Democratic Republic, Mauritius, Myanmar, Netherlands (Kingdom of the), New Zealand, Norway, Oman, Saudi Arabia, Singapore, Slovenia, Thailand, Türkiye, the United Kingdom and Uruguay.

Plain packaging momentum is growing despite the tobacco industry's resistance.

Plain packaging now covers a total of 25 countries making up a population of 588 million (Fig. 27). The first country to adopt plain packaging was Australia in 2012. By 2024, 24 other countries have followed suit, making a total of 18 high-income countries and seven middle-income countries, but no low-income countries (Box 21).

Fig. 28. Health warnings by tobacco type, 2024



Large graphic health warnings should be applied to all types of tobacco products, including smokeless and waterpipe tobacco.

While 110 countries have graphic health warnings with all best-practice criteria, a further 15 countries have pictorial health warnings but are either not large enough or are missing some characteristic to reach the highest level of achievement. In addition to these, a further 34 have text-only warnings.

Furthermore, while pictorial health warnings on other smoked tobacco products such as roll-your-own tobacco or cigars is almost as well-adopted as on cigarettes, only 54 countries require graphic warnings on smokeless products and an additional 65 require textual warnings only (Fig. 28). However, 23 countries ban the sale of smokeless tobacco products.

Fig. 29. Additional provisions in place for cigarette packaging, 2024

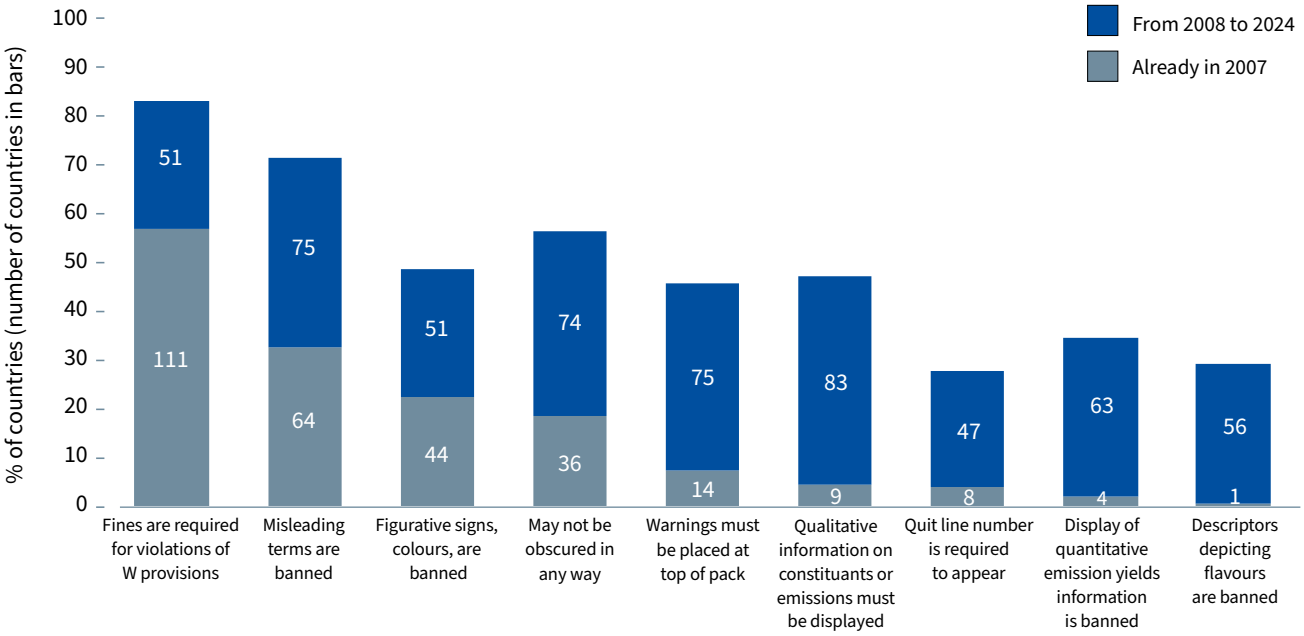


Fig. 29 shows the measures in place that relate to implementation of warnings and those that address other aspects of the packaging that can be misleading. The most widely adopted measure is fines for violations of warning provisions, in place in 162 countries, with 111 already enforcing them in 2007.

Since 2007, significant increases have been observed in banning misleading terms (139 countries total), requiring warnings not to be obscured (110 countries), placing warnings at the top of the pack (89 countries) and other measures such as banning descriptors depicting flavours and display of emission yields were nearly nonexistent in 2007 but have seen notable adoption since.

While substantial progress has occurred since 2007 in the inclusion of quit line numbers on packaging, as of 2024 only 55 countries mandate doing so.

Countries can do more to ban misleading and appealing descriptors and include quit line information on packaging.

Box 20. Indonesia[a]: Landmark progress in tobacco control contributes to WHO South-East Asia Region leading the way in graphic health warnings

[a] In accordance with resolution WHA78.25 (2025), Indonesia was reassigned to the WHO Western Pacific Region as of 27 May 2025.

With close to 60% of adult males using tobacco, Indonesia has one of the highest smoking rates in the world and carries an enormous health and economic burden as a result. Furthermore, Indonesia has not yet ratified the WHO FCTC. For these reasons, Indonesia's Government Regulation Number 28 of 2024, which increased the size of graphic health warnings to 50% of the front and back sides of tobacco packaging, is an outstanding milestone in the country's tobacco control to date.

The warnings must feature both images and text that clearly communicate the health risks of tobacco use. Additionally, packaging must now display nicotine content and include clear warnings against sales to minors and pregnant women, enhancing consumer awareness and protection for vulnerable groups. Indonesia's regulatory progress places it firmly among regional leaders committed to evidence-based tobacco control.

As another country is reaching best-practice in warnings, the WHO South-East Asia Region has emerged as a global leader in implementing large graphic health warnings on tobacco product packaging.

These warnings, which use vivid images and clear messages to illustrate the harms of tobacco use, are a proven strategy for reducing consumption and increasing public awareness. Over the past decade, the Region has made remarkable progress.

In 2011, only Thailand had adopted large, comprehensive graphic health warnings that met global best-practice standards. Since then, significant advancements have been made across the Region, with eight countries – Bangladesh, India, Indonesia, Myanmar, Nepal, Sri Lanka, Thailand and Timor-Leste – now meeting these standards, and Maldives missing only rotation. In addition, Timor-Leste has extended the size of the graphic health warning to cover 85% of the front and 100% of the back of the packaging.

Graphic health warnings covering an average of 92.5% of the principal display areas, Timor Leste
Translation: "Smoking kills you"; "Smoking causes impotence": "Smoking causes heart disease"

Box 21. Oman: Overcoming tobacco industry interference to successfully adopt plain packaging regulations

In a landmark public health achievement, Oman became the second country in the Eastern Mediterranean Region, after Saudi Arabia, to enforce plain packaging regulations for tobacco products. The journey toward this milestone was marked by persistent pushback from the tobacco industry, which attempted to delay and undermine the policy-making process through misleading arguments about the ineffectiveness of the measure, along with frequent requests for delays.

Despite these pressures, national authorities remained steadfast. The Ministry of Commerce, Industry, and Investment Promotion, the Ministry of Health and other key stakeholders demonstrated strong political will in prioritizing public health over commercial interests. The tobacco industry's attempts to sway decision-makers were countered firmly. Officials, including the Director General for Specifications at the Ministry of Commerce, Industry, and Investment Promotion, recognized the public health imperative of plain packaging and reaffirmed their commitment to the well-being of the Omani population, asserting that "nothing is more important than the health of the Omani people."

Throughout this process, WHO played a crucial supporting role. WHO's headquarters, regional and country teams coordinated closely with national authorities, providing high-level political, legal and technical assistance.

The support of nongovernmental organization, particularly the McCabe Centre for Law and Cancer, was also instrumental, delivering targeted workshops that enhanced stakeholders' understanding of the World Trade Organization agreements and trade-related legal frameworks frequently invoked by the tobacco industry to obstruct progress. Additional guidance from Saudi Arabia, the first country in the region to implement plain packaging, provided through its health ministry and the WHO Collaborating Centre for Plain Packaging, was valuable in supporting Oman's efforts, particularly through the sharing of region-specific implementation experiences. This support helped reinforce the government's resolve and navigate the complexities of industry interference.

Owing to a collaborative and resolute approach of the national stakeholders, Oman's plain packaging standard came into full effect on 24 April 2024, marking an important step forward in protecting future generations from the harms of tobacco use and setting a strong example for other countries in the region and beyond.

National multisectoral training on Article 5.3, following the implementation of plain packaging.

Anti-tobacco mass media campaigns

Article 12 of the WHO FCTC states:

"Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools, as appropriate. … each Party shall … promote … broad access to effective and comprehensive educational and public awareness programmes on the health risks including the addictive characteristics of tobacco consumption and exposure to tobacco smoke; … [Each party shall promote] public awareness about the risks of tobacco consumption and exposure to tobacco smoke, and about the benefits of the cessation of tobacco use and tobacco-free lifestyles; … [each party shall promote] public awareness of and access to information regarding the adverse health, economic, and environmental consequences of tobacco production and consumption"

Over a third of the world's population was exposed to a best-practice mass media campaign in 2024 – almost double than in 2022

Over a third of the world's population (2.9 billion people) live in a country that has aired at least one national best-practice anti-tobacco mass media campaign in the past two years (Fig. 30) (Box 22 and 23). Another 25% of countries conducted mass media campaigns for periods of at least three weeks, with some of but not all the best-practice criteria.

The first year for which mass media campaigns were monitored was 2010; for the ensuing four years, the proportion of the world's population exposed to a best-practice mass media campaign rose, reaching 4.4 billion people in 39 countries in 2014.

Over the last two years, an additional 1.4 billion people were exposed to best-practice mass media campaigns as compared to 2022

Disappointingly, the number of people exposed has fluctuated since but never reached this high figure again (Fig. 31). However, the 2.9 billion people reached in 2024 was a significant increase to the 1.6 billion reached in 2022. Of the 37 countries that ran an anti-tobacco mass media campaign since 2022, 19 were high-income countries (30% of all high-income countries), 15 (14%) were middle-income countries and three (12%) were low-income countries (Fig. 32).

More than half of the countries in the world (110 countries) have not run a sustained campaign in the past two years, leaving about 24% of the world's population without any national campaign.

People in low-income countries are the least exposed to anti-tobacco mass media: almost half a billion people living in 20 low-income countries (that is, 65% of the total population living in low-income countries) have not been exposed to any kind of campaign in the past two years (Fig. 32).

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Fig. 30. Anti-tobacco mass media campaigns at best-practice level, 2024

Highest level of achievement: Algeria[a], Australia[a], Bahrain, Brunei Darussalam[a], Chile[a], China[a], Côte d'Ivoire[a], Cuba, Democratic People's Republic of Korea[a], El Salvador[a], Estonia, Eswatini[a], Ethiopia, France, Gambia, Germany[a], Ireland, Japan, Jordan, Malaysia, Malta[a], Monaco, Netherlands (Kingdom of the), New Zealand, Norway, occupied Palestinian territory, Qatar[a], Republic of Korea, Samoa[a], Saudi Arabia[a], South Africa, Thailand, Turkmenistan, the United Kingdom, United Republic of Tanzania[a], the United States and Viet Nam.

[a]Country newly at the highest level since 2022

Fig. 31. Progress in anti-tobacco mass media campaigns, 2010–2024

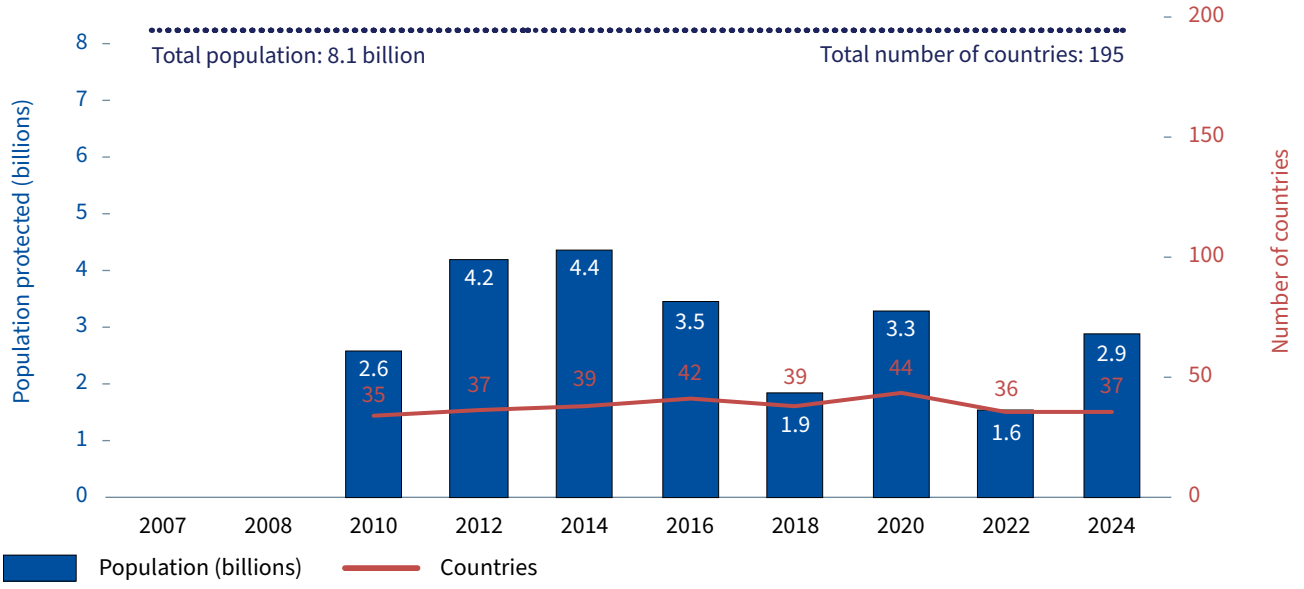


Fig. 32. Mass media campaigns, by country-income level, 2024

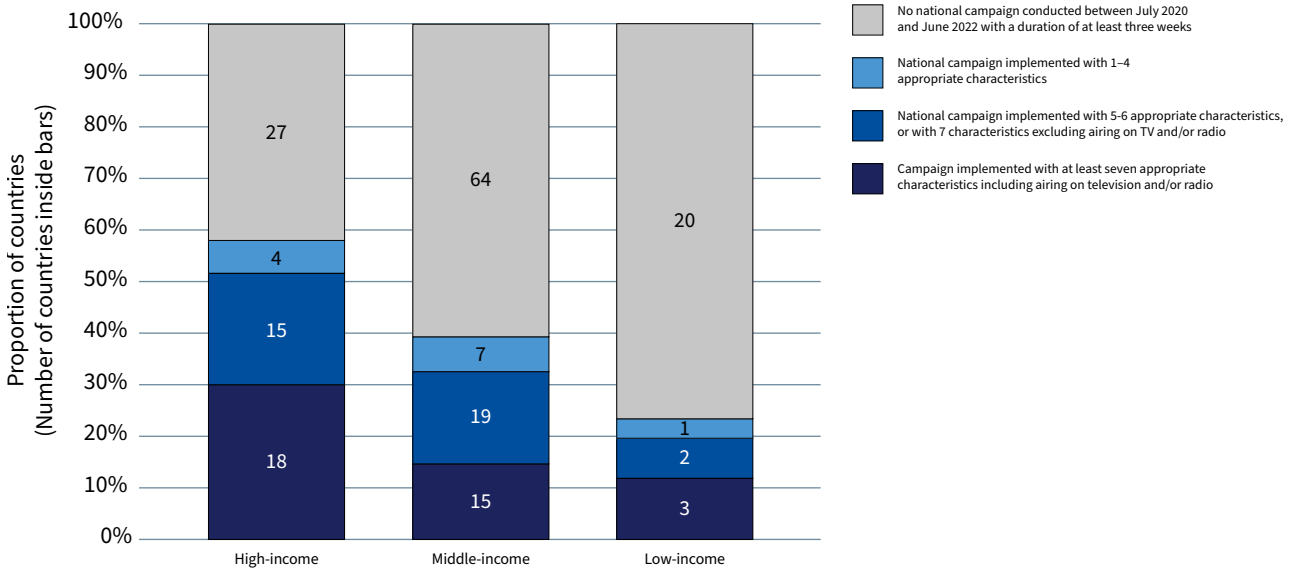
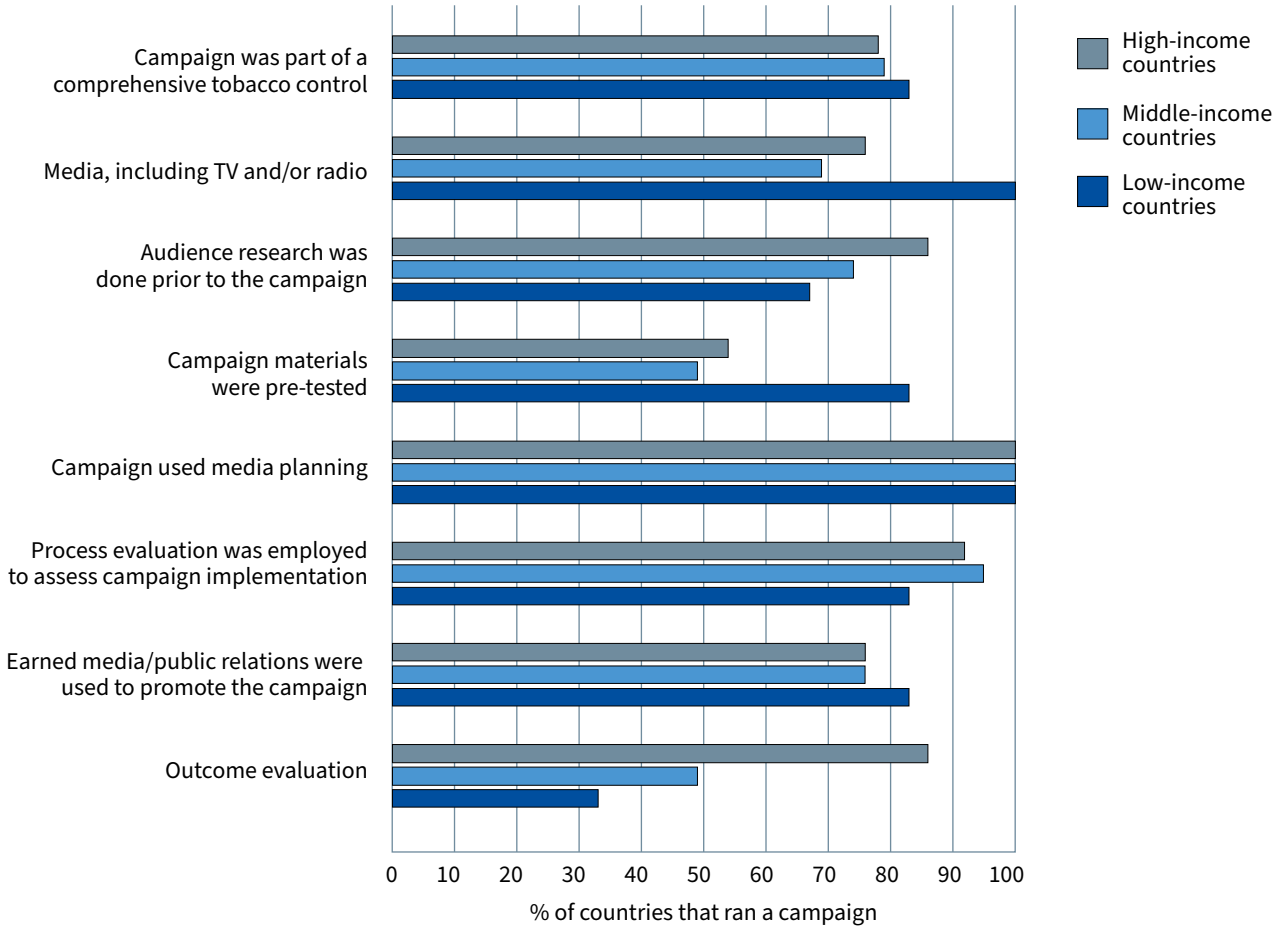


Fig. 33. Characteristics implemented in all campaigns, 2024

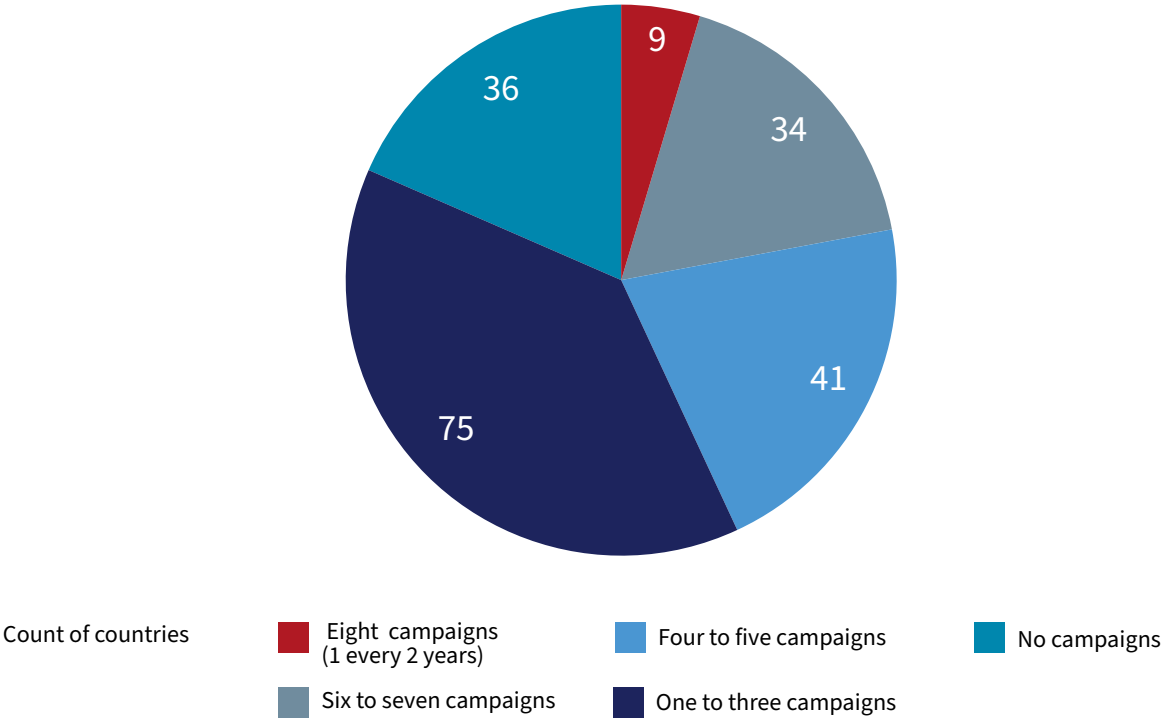


© WHO / Loan Tran

Of the countries that conducted a mass media campaign, low-income countries outperform both middle- and high-incomes countries in pre-testing campaign material and in including the dissemination of the campaign on television and/or radio, while outcome evaluation was reported far more commonly by high-income countries (87% of high-income countries versus 33% of low-income countries) (Fig. 33). All countries that ran mass media campaigns reported that they used media planning. Generally, over 80% of countries across all income groups reported having conducted a process evaluation to assess campaign implementation.

Almost three quarters of campaigns reported were aired on television and/or radio, but only 54% pre-tested the campaign materials prior to implementation.

Fig. 34. Regularity of mass media campaigns since 2010



Regardless of whether the campaign reached best-practice level or not, the regularity of campaigns was assessed. Fig. 34 demonstrates that only nine countries have implemented campaigns at least every two years since 2010: Brazil, Germany, India, New Zealand, Singapore, Thailand, Türkiye, the United Kingdom and Viet Nam, covering a total population of 2.1 billion.

Over one third of countries *(75)* ran only one to three campaigns over the 15-year period while 36 countries (18%) did not run a mass media campaign at all. The population never exposed to an anti-tobacco mass media campaign totals 396 million, of which 291 million live in nine low-income countries.

Box 22. Turkmenistan: building awareness and advocacy across the population

Across Europe, powerful media campaigns are helping more people understand the dangers of tobacco, and inspiring them to quit. Countries such as Estonia, France, Ireland, the Netherlands (Kingdom of the), Norway and the United Kingdom have used mass media to highlight the dangers of smoking and support people to quit. However, these efforts are not only working in wealthier countries, but also in many middle- and low-income ones.

For instance, tobacco control has been a long-standing public health priority in Turkmenistan, underpinned by strong political will and a comprehensive, multisectoral approach. With one of the lowest adult tobacco use rates in the WHO European Region (just 3.6% as of 2018), Turkmenistan continues to strive toward maintaining prevalence below 5% by 2025. A cornerstone of this effort is sustained public education and awareness-raising, particularly among youth, through a range of campaigns and partnerships. These include the annual No Tobacco Month in May, which features a coordinated calendar of activities such as school-based education, community events, national media campaigns and the enforcement of tobacco laws.

Awareness campaigns in Turkmenistan are wide-ranging and adapted to different audiences. For example, during the Fifth Asian Indoor and Martial Arts Games in 2017, Turkmenistan declared the event tobacco-free, sending a strong message about the role of sport in promoting healthy lifestyles. Similarly, themed events such as the tobacco-free car initiative during UN Global Road Safety Week have engaged the public in interactive and relatable ways.

Anti-tobacco messaging is consistently amplified through television, radio, newspapers and digital media, while drawing competitions, workplace contests and roundtable discussions foster local participation.

Local authorities, law enforcement, media and civil society organizations all play an active role in delivering these campaigns.

The country's approach also emphasizes education and capacity-building to ensure long-term impact. Training programmes for educators, journalists and government officials help ensure that tobacco-related harms and tobacco industry interference are accurately and effectively communicated. At the local level, preventive outreach takes place in schools and workplaces, supported by a national helpline and the implementation of health promotion programmes. Through this blend of policy, education and public engagement, Turkmenistan aims to build a well-informed society committed to a tobacco-free future.

Child participating in a World No Tobacco Day sports event, wearing a cap with the No Smoking sign and a T-shirt warning against the dangers of tobacco, Turkmenistan

Box 23. Jordan: Harnessing media for tobacco control

Jordan continues to battle one of the world's highest tobacco use rates, with over 40% of adults smoking. Recognizing the urgent need for intervention, the United Against Tobacco and Addiction Campaign, supported by the Ministry of Health, launched a nationwide media campaign in June 2022. Drawing from global best practices and tailored to the local context, the campaign aimed to raise awareness of tobacco-related harms, encourage smoking cessation and advocate for smoke-free public spaces.

The first phase of this campaign focused on raising awareness and promoting cessation. Inspired by Australia's ECHO initiative, the campaign launched with a high-profile event under the patronage of HRH Princess Dina Mired. Using television, social media and the health ministry website, the campaign disseminated impactful videos and factsheets. This phase reached 2.8 million people via television and 2.4 million on social media, with cessation clinic visits increasing by 1.5 times – from 865 to 1392.

The second phase, implemented in 2023, shifted focus to second-hand smoke, especially its impact on children. Social media platforms like Facebook, Instagram and YouTube were leveraged to stress the importance of smoke-free environments, reaching nearly 10 million people.

Key partners included the Ministry of Health, WHO Country Office, media outlets, civil society and royal patrons – all of whom elevated the campaign's credibility and reach. Outcomes from both phases showed strong public engagement, increased support for smoke-free legislation and significant improvements in awareness of second-hand harms. The rise in cessation clinic visits reflected a positive behavioural shift. These results underscore the power of well-executed media strategies in shaping public health outcomes.

© Royal Health Awareness Society, Jordan

A campaign warning people against the higher risk of sudden death in newborns exposed to smoke, Jordan

Translation: "Newborns exposed to secondhand smoke are at the greatest risk of sudden infant death."

© WHO / Danil Usmanov

Enforce bans on tobacco advertising, promotion and sponsorship

Article 13 of the WHO FCTC states:

"... [A] comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products. Each Party shall ... undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. … [W]ithin the period of 5 years after entry into force of this Convention for that Party, each Party shall undertake appropriate legislative, executive, administrative and/or other measures and report accordingly in conformity with Article 21". WHO FCTC Article 13 guidelines are intended to assist Parties in meeting their obligations under Article 13 of the WHO FCTC

TAPS bans shield people from the tobacco industry

Tobacco companies pour billions into advertising each year, claiming that they are just competing for market share. However, evidence shows that their marketing recruits new users while keeping current smokers hooked *(224–226)*. The tobacco industry deploys a sophisticated array of TAPS approaches to recruit new customers. For example, the industry aggressively targets youth and women, particularly in lower-income countries, knowing that hooking teenagers today creates lifetime users tomorrow *(177, 227)*. Furthermore, it markets novel products like e-cigarettes directly to young people, which addicts a new generation to nicotine and keeps tobacco use socially acceptable *(228)*.

TAPS bans work to reduce tobacco use

Evidence demonstrates that TAPS bans effectively reduce tobacco consumption worldwide, with particularly strong impacts in low- and middle-income countries *(229, 230)*. However, these bans must be comprehensive: partial restrictions are not effective, in part because tobacco companies excel at finding and exploiting loopholes *(231, 232)*.

For maximum effectiveness, TAPS bans need to cover at least the following *(233)*:

- **direct advertising** (television, radio, print, billboards, point-of-sale);
- **indirect promotion** (brand stretching, brand sharing, promotional discounts, free samples, sponsorships, product placement) *(234)*;
- **point-of-sale displays** that normalize tobacco products and trigger impulse purchases *(235, 236)*;
- **sponsorship and financial contributions** to other organization and corporate social responsibility activities designed to delay tobacco control measures *(13, 237)*.

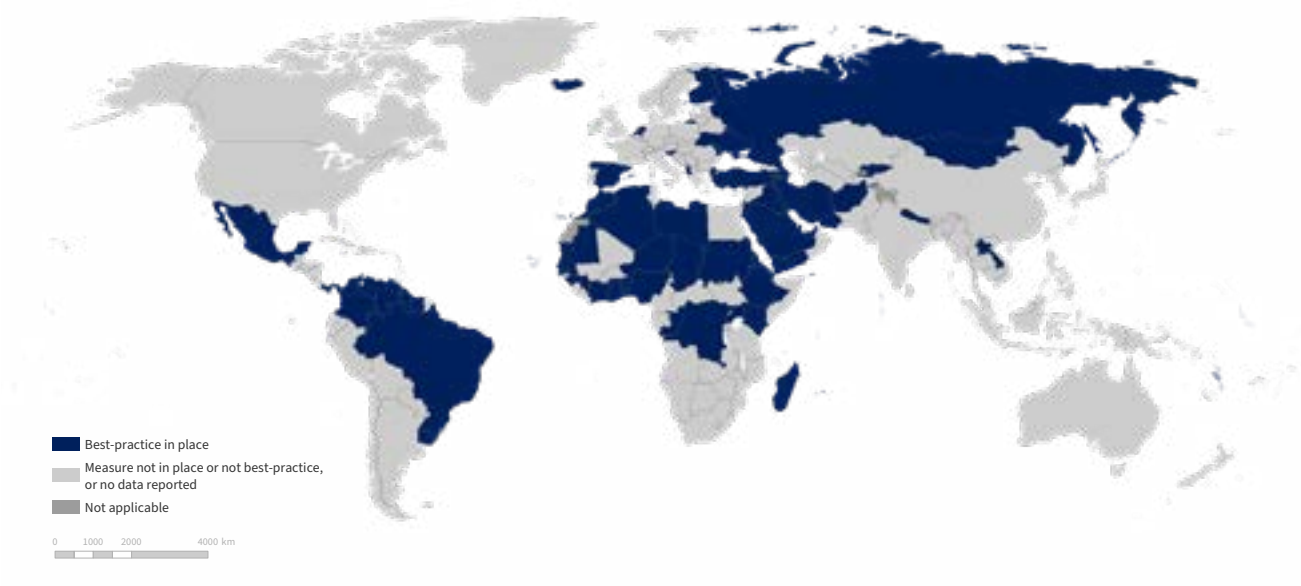
TAPS bans must be applied to all media, including digital media

Tobacco and nicotine products are promoted in digital spaces, making children and adolescents particularly exposed *(238–240)*. Ensuring that TAPS bans cover all tobacco and nicotine product categories and all media, including digital media, is crucial to address the challenges of digital marketing.

Countries may also benefit from coordinating existing tobacco-control laws with other laws regulating advertising, consumer protection and digital services and from ensuring that specific marketing techniques such as influencer marketing and user-engagement techniques are specifically addressed (Box 24).

Disclosure obligations and AI-based tools can enhance the monitoring of digital marketing by allowing governments to review a higher number of advertisements and address challenges associated with the personalized and transient nature of digital marketing. As digital marketing is primarily cross-border, countries may also adopt broad jurisdictional rules in tobacco-control laws and develop cooperation mechanisms with other governments *(241)*.

Fig. 35. Enforcement bans on advertising, promotion and sponsorship at best-practice level, 2024



Highest level of achievement: Afghanistan, Albania, Algeria, Antigua and Barbuda, Armenia, Azerbaijan, Bahrain, Benin, Brazil, Cabo Verde, Chad, Colombia, Congo, Cook Islands[a], Côte d'Ivoire, Democratic Republic of the Congo, Djibouti, Eritrea, Ethiopia, Finland, Gambia, Ghana, Guinea, Guyana, Iceland, Iran (Islamic Republic of), Iraq, Jordan, Kenya, Kiribati, Kuwait, Kyrgyzstan, Lao People's Democratic Republic, Libya, Madagascar, Maldives, Mauritania, Mauritius, Mexico, Mongolia, Morocco[a], Nepal, Netherlands (Kingdom of the), Niger, Nigeria, Niue, occupied Palestinian territory, Panama, Qatar, Republic of Moldova, Russian Federation, Saudi Arabia, Senegal, Seychelles, Slovenia, Spain, Sudan, Suriname, Togo, Türkiye, Tuvalu, Uganda, Ukraine, United Arab Emirates, Uruguay, Vanuatu, Venezuela (Bolivarian Republic of) and Yemen.

[a]Country newly at the highest level since 2022

One quarter of the world's population are covered by best-practice TAPS bans

Since 2007, 60 countries have adopted comprehensive TAPS bans: 1.9 billion additional people are now protected by this measure, bringing the total to just over 2 billion people in 68 countries. In 2007, only eight countries (3% of the world's population) had best-practice TAPS bans in place (Fig. 35 and Fig. 36). While eight countries adopted stronger TAPS bans since 2022, only two countries achieved best-practice (Cook Islands and Morocco) (Box 25).

Thirty-nine countries, with 1.1 billion people, have a complete absence of TAPS bans – or very minimal restrictions

In 2024, of the 68 countries with comprehensive TAPS bans, 12 were low-income countries, 38 were middle-income countries and 18 were high-income countries. While almost half of all low-income countries have a best-practice TAPS ban in place, only one third of middle-income countries and one quarter of high-income countries have achieved this objective (Fig. 37).

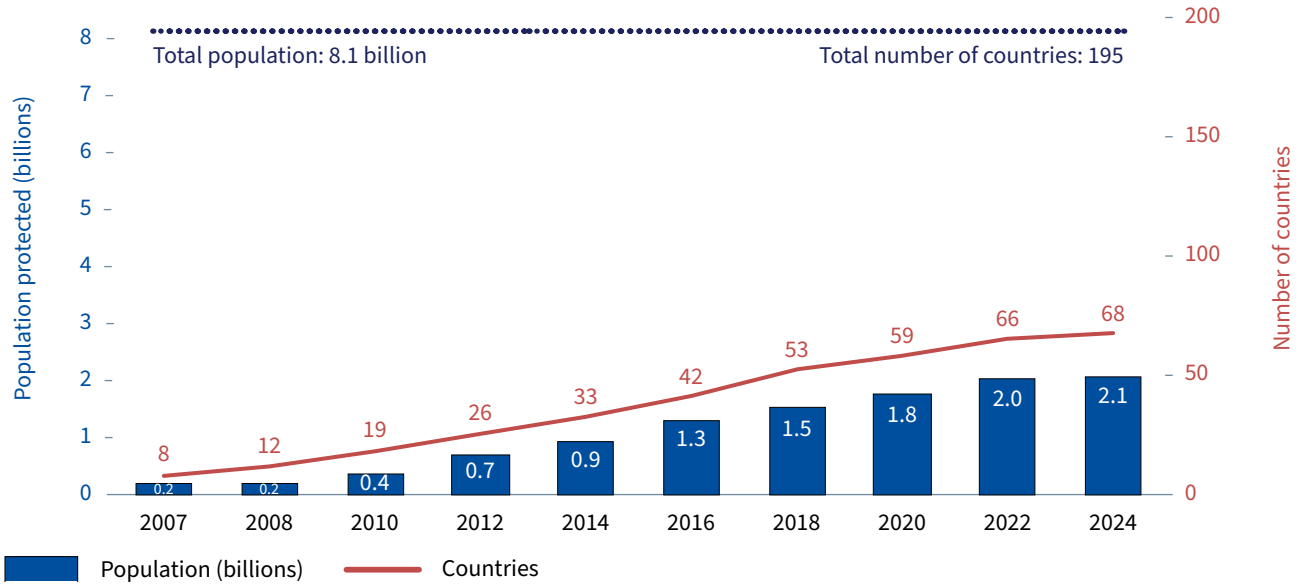
Twenty-nine countries are only one provision away from a complete TAPS ban

A best-practice TAPS ban has 10 appropriate characteristics. In 2024, 29 countries covering 752 million people had mandated nine of these 10 characteristics and thus are only one provision away from achieving a best-practice ban. The most common missing provision is banning brand sharing (14 countries), followed by banning advertising at point-of-sale (5 countries). The others are banning sponsorship (4 countries), banning promotional discounts (3 countries), banning brand stretching (2 countries) and banning the appearance of tobacco products or brands in television and/or films (1 country).

Over one third of the 545 million people who live in the world's 100 largest cities (that is, 190 million people) are protected by TAPS bans. Thirty-six of the cities are covered by comprehensive national laws (Annex 4). Instead of waiting for a national policy to be put in place, the remaining 64 of the world's largest cities not currently protected by a national best-practice policy could move ahead as appropriate with a city, state or provincial level policy to protect their large populations from TAPS sooner.

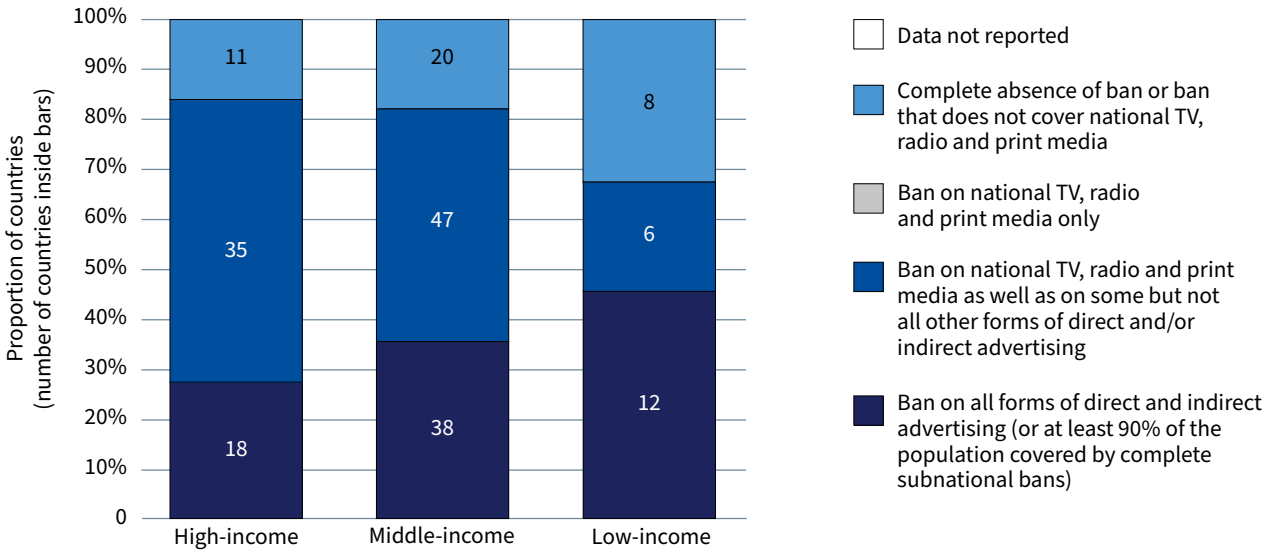
© WHO / Mikhail Grigorev

Fig. 36. Progress in bans on TAPS, 2007–2024



68 countries covering over 25% of the world's population are protected by TAPS bans.

Fig. 37. Bans on TAPS by country-income level, 2024



Box 24. India: Trailblazing tobacco control on digital streaming platforms

India has implemented stringent measures to curb TAPS across all forms of media, including television, radio, print and digital platforms. To restrict depictions of tobacco use in entertainment media, the Government of India introduced the Tobacco-Free Films and Television Rules in 2012, focusing on traditional platforms like cinema and television.

However, as more people shift towards using digital streaming platforms, India recognized the need to update its tobacco control policies. Coinciding with World No Tobacco Day on 31 May 2023, the government introduced an amendment to the 2012 legislation, extending its coverage to Over-The-Top streaming platforms. With this move, India became the first country in the world to apply tobacco control regulations specifically to digital streaming content.

Key provisions of the 2023 Amendment include:

- Health spots: Anti-tobacco health spots lasting at least 30 seconds must be shown at both the beginning and middle of any programme displaying tobacco products or their use.
- Static warnings: A clear, static anti-tobacco health warning must be displayed at the bottom of the screen whenever tobacco products or usage appear.
- Audio-visual disclaimers: A disclaimer on the harms of tobacco use lasting a minimum of 20 seconds must be presented at the start and midpoint of the content.

All warnings and messages must be delivered in the same language as the content to ensure maximum understanding and impact.

To ensure compliance, an interministerial committee has been established with representatives from the Ministries of Health, Information and Broadcasting, and Electronics and Information Technology. This committee is tasked with monitoring and enforcing the new regulations.

By extending tobacco control policies to digital platforms, India is reinforcing its commitment to public health and positioning itself as a pioneer in adapting regulation to evolving media consumption trends. However, the current national TAPS ban can be further strengthened by prohibiting tobacco advertising at points of sale and fully banning tobacco industry sponsorship.

Box 25. Cook Islands: Closing the gaps on tobacco advertising and promotion through stronger legislation

The Cook Islands has taken decisive action to close long-standing gaps in tobacco control, particularly in the enforcement of TAPS bans. In May 2024, the country adopted the Tobacco Products Control Amendment Act, considerably strengthening its ability to counter increasingly covert and sophisticated tobacco marketing tactics.

For years, partial restrictions under the 2007 Tobacco Products Control Act allowed the tobacco industry to exploit loopholes – most notably at points of sale, where product displays and subtle promotional cues continued to influence consumers, particularly youth. Recognizing this threat, the government moved decisively to adopt a comprehensive ban on tobacco advertising and product displays, along with other progressive measures such as raising the legal age of sale from 18 to 21 years, expanding smoke-free public spaces and a ban to manufacture, import, sale and advertise e-cigarettes and imitation tobacco products.

The amended legislation makes it illegal to display tobacco products at retail locations, removing them from counters and customer view. Importantly, the new law also addresses indirect and hidden advertising techniques such as branding elements, product placement and retailer incentives, marking a crucial shift toward full TAPS compliance under the WHO FCTC.

The Cook Islands' experience underscores that small island nations can lead the way in tobacco control. By closing loopholes in TAPS regulation and committing to strong enforcement, the country is protecting its youth, reducing tobacco exposure and moving confidently toward a healthier, tobacco-free future.

This legislative reform was the result of a consultative process led by Te Marae Ora Ministry of Health, with support from the Cabinet and active community involvement. Despite pressure from industry actors, public and political support helped drive the passage of the law.

Secretary of Health Bob Williams receives the 2025 World No Tobacco Day Award at the World Health Assembly, Geneva

Raise taxes on tobacco

Article 6 of the WHO FCTC states:

"...[P]rice and tax measures are an effective and important means of reducing tobacco consumption... [Parties should adopt]...measures which may include:...tax policies and...price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption"

Increasing the price of tobacco products reduces tobacco use

Tobacco taxation is one of the most powerful tools in the arsenals of both fiscal and public health policy – a 2024 report noted "The highest priority is for all countries to raise and reform tobacco excise taxes" *(242)*.

The effectiveness of tobacco taxes is well-documented. Governments can considerably reduce tobacco consumption, saving millions of lives and reducing health-care costs in both the short and long term. A 2024 study estimated that raising excise taxes enough to generate a one-time increase in prices by 50 per cent, would lead 102 million people globally to quit smoking due to the higher prices, including 84 million people in low- and middle-income countries *(242)*. A 2019 report found that 27 million premature deaths could be averted over 50 years if countries raised the price of tobacco by 50% using tax increases *(243)*. At the same time, tobacco taxes can provide vital government revenues to support sustainable tobacco control programmes and a range of development activities including crucial health and social initiatives. A 2024 study estimated that one-time tax increases that raise cigarette prices by 20% and 50% would add US$ 460 billion and US$ 940 billion, respectively, to government revenues, over just five years *(242, 244)*.

Tobacco taxation is highly cost–effective

Tobacco taxation is considered a highly cost–effective "best-buy" intervention, with returns and economic benefits far exceeding its costs. In low- and middle-income countries, such tax increases can cost as little as US$ 0.05 per capita annually to administer *(58, 245, 246)*. The Addis Ababa Action Agenda 2015 highlighted that tobacco tax measures can effectively reduce consumption and health-care costs, while providing a predictable revenue stream for development financing *(247)*. In many countries, tobacco tax revenues fund crucial health and social initiatives *(248)*.

Strong tax administration makes tobacco tax policies even more effective. Key interventions to improve tax administration include:

- **ensuring compliance** (through licensing, detailed tax declaration requirements and advanced information technology);
- **ensuring control and enforcement** on the supply chain (through, for example, the use of risk-based approaches for enforcement targets, tax stamps, track and trace systems, implementing anti-forestalling methods);
- **detecting illicit trade of tobacco** and following clearly defined procedures and measures to reduce it (including high penalties).

Effective tobacco tax policies are within reach

Excise taxes are the most effective at raising prices and generating significant health impacts. Simple tax structures are easier to administer, while complex structures and tiered excise taxes should be avoided to prevent companies from undermining the health and revenue impact of tobacco taxes *(249)*.

Technology, training and the experience of countries at all income levels show this is achievable. Strong tax administration includes ensuring compliance through licensing, detailed tax declaration requirements and advanced information technology; controlling and enforcing the supply chain; and following clearly defined procedures after detecting illicit trade of tobacco.

When countries face persistent inflation and resource mobilization pressures, a key challenge of tobacco taxation is ensuring that tax increases keep pace with inflation and income growth so that tobacco does not become more affordable over time *(250)*.

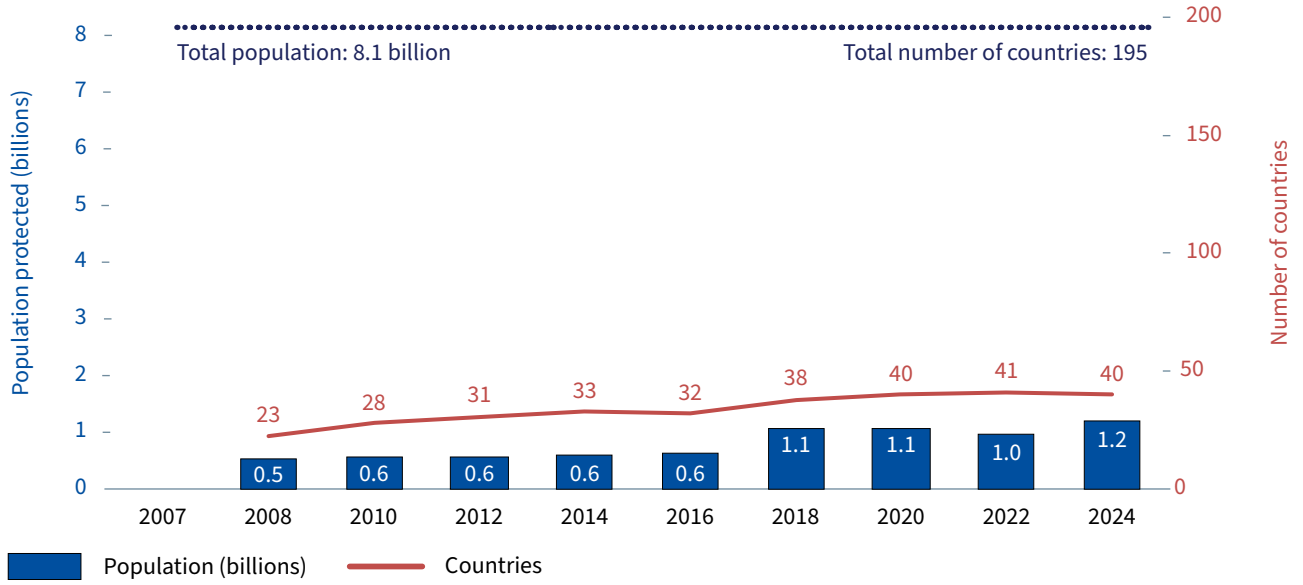
Tobacco taxes are a frequent target of the tobacco industry's attempts to deter and slow policy progress. Practical steps to address the policy environment policy content and policy prioritization strengthen countries' actions to enact tax reforms *(251)*. Pre-empting the SCARE tactics (Smuggling and illicit trade, Court and legal challenges, Anti-poor rhetoric or regressivity, Revenue reduction, Employment impact) *(249)* deployed by the tobacco industry can greatly facilitate the smooth adoption of significant tobacco tax reforms.

Fig. 38. Raising taxes on tobacco at best-practice level, 2024

Highest level of achievement: Argentina, Belarus[a], Belgium, Bosnia and Herzegovina, Brazil, Bulgaria, Chile, Croatia, Czechia, Denmark, Estonia, Finland, France, Greece, Indonesia[a], Ireland, Israel, Italy, Jordan, Latvia, Lithuania, Malaysia, Malta, Mauritius, Montenegro, Morocco, Netherlands (Kingdom of the), New Zealand, North Macedonia, occupied Palestinian territory, Palau[a], Poland, Portugal, Serbia, Slovakia, Slovenia, Spain, Thailand, Türkiye and the United Kingdom.

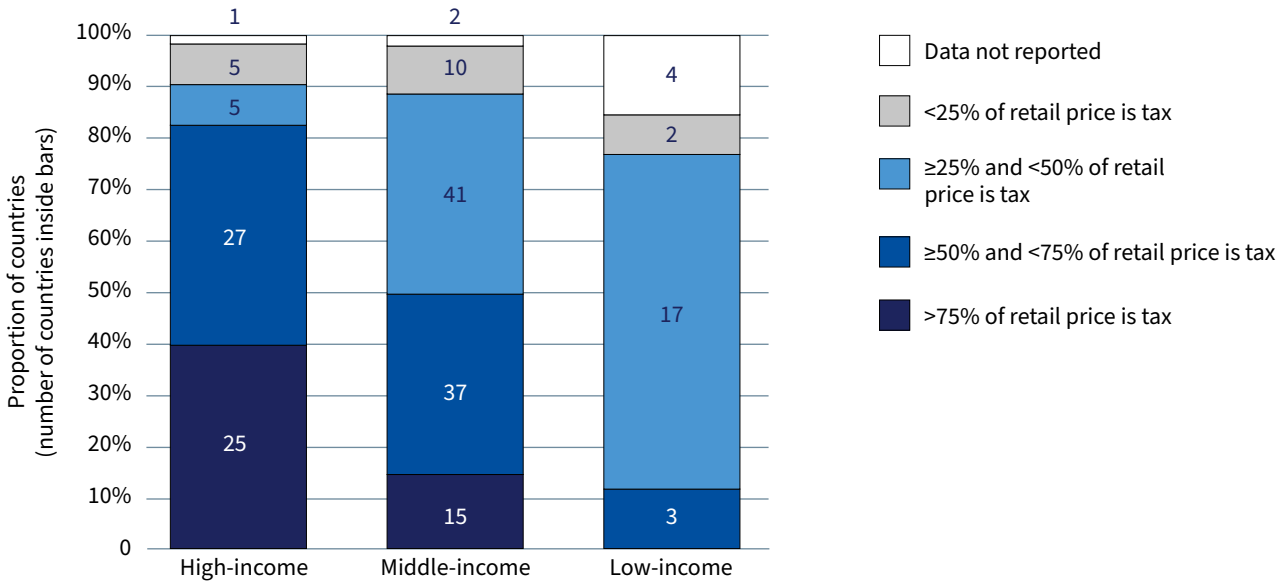
[a] Country newly at the highest level since 2022.

Fig. 39. Progress in total tax on cigarettes ≥ 75% of retail price, 2008–2024



While the number of countries with the highest level of achievement for tobacco taxes has not increased, nearly one in three countries has had a best practice level tax share at least once since 2007.

Fig. 40. Total tax on cigarettes, by country-income level, 2024



1.2 billion people are covered by high tobacco taxes

Tobacco tax is the least-adopted MPOWER measure despite raising tobacco prices continuing to be the most effective and efficient way to reduce tobacco use. In 2024 only 15% of the world's population living in 40 countries were protected by tax at 75% or more of the price of the most popular brand of cigarettes (Fig. 38 and Fig. 39).

The number of countries with tobacco taxes at or above 75% of the price of the most sold brand of cigarettes remained nearly constant since 2022 (40, compared to 41 in 2022), but the number of people protected by this level of tax increased from 1 billion to 1.2 billion.

Between 2022 and 2024, three countries increased their taxes to best-practice levels, while three countries lost their position in this top group. The three countries that increased their taxes were Belarus, Indonesia and Palau. The most significant tax share increase in the three countries that newly entered the top category was by Belarus, from 56.6% in 2022 to 76.9% in 2024.

In 2024, 39% (25 countries) of high-income countries were covered while just 14% (15 countries) of middle-income countries levied taxes at best-practice level (Fig. 40). No low-income country has raised taxes to 75% or above since 2018.

In 2008, 23 countries in the world had total tax amounting to 75% or more of the price, covering only half a billion people – or 7% of the world's population. In 2024, 23 additional countries were covered by best-practice taxation levels while five of the countries from 2008 lost their position in this top group and one did not report tax data in 2024. Of these 23, 13 are middle-income (Argentina, Belarus, Bosnia and Herzegovina, Brazil, Indonesia, Malaysia, Montenegro, Morocco, North Macedonia, occupied Palestinian territory, Serbia, Thailand and Türkiye) while none is a low-income country.

Of the 545 million people who live in one of the world's 100 largest cities, only 128 million (in 24 cities) are protected by tobacco taxation at best-practice level. No city has yet, independently of national government, introduced taxes on tobacco products that have resulted in raising the share of total taxes to 75% or more of the retail price.

Nearly one in three countries have had a best-practice level tax share at least once since 2007

Since 2008, the largest number of countries in the top tax share category in any given year has been 41, or one in five countries. But this figure masks considerable movement. Since 2008, 60 different countries(34 high-income, 24 middle-income and 2 low-income) – nearly one in three – have had tax shares at best practice levels in at least one of the years, with many countries achieving, falling out and re-entering the top category. Of the 40 countries with total tax at or above 75% in 2024, only 14 have been in that category in every report since 2008 (Belgium, Bulgaria, Chile, Czechia, Estonia, Finland, France, Ireland, Italy, Jordan, Poland, Slovakia, Spain and the United Kingdom). While attaining the highest tax share category may seem daunting, it is actually an achievable objective.

Nineteen countries (11 high-income, 8 middle-income) are within 5 percentage points of the best practice level and have total tax shares between 70% and 75% of retail price. If these countries increased their tax shares to 75%, an additional 345 million people would be covered by the most effective measure to reduce tobacco use. Of these 19 countries, one (Andorra) was at best-practice level in 2022 and five others were at this level in one or more earlier years (Austria, Cyprus, Georgia, Hungary and Tunisia). Another two made large increases from taxes below 50% in 2022 (Grenada and Timor-Leste), while the remaining 11 countries (Bahrain, Bangladesh, Comoros, Cook Islands, Republic of Korea, San Marino, Saudi Arabia, Singapore, Tonga, United Arab Emirates and Venezuela (Bolivarian Republic of)) have made smaller increases to arrive within 5 percentage points of a 75% tax share.

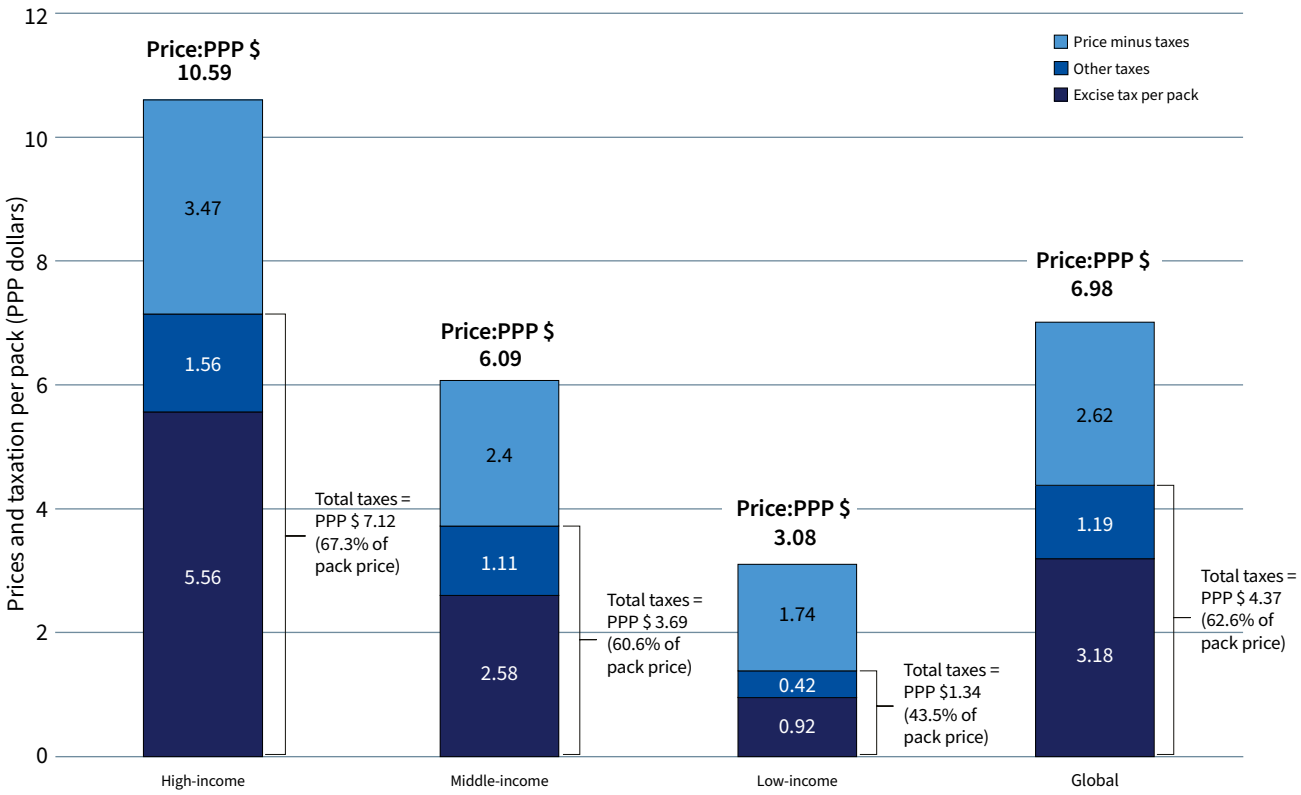
Of the 20 countries that have not maintained their previous achievement of a best-practice tax share, six are mentioned above as having a tax share between 70% and 74% in 2024, while one did not report data in 2024 (Niue). The other 13 are Australia, Colombia, Cuba, Egypt, Germany, Kenya, Madagascar, Romania, Seychelles, South Sudan, Sri Lanka, Ukraine and Vanuatu.

These cases suggest an underlying dynamism to tobacco taxation globally – a total of 33 countries with 854 million people, are within close reach of or have previously applied best-practice levels of tobacco taxation on cigarettes and can swiftly join or rejoin the 40 countries in the top category in 2024 with a concerted policy effort.

Average taxes and prices are still too low in much of the world

Steeper tobacco excise taxes lead to prices being the highest in high-income countries, even when adjusting for differences in purchasing power. Cigarette pack prices, total taxes and the excise component as a share of pack prices are all lower in low- and middle-income countries where most of the world's tobacco users reside, with average total tax as a proportion of price amounting to 43.5% in low-income countries and 60.6% in middle-income countries (Fig. 41). This proportion reaches 67.3% in high-income countries. If middle-income countries can double the amount of tax they raised (in international dollars) on each cigarette pack, much of the price gap between middle- and high-income countries would be closed.

Fig. 41. Weighted average retail price and taxation (excise and total) of most sold brand of cigarettes, 2024



Note: Averages are weighted by WHO estimates of number of current cigarette smokers ages 15+ in each country in 2023. Prices are expressed in Purchasing Power Parity (PPP) adjusted dollars or international dollars to account for differences in the purchasing power across countries. Based on 60 high-income, 101 middle-income and 21 low-income countries with data on prices of most sold brand, excise and other taxes, and PPP conversion factors.

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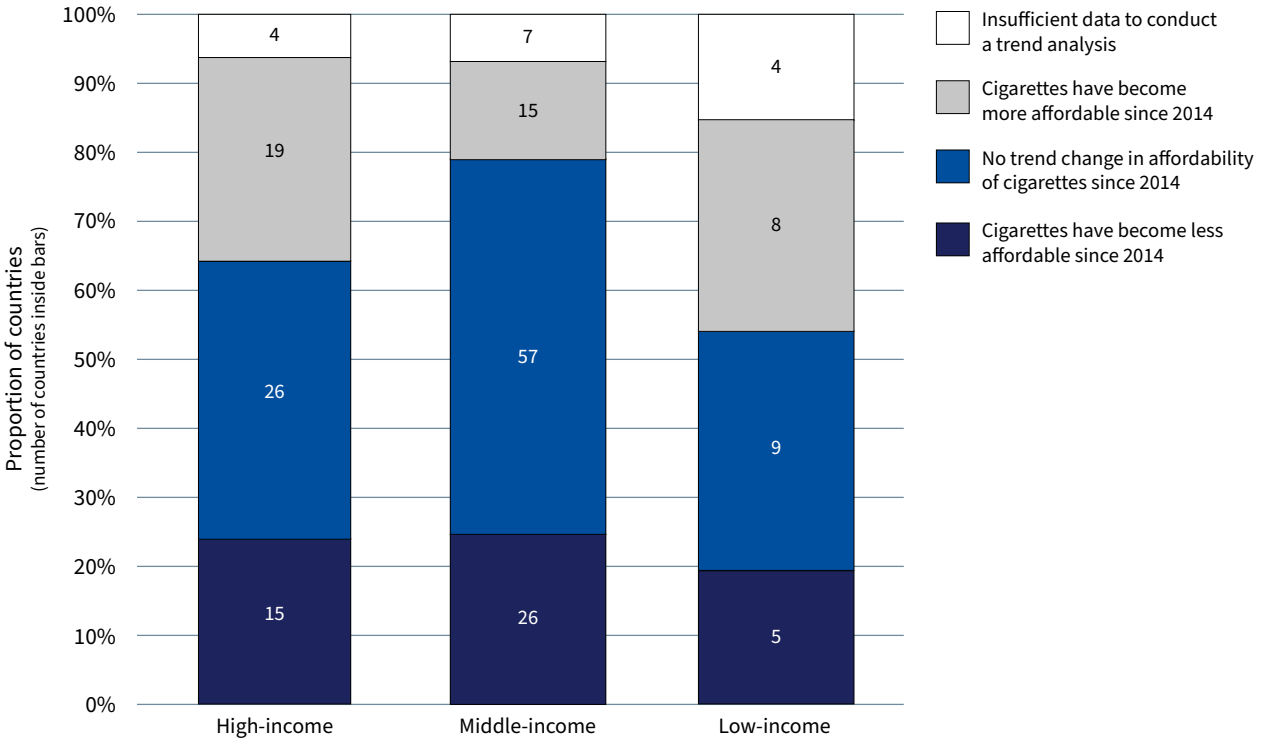
Tobacco products have become more affordable in many countries

With economic growth, tobacco products risk becoming ever more affordable, including to young people with disposable incomes. The affordability of cigarettes is measured by the per capita GDP required to purchase 2000 cigarettes of the most sold brand reported in a given year. The average change over the period 2014–2024 was calculated for this current report. Using this measure, cigarettes have become less affordable in 46 countries, saw no appreciable trend in 92 countries but became more affordable in 42 countries. Of those 42 countries, 23 were low- and middle-income countries (Fig. 42).

Stagnating and worsening trends over the 2014–2024 period are concerning, when considering that in five of the 10 most populated countries, cigarettes have become more affordable.

Countries must implement more ambitious tax increases and tax reforms to reverse worsening trends in affordability; otherwise growing incomes will outpace price increases. Indexing tax rate increases to a measure of income or purchasing power is a best practice to reduce cigarette affordability *(249)*.

Fig. 42. Change in affordability of cigarettes, 2014–2024



More countries rely on specific taxes

Tax structure was consistently tracked and reconciled for 178 countries since 2008 and has improved over time. In 2008, 21 countries had no excise taxes on tobacco. However, by 2024, this number had significantly decreased to only eight countries.

Specific taxes are simpler to implement and administer and were the leading type of tax in 2024 – 70 countries relied exclusively on specific taxes, up from 56 in 2008. In 2008, 56 countries relied on ad-valorem taxes, which tend to increase price dispersion and encourage substitution to lower-priced alternatives. However, by 2024, the number of countries using ad-valorem taxes had decreased to 33. During the same period, the use of mixed excise or specific excise taxes had increased from 45 countries to 67.

In 2008, among the 45 countries using a mixed system, more countries relied on ad valorem than on a specific tax (24 versus 21 countries). By 2024, the opposite was true, with more countries relying on specific rather than the ad valorem component (38 versus 29 countries).

Relying on a single high specific tax, loading a mixed system to favour specific taxes and setting a high specific tax floor are all pro-health fiscal measures, since they make it unprofitable for cheap cigarettes to be widely sold (Box 26).

Tax best practices close loopholes and secure health and revenue gains

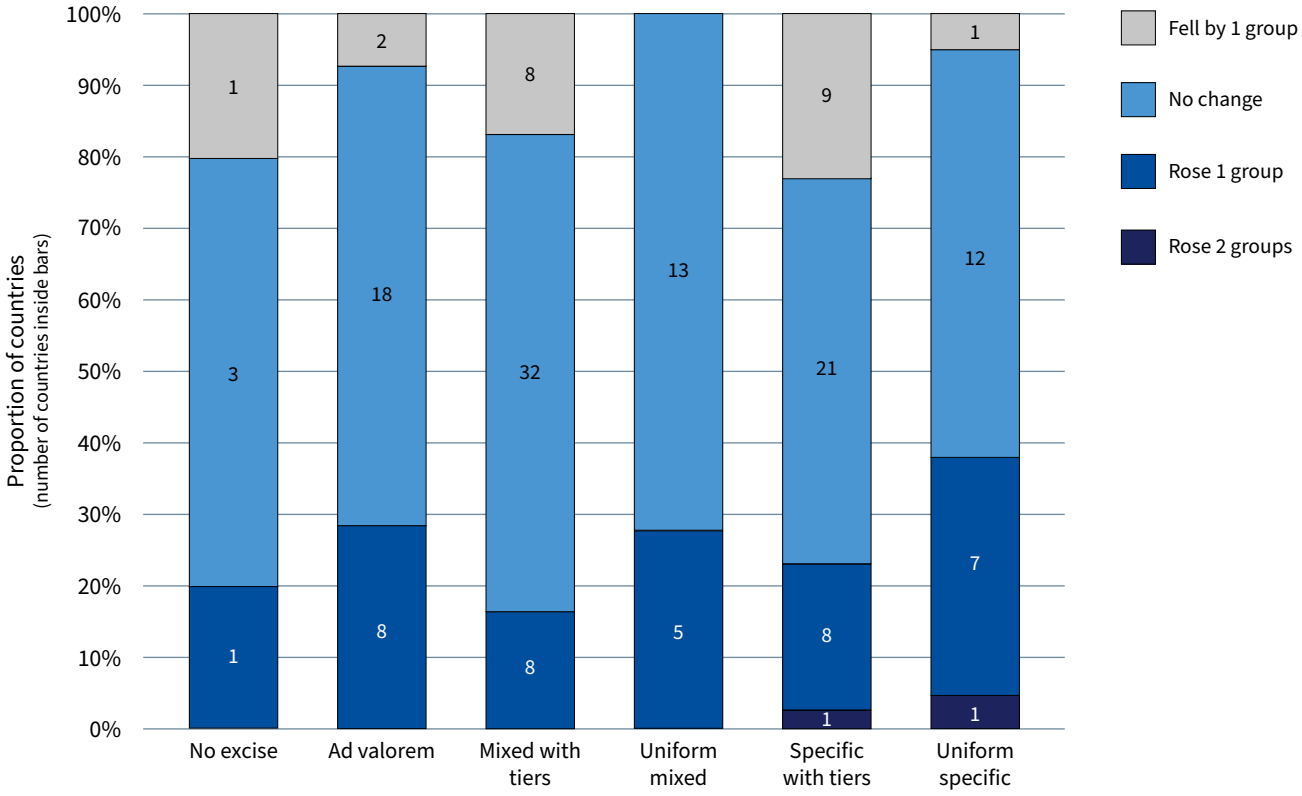
In addition to moving towards a greater reliance on specific taxation, countries have much room to reform their tobacco tax structures. Eliminating non-uniform taxes, exemptions that favour categories of the same product and preferential excise taxes to groups of manufacturers, using a minimum specific excise tax to prevent cheap cigarettes, levying ad valorem taxes on the retail price to prevent undervaluing and adjusting specific taxes automatically to account for inflation, and using tax stamps and

unique identifiers are all ways in which countries can strengthen their tax systems.

Without reforms and vigilance, countries risk declines in the effectiveness of tax (Box 27). Some loopholes are particularly important to close. Across tax systems, non-uniform tax structures (that is, multiple tax tiers) have the disadvantage of favouring some products and engendering a market for cheaper tobacco; these continue to be seen in some of the largest tobacco markets. Thirty-one countries had such tiers in 2024, but these account for over 4.4 billion people and have some of the cheapest cigarettes. Simple, uniform, high taxes work – this is borne out in the data. Since 2017, countries with a uniform specific excise tax are the most likely to have seen an improvement of one or even two categories in their total tax group relative to the prior period (Fig. 43).

Simple, uniform, high taxes work. Since 2017, countries with a uniform specific excise tax are the most likely to have seen an improvement in total tax share group.

Fig. 43. Tax group progress in 2018–2024 over 2008–2016 by type of tax structure



Note: Derived from a comparison of the maximum tax share category attained in the years 2018–2024 with the maximum category attained in the years 2008–2016 for 159 countries with complete data in nine reports. Analysis disaggregated by the type of tax system in 2024. Tax categories are total tax at <25%, ≥25% and<50%, ≥50% and <75%, and ≥75% of retail price.

Box 26. Ghana: New, higher taxes protect future generations and strengthen public health

In 2023, Ghana made a strategic move by significantly increasing tobacco excise taxes, demonstrating that even countries with low smoking prevalence can use fiscal measures to prevent an increase in tobacco use, especially among youth, and raise much-needed revenue for national development.

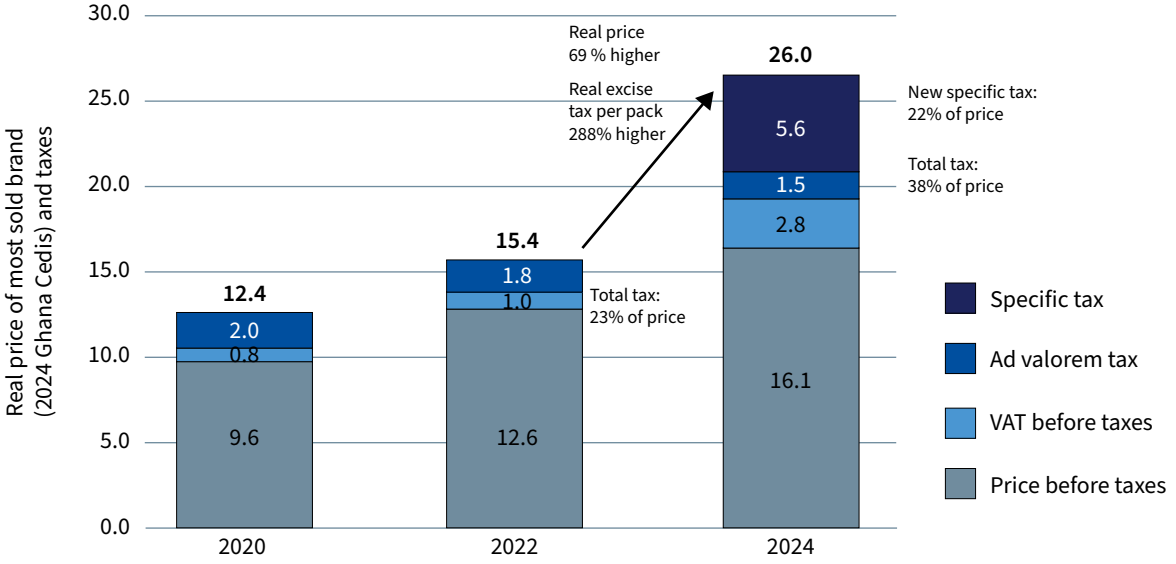
Ghana's smoking rate stands at just 3.1% – among the lowest globally. Yet, recognizing the long-term risks of rising tobacco consumption, the government introduced a specific excise tax that dramatically increased the price of tobacco products. As a result, the retail price of the most-sold cigarette brand nearly tripled (from 9 to 26 Ghanian cedis (GHS) between 2022 and 2024, or GHS 15.4 to 26 in inflation-adjusted, 2024 GHS), and the tax share of the retail price rose from 23% in 2020 to 38% in 2024. A new excise tax on e-liquids for electronic cigarettes was also introduced, helping regulate emerging nicotine products and curb their appeal to young users.

This fiscal reform led to a notable increase in revenue: tobacco excise tax collections more than doubled, rising from US$ 5.4 million (GHS 82 million) in 2021 to over US$ 12 million (GHS 187 million) in 2023. Ghana's approach shows how well-designed taxation policies can generate significant health and economic gains.

The reform was driven by strong collaboration with civil society organizations, academia and international partners, including WHO, the WHO FCTC Secretariat and the International Monetary Fund. It also aligned with regional commitments under the Economic Community of West African States directive mandating minimum tobacco tax levels.

By prioritizing public health through progressive taxation, Ghana has positioned itself as a leader in tobacco control in West Africa. Its experience highlights that raising tobacco taxes is not only effective – it is achievable and essential for protecting future generations.

Cigarette prices increased with a new specific tax in Ghana



Note: real prices computed by converting 2020 and 2020 prices (GHS 5 and GHS 9, respectively) to 2024 equivalents using IMF data on average annual consumer price inflation.

Box 27. Pakistan: Sustained tax reforms raise prices and expand revenues

Raising taxes on tobacco is a proven way to reduce smoking and promote public health. In Pakistan, this journey has been complex, shaped by economic pressures, political dynamics and industry resistance. However, recent reforms show how building trust, technical collaboration and evidence-based policy-making can lead to significant fiscal and health gains.

In 2013, Pakistan introduced a two-tiered excise tax system for cigarettes. Although taxes increased over the next few years, government revenue dropped, likely due to manufacturers underreporting production and the absence of an effective track-and-trace system. In response, a third tier was added in 2017 to lower taxes on cheaper cigarettes. This move, intended to recover lost revenue, backfired and caused the government to lose around 42.4 billion Pakistani rupees (PKR) (US$ 353 million) in 2018 alone.

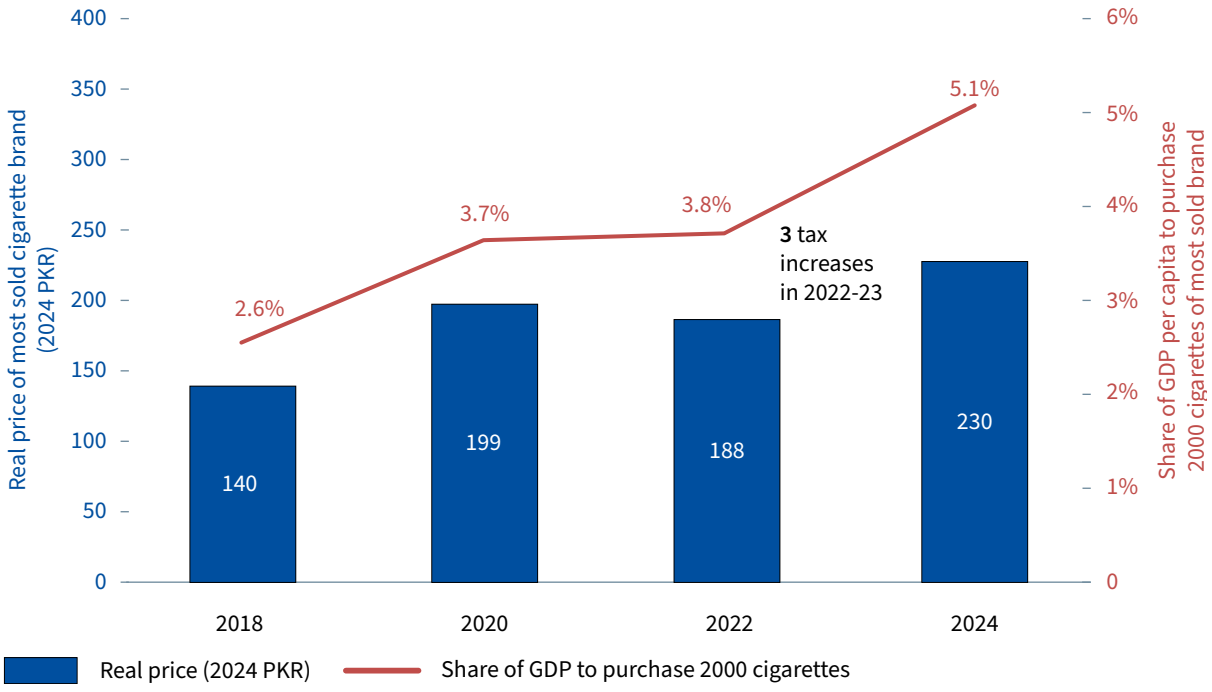
The excise tax system moved back to two tiers in 2019, but prices stayed mostly flat, threatening to make cigarettes more affordable over time due to inflation.

However, with sustained engagement, the relationship between WHO and Pakistan's Federal Board of Revenue strengthened. This led the Board to designate a high-level team for technical dialogue, which marked a turning point in policy coordination and institutional capacity-building.

This partnership paid off. Between 2022 and 2023, the government raised cigarette taxes three times. The minimum price of cigarettes doubled, from PKR 63 to PKR 127, and taxes made up a greater share of the retail price. Production of legitimate cigarettes declined by over 28%, indicating a likely reduction in consumption. With these reforms, Pakistan collected PKR 298 billion (US$ 1.1 billion) from tobacco taxes in 2024.

The Minister of Finance credited WHO's advice in his 2023 budget speech. With evidence-based support helping the government resist industry pressure, this case highlights the power of trust and collaboration in driving policy that protects both health and the economy.

Tax increases raise prices and reduced affordability in Pakistan



Note: real prices of the most sold brand computed by converting historical prices (PKR 47, 80 and 110 for the years 2018, 2020 and 2022, respectively) to 2024 equivalents using IMF data on average annual consumer price inflation.

National tobacco control programmes

The WHO Framework Convention on Tobacco Control strongly suggests that countries set up a national tobacco control programme (NTCP) to lead their tobacco control efforts. To this end, WHO FCTC Article 5 states that: "Each Party shall develop, implement, periodically update and review comprehensive multisectoral national tobacco control strategies, plans and programmes … [and] establish or reinforce and finance a national coordinating mechanism or focal points for tobacco control." In addition, WHO FCTC Article 26.2 sets out that: "Each Party shall provide financial support in respect of its national activities intended to achieve the objective of the Convention".

To strengthen, build and sustain tobacco control efforts, every country needs a NTCP

Tobacco control requires sustained focus and intensified effort to see results and reap the reward of reduced tobacco use and ultimately reduced tobacco-related deaths and disability. To achieve this, the WHO FCTC calls upon all countries to set up a NTCP or a similar coordination mechanism, to lead the development, coordination and maintenance of sustainable policies that can reverse the tobacco epidemic *(252)*.

NTCPs provide a platform for multisectoral engagement

While ministries of health – or equivalent government agencies – take the lead on strategic tobacco control planning and policy setting, it is crucial that other ministries or agencies are closely engaged and report to the NTCP *(253)*. This coordinating mechanism should also ensure that tobacco control programmes and initiatives are well-integrated into broader health, development and economic agendas (Box 28).

NTCPs should *(254)*:

- be adequately financed and clearly focused;
- be integrated into countries' broad health and development agendas;
- be decentralized subnationally where necessary (e.g. in large or federal countries) to allow flexibility in policy development and programme implementation;
- be resourced to build implementation capacity that can be sustained over time;
- enable policies and programmes to reach as wide a population as possible;
- ensure that population subgroups with disproportionately high rates of tobacco use are reached by policies and programmes tailored to their needs.

NTCPs must work in strict accordance with Article 5.3

NTCPs should involve civil society and must work in strict accordance with Article 5.3 by excluding the tobacco industry wholly. NTCPs require the involvement of appropriate nongovernmental organizations and other civil society groups to maintain progress on national as well as global tobacco control efforts. NTCPs must specifically exclude the tobacco industry and its allies, which cannot be legitimate stakeholders in tobacco control efforts *(255)*.

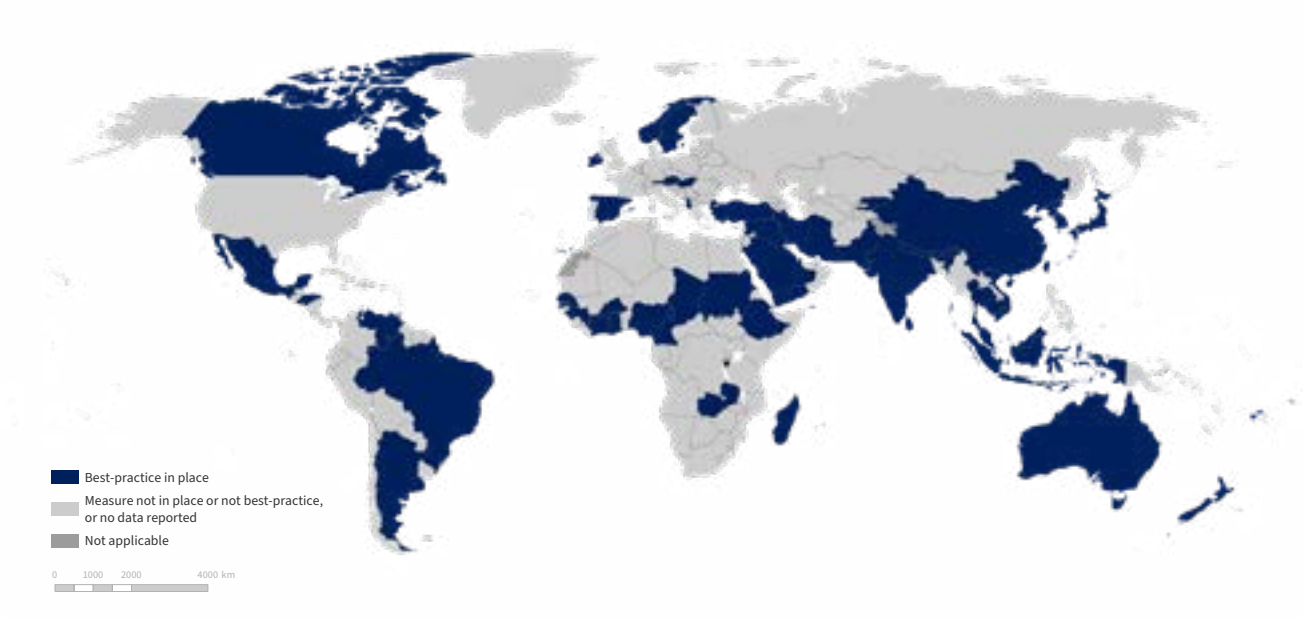
Fifty-nine countries have a national agency with responsibility for tobacco control objectives staffed by at least five full-time equivalent people, meaning that 67% of the world's population are protected by such an agency (Fig. 44). An additional 114 countries (home to another third of the world's population) are working on tobacco control objectives with fewer staff (82 countries), or with an unknown number of staff (32 countries).

Over the 16 years since NTCP data were first collected (in 2008), progress has been achieved with a total of 17 countries, home to 778 million people, establishing a well-staffed national team working full time on tobacco control. It is worth noting that the true level of NTCP presence in countries may be underestimated due to incomplete data (Fig. 45).

Eighteen countries (with almost 173 million people) have no national agency for tobacco control, including 14 low- and middle-income countries (Fig. 46).

In the past two years, three countries (Andorra, Dominican Republic and Philippines) enhanced their national tobacco control programmes but did not reach the highest level of adoption.

Fig. 44. National tobacco control programmes at best-practice level, 2024



Highest level of achievement: Albania, Australia, Austria, Bahrain, Bhutan, Brazil, Brunei Darussalam, Burkina Faso, Burundi, Cambodia, Cameroon, Canada, Chad, China, Côte d'Ivoire, Democratic People's Republic of Korea, El Salvador, Ethiopia, Fiji, Ghana, Guinea, Honduras, Hungary, India, Indonesia, Iran (Islamic Republic of), Iraq, Ireland, Japan, Kyrgyzstan, Madagascar, Malaysia, Mauritius, Mexico, Micronesia (Federated States of), Nepal, New Zealand, Nigeria, Norway, Pakistan, Palau, Qatar, Republic of Korea, Samoa, Saudi Arabia, Senegal, Singapore, Spain, Sri Lanka, Sudan, Sweden, Syrian Arab Republic, Thailand, Trinidad and Tobago, Türkiye, Venezuela (Bolivarian Republic of), Viet Nam, Yemen and Zambia.

There were no new countries since 2022.


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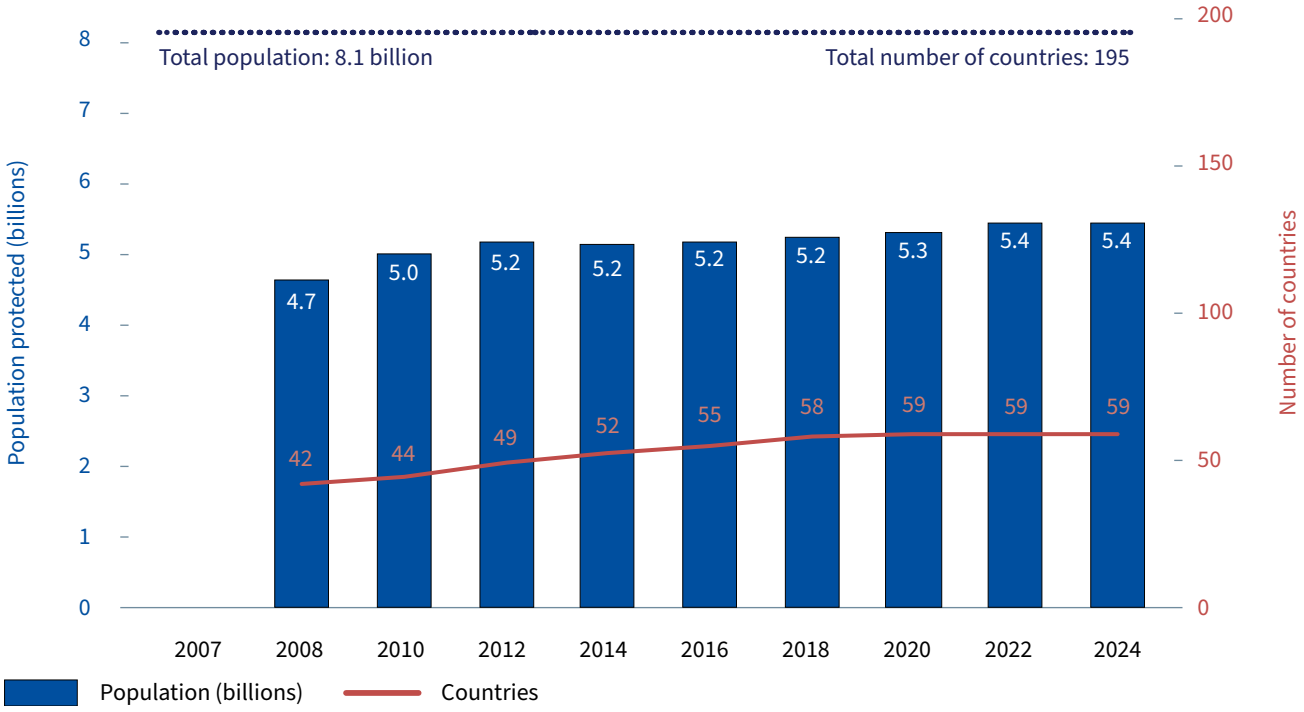
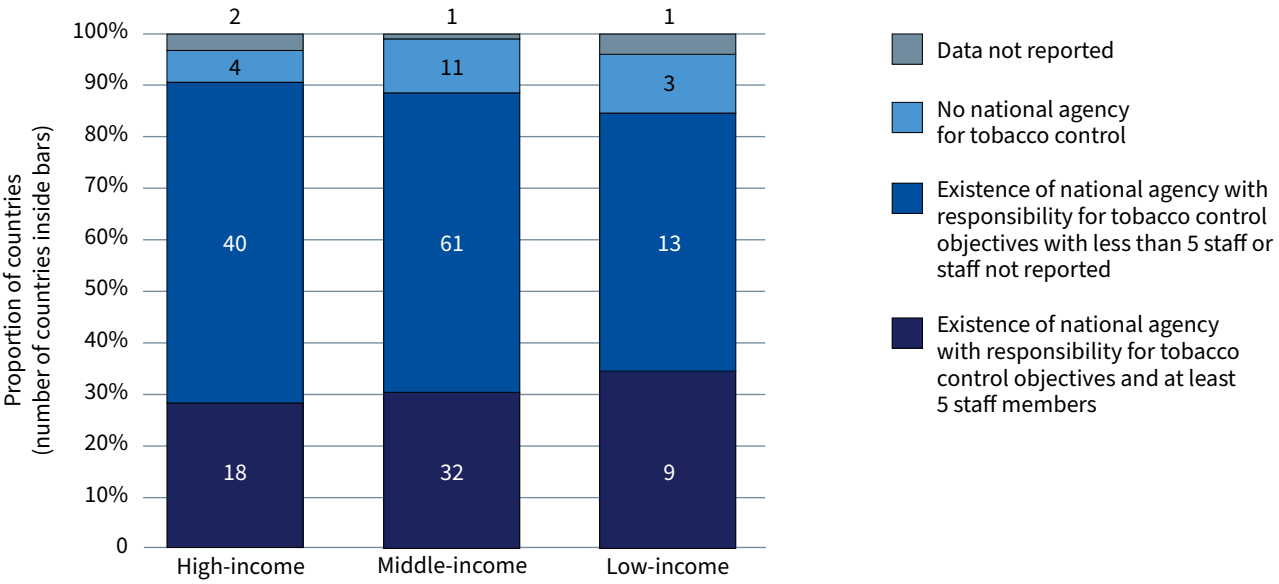
Fig. 45. Progress in national tobacco control programmes, 2008–2024



NTCPs can help accelerate progress and strengthen tobacco control implementation. Little progress has been observed in recent years.

Fig. 46. National tobacco control programmes, by country-income level, 2024



Box 28. Saudi Arabia: Tailoring NTCP priorities to the country's context

The NTCP in Saudi Arabia is a comprehensive public health initiative that has achieved notable progress building strong governance, strategic planning and broad community engagement. Central to the NTCP is the National Committee for Tobacco Control, a multisectoral body that includes representatives from health, education, commerce and religious institutions. This committee formulates and updates the National Tobacco Control Strategy, aligning with international best practices and the WHO FCTC. The strategy prioritizes youth protection, smoke-free environments and expanded cessation services.

A key strength of the NTCP is its nationwide network of representatives in all cities of Saudi Arabia, which enables the localized enforcement of tobacco control policies. This decentralized approach ensures responsiveness to community needs and fosters a unified national effort. One of the programme's landmark achievements is the designation of Mecca and Medina as tobacco-free cities, initiated in 2001. This policy draws on the religious significance of the holy cities and is enforced through collaboration among local authorities, religious leaders and civil society organizations.

The NTCP also benefits from regular meetings of the National Committee for Tobacco Control to review progress, address challenges and adjust strategies based on emerging issues. Saudi Arabia enforces strict regulations, including a ban on collaboration with the tobacco industry and a complete prohibition on TAPS. Major policy reforms, such as plain packaging and increased tobacco taxes, are helping to increase public awareness of tobacco-related harms and support the goal of reducing tobacco use. Expanded cessation services, including clinics and support programmes, have positioned Saudi Arabia among the countries recognized by WHO for best practices in tobacco dependence treatment. Overall, the NTCP represents a coordinated, culturally sensitive approach to tobacco control that continues to deliver measurable public health benefits.

The Seventh Forum on Tobacco Control, Saudi Arabia

© WHO / Michael Duff

Electronic nicotine delivery systems

Decision FCTC/COP7(9) invites Parties to consider applying regulatory measures (such as those referred to in document FCTC/COP/7/11) to prohibit or restrict the manufacture, import, distribution, presentation, sale and use of ENDS, as appropriate to their national laws and public health objectives

ENDS are addictive and harmful

ENDS and ENNDS heat a liquid to produce aerosols that users inhale. ENDS e-liquids contain nicotine along with various additives, flavours and chemicals, some of which are toxic to health. ENNDS are similar to ENDS, but the e-liquid used in these products is marketed as nicotine-free. Where the sale of these products is not banned, MPOWER measures and other policy interventions, such as age restrictions on sales and flavour bans, can be applied to both ENDS and ENNDS. While data on both ENDS and ENNDS were collected, this report focuses largely on the findings on ENDS.

ENDS contain nicotine, a highly addictive substance. The use of ENDS carries the risk of nicotine addiction, particularly among children and adolescents. Nicotine can adversely affect the development of the fetus in a pregnant woman and can affect the development of children's and adolescents' brain *(256, 257)*. Additionally, epidemiology studies demonstrate that e-cigarettes use increases conventional cigarette uptake, particularly among non-smoking youth *(118)*.

ENDS marketing is targeted to youth

The tobacco and related industries market and promote ENDS using various tactics, including social media, to target children and young people *(259)*. ENDS are marketed to youth, and the use of thousands of flavours enhance the product's appeal to younger audiences *(259)*.

Where not banned, ENDS must be strongly regulated

E-cigarettes are often promoted as a less harmful alternative to conventional cigarettes; however, to date, the commercialization of e-cigarettes has not been proven to have had a net benefit for public health. Where countries ban the sale of e-cigarettes, they should ensure strong implementation of the ban while in countries that permit commercialization of e-cigarettes as consumer products, strong regulation is necessary (Box 29), including at a minimum *(119)*:

- **Regulating e-cigarettes to reduce their appeal** and their harm to the population, including, for example, banning flavouring agents, limiting the concentration and quantity of nicotine prohibiting attractive and promotional features related to the presentation and packaging of the products. For a comprehensive list see the WHO Electronic cigarettes: call to action *(119)*.
- **Protecting the public from misleading or deceptive claims,** such as false claims on safety or efficacy for quitting cigarette smoking.
- **Prohibiting sale of e-cigarettes to children,** controlling the supply chain to reduce the risk of children gaining access and enforcing these restrictions against responsible entities.
- **Applying tobacco control measures to e-cigarettes,** including the supply and demand reduction measures of the WHO FCTC.
- **Strengthening monitoring and surveillance** so that governments have a real-time view of the uptake of e-cigarettes and patterns of use (including dual and poly use with cigarettes and other tobacco products) to guide regulatory action.
- **Strengthening enforcement** to ensure that the measures above are effective.
- **Sharing information** regarding the harmful effects of e-cigarette use with the public.

ENDS can undermine tobacco control efforts and successes

The success of smoke-free environment policies has denormalized smoking, particularly in indoor public areas *(260)*. However, the use of ENDS risks renormalizing smoking behaviour, especially among younger populations *(261–263)*. The tobacco industry has attempted to undermine indoor smoking bans by lobbying for exceptions for ENDS use in indoor areas *(264)*. ENDS products generate aerosols that resemble tobacco smoke, complicating the distinction between ENDS and HTPs, which contain tobacco. This makes it challenging to determine whether a person is smoking a tobacco product or using an ENDS.

Monitoring e-cigarette use helps to guide needed action to protect the population

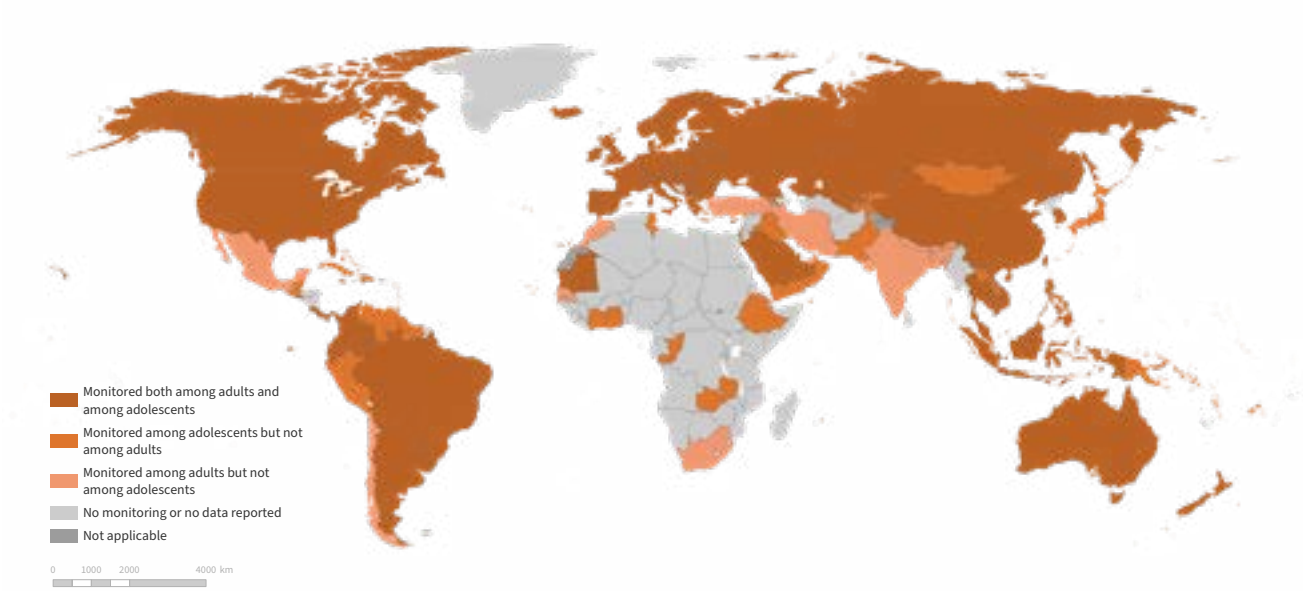
An increasing number of countries are now monitoring e-cigarette use through nationally representative surveys, targeting both adults and adolescents. By 2024, 83 countries had implemented national population-based surveys to assess e-cigarette use among adults – typically those aged 15 years and older, though age ranges vary by survey. With the rising popularity of e-cigarettes among youth, many countries recognize the importance of monitoring the trends in this age group and 118 countries are

now monitoring adolescent use through national school-based surveys.

Collectively, 71 countries are gathering data on both adults and adolescents, covering a population of over 3.7 billion people. In contrast, 65 countries have yet to begin monitoring e-cigarette use, leaving a combined 1.4 billion people without local data to inform public health policy or regulation (Fig. 47).

Of the 71 countries that monitor e-cigarette use among both adults and adolescents, 25 are middle-income countries and 46 are high-income countries. While no low-income countries are among them, three low-income countries have conducted surveys among adolescents that incorporate questions about e-cigarette use (Ethiopia, Togo and Yemen).

Fig. 47. Monitoring of ENDS use among adolescents and adults through nationally representative surveys, 2024



Argentina, Australia, Austria, Bahamas, Belarus, Belgium, Bolivia (Plurinational State of), Brazil, Brunei Darussalam, Bulgaria, Cambodia, Canada, China, Colombia, Costa Rica, Croatia, Cyprus, Czechia, Denmark, Ecuador, El Salvador, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Indonesia, Ireland, Italy, Kazakhstan, Latvia, Lithuania, Luxembourg, Malaysia, Malta, Marshall Islands, Mauritania, Netherlands (Kingdom of the), New Zealand, Norway, Palau, Panama, Paraguay, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Saint Lucia, Saudi Arabia, Serbia, Seychelles, Slovakia, Slovenia, Spain, Sweden, Switzerland, Thailand, Trinidad and Tobago, Ukraine, the United Kingdom, the United States, Uruguay, Uzbekistan and Viet Nam.

Sixty-two countries still do not apply any regulations to ENDS

A total of 133 countries regulate ENDS in some way globally (Fig. 48). Different degrees of regulation have been adopted by different countries. Forty-two of these countries, with 2.7 billion people, ban the sale of ENDS, seven more than in 2022, while 91 countries (almost 47% of all countries) covering 3.7 billion people allow the sale of ENDS and have adopted one or more measures either fully or partially to regulate them.

These measures include bans on the use of ENDS in public indoor areas; bans on advertising, promotion and sponsorship; the application of health warnings on packaging; age restrictions on the sale of ENDS; and flavour bans or restrictions. Countries that levy excises on ENDS are noted separately in this chapter. As of 2024, 62 countries (home to approximately 1.7 billion people) still lack any regulations on ENDS.

Measures include:

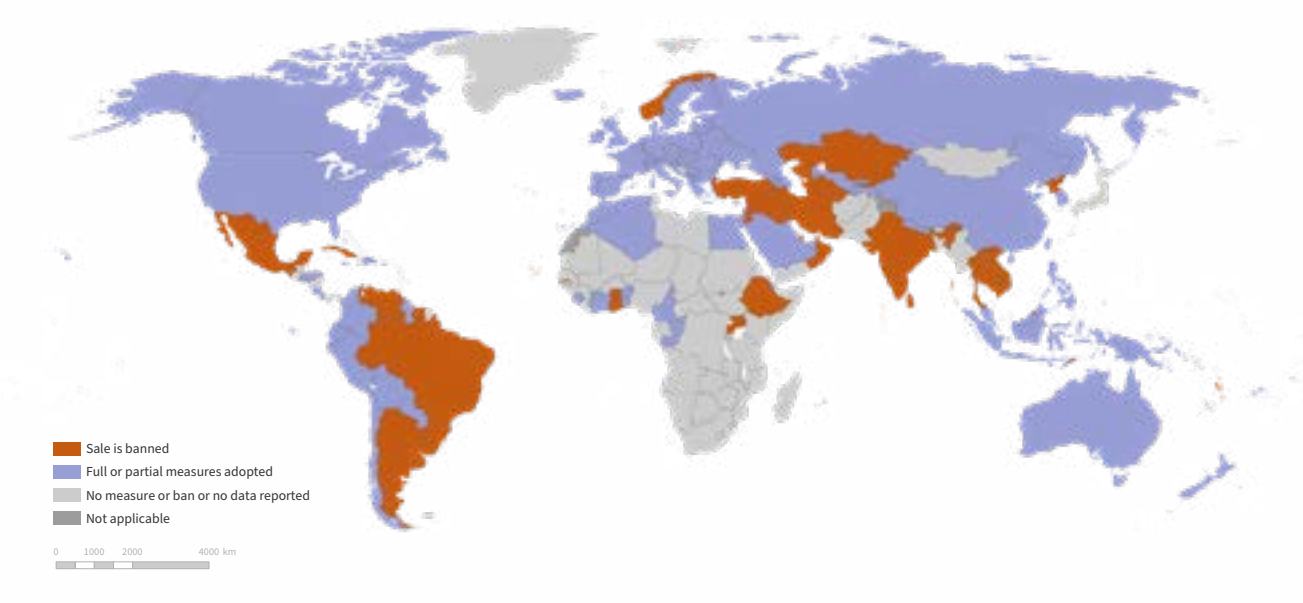
- prohibiting the use of ENDS in indoor public places;
- health warnings applied to packaging;
- prohibiting the advertisement, promotion and sponsorship of ENDS;
- minimum age restrictions applied to sale of ENDS;
- ban of flavours.

Looking back to 2007, the progress is striking (Fig. 49). The number of countries with e-cigarette bans or regulations has surged from just eight in 2007 to 133 in 2024, reflecting significant efforts by national governments. Regulating ENDS is crucial and, encouragingly, only 62 countries remain without any form of ENDS regulation, highlighting growing global momentum toward stronger oversight.

The extent of regulation varies greatly across country-income groups

Almost 90% of high-income countries have either a regulation or a sales ban in effect compared to, 66% of middle-income countries and just 27% of low-income countries. Of the countries that have banned the sale of ENDS, 28 are middle-income countries, nine are high-income countries and five are low-income countries (Fig. 50).

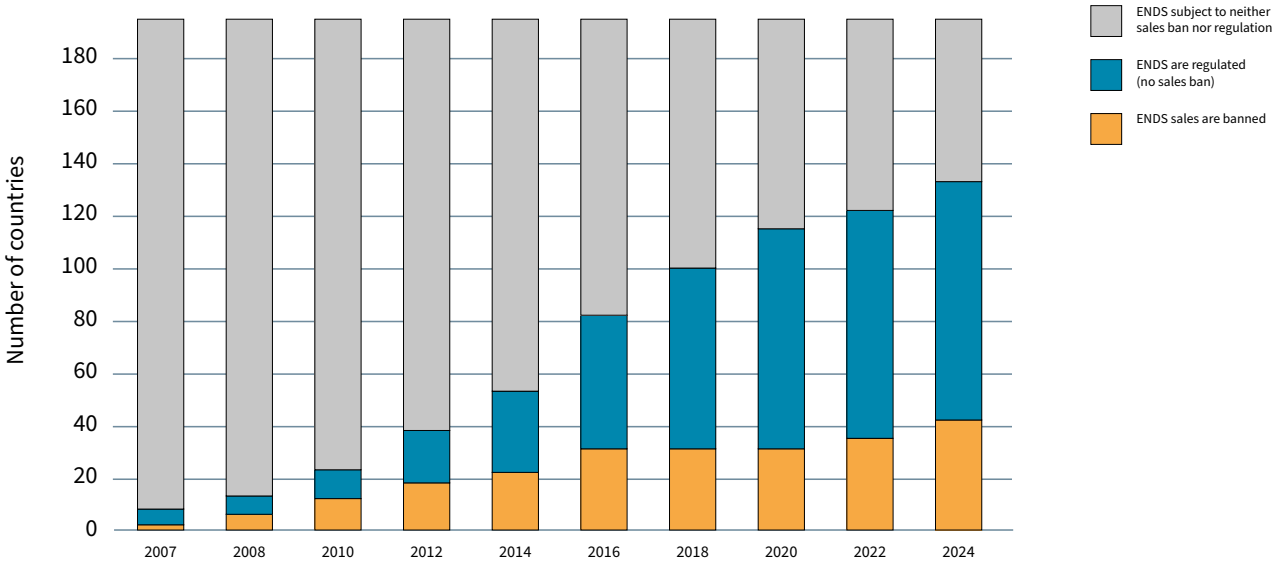
Fig. 48. Measures to regulate ENDS – full, partial or no ban, 2024



ENDS are regulated in: Albania, Algeria, Andorra, Armenia, Australia, Austria, Azerbaijan, Bahrain, Barbados, Belarus, Belgium, Benin, Bolivia (Plurinational State of), Bulgaria, Cameroon, Canada, Chile, China, Colombia, Congo, Costa Rica, Côte d'Ivoire, Croatia, Cyprus, Czechia, Denmark, Djibouti, Dominican Republic, Ecuador, Egypt, El Salvador, Estonia, Fiji, Finland, France, Georgia, Germany, Greece, Guyana, Honduras, Hungary, Iceland, Indonesia, Ireland, Israel, Italy, Jamaica, Kuwait, Latvia, Lebanon, Lithuania, Luxembourg, Malaysia, Malta, Monaco, Montenegro, Morocco, Nepal, Netherlands (Kingdom of the), New Zealand, Niue, North Macedonia, Papua New Guinea, Paraguay, Peru, Philippines, Poland, Portugal, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Saint Lucia, Samoa, San Marino, Saudi Arabia, Serbia, Sierra Leone, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Togo, Tuvalu, Ukraine, United Arab Emirates, the United Kingdom, the United States and Uzbekistan.

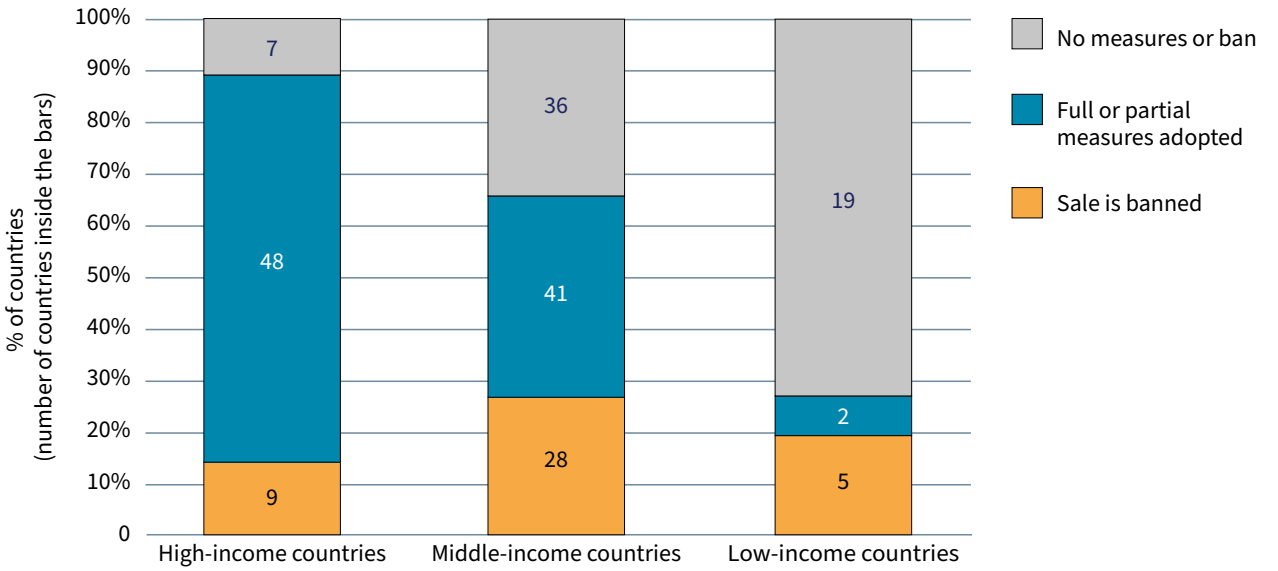
Sale of ENDS is banned in: Argentina, Brazil, Brunei Darussalam, Cabo Verde, Cambodia, Cook Islands, Cuba, Democratic People's Republic of Korea, Ethiopia, Gambia, Ghana, India, Iran (Islamic Republic of), Iraq, Jordan, Kazakhstan, Kyrgyzstan, Lao People's Democratic Republic, Maldives, Marshall Islands, Mauritius, Mexico, Nauru, Norway, occupied Palestinian territory, Oman, Palau, Qatar, Singapore, Sri Lanka, Suriname, Syrian Arab Republic, Thailand, Timor-Leste, Türkiye, Turkmenistan, Uganda, Uruguay, Vanuatu, Venezuela (Bolivarian Republic of) and Viet Nam.

Fig. 49. Progress in ENDS regulation, 2007–2024



The number of countries regulating ENDS has increased rapidly, with 133 countries now covered by at least partial regulations.

Fig. 50. Status of measures to regulate ENDS, by country-income level, 2024



Measures applied to ENNDS are often not consistent with those applied to ENDS

Data collected on ENNDS indicate that although 85% of countries (36 countries) that ban the sale of ENDS also ban the sale of ENNDS, and 80% of countries (69 countries) that regulate ENDS also regulate ENNDS, others have differing approaches for these products, such as regulating or banning the sale of one when allowing the sale of the other without regulations (25 countries). Of the 133 countries with an ENDS ban or regulation, 28 (21%) did not include ENNDS in the ban/regulation.

Advertising and promotion and smoke-free environments should be applied to ENDS and ENNDS

A total of 99 countries have either blanket bans on the use of ENDS or regulations limiting where they can be used in public places. Of these, 13 have a blanket ban on use, 64 countries cover ENDS with their tobacco smoke-free law or regulation, while 22 have a specific regulation for use of ENDS in public places.

In total, 85 countries do not ban or restrict the advertising and promotion of ENDS. Sixty-three cover ENDS with the same bans that tobacco products are subject to and 47 countries have specific regulations governing ENDS advertising and promotion.

Most countries do not mandate health warnings on ENDS or ENNDS

As with any tobacco or nicotine product, ENDS users should be warned about the health risks associated with products they use. Of the 153 countries that allow the sale of ENDS, 88 do not require any health warnings labels on the packages of these products, whether devices or e-liquids. Health warnings are required on both devices and e-liquids in 53 countries, on devices only in three countries and on e-liquids only in nine countries.

Fig. 51 presents the health warning requirements in 2024 for ENDS and ENNDS, on devices and e-liquids. Across all product types, most countries have no health warning requirements. Ninety-seven countries and 91 countries do not mandate warnings on ENDS devices and e-liquids respectively, while for ENNDS, 144 countries lack warnings on devices and 143 on ENNDS e-liquids.

Pictorial warnings are rare across all product types, with only 6–13 countries adopting them. Text warnings are better adopted than pictorial warnings on all product types, particularly on ENDS e-liquids with nicotine (49 countries) and ENDS devices (45 countries). Additionally, sales are banned in a significant number of countries (36 to 42) across all categories. Overall, the data suggest that regulatory measures, especially in the form of warnings, are limited globally, particularly for non-nicotine products.

In this report, mass media campaigns have not been disaggregated by type of tobacco or nicotine product but countries are increasingly addressing the potential harms associated with ENDS for youth (Box 30).


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Fig. 51. Health warning requirements on electronic devices and e-liquids, 2024

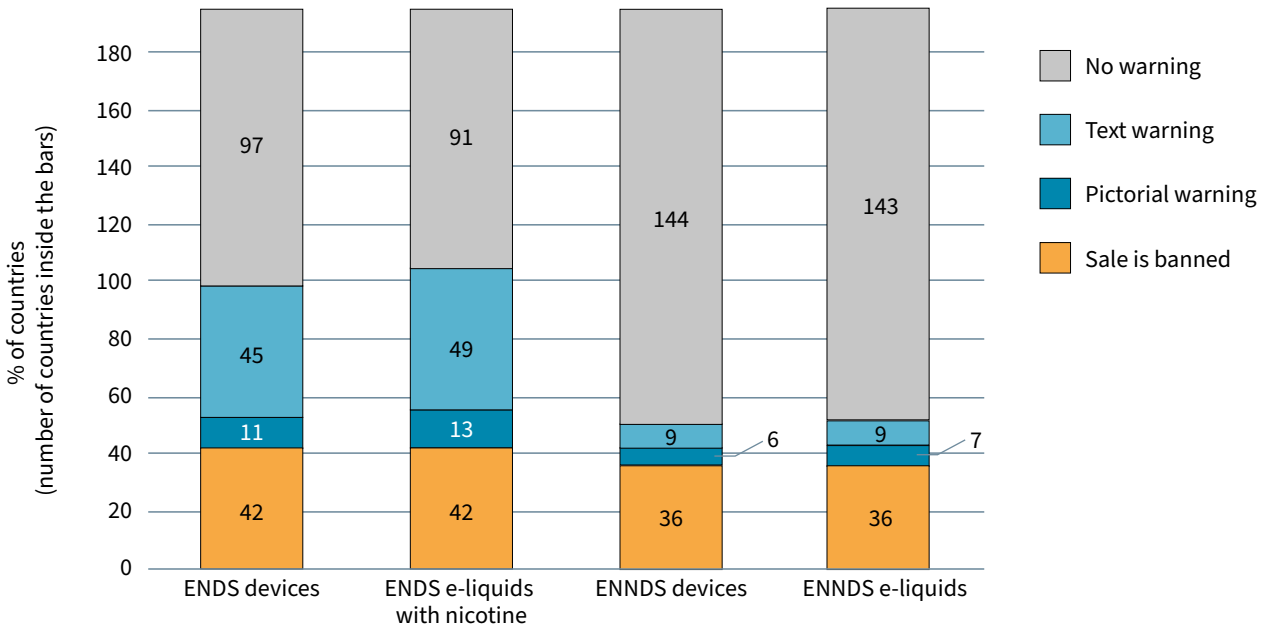
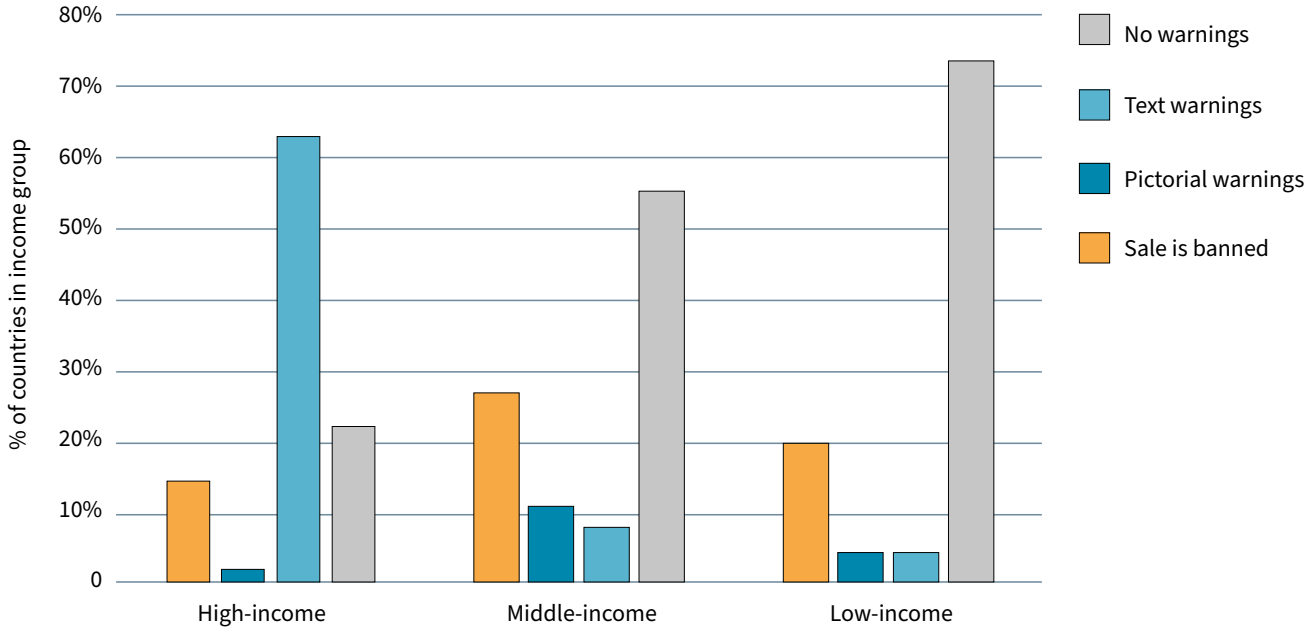


Fig. 52 illustrates the proportion of countries adopting health warning measures on e-liquids with nicotine categorized by income group. High-income countries have the highest prevalence of textual warnings, with around 60%, but very limited use of pictorial warnings (only 2% of high-income countries). While fewer middle-income countries have mandates for warnings, proportionately more have adopted pictorial warnings (around 11% and 8%, respectively). Low-income countries have the lowest adoption of both measures, with each type of warning implemented by fewer than 10% of countries.

Fig. 52. Health warning measures on e-liquids with nicotine, by country-income level, 2024



Fifty–six countries have adopted warnings on ENDS devices and 62 have adopted them on e-liquids containing nicotine. Only 11 and 13 of these countries, respectively, mandate pictorial warnings

Flavours greatly increase the appeal of ENDS products to children and adolescents and should be banned

Excluding countries that ban the sale of ENDS, only seven countries have adopted a ban on the characterizing flavours in ENDS (Finland, Hungary, Latvia, Lithuania, Montenegro, Netherlands (Kingdom of the) and Slovenia). Fifteen other countries ban only selected flavours or permit specific flavours, (6 additional countries since 2022 (Australia, Republic of Moldova, Russian Federation, Sierra Leone, Switzerland and Uzbekistan).

Age restrictions on the sale of ENDS have been adopted by almost 46% of the countries where these products are sold

Of the 153 countries that permit the sale of ENDS, 79 countries limit their sale to a minimum age – seven more than in 2022. The limit is 16 years of age in one country, 18 years in 69 countries, 19 years in one country, 20 years in one country and 21 years in seven countries, while the other 74 countries have no age restriction on ENDS purchase.

Including the 42 countries with a general sales ban on ENDS, a total of 121 countries (62%), are protecting minors from easy access to these products. This percentage is much lower than the 175 countries (90%) that apply age restrictions to tobacco purchases.

Taxes on ENDS or ENNDS products are too low

Electronic nicotine (and non-nicotine) products come in various forms around the world – open systems, closed systems and disposable systems. Open systems are products that allow the user to fill their device with the mixtures they want (with no nicotine, different nicotine concentrations and/or flavours and e-liquids). Closed systems are products that come with a pre-filled container (called a cartridge, pod or tank) and where own mixes are not possible.

Of the 50 countries where data are available for open-system ENDS, 12 countries (24%) impose no excise tax on open-system e-liquids. Of the 56 countries where data are available for rechargeable closed systems, 18 countries (32%) impose no excise tax on closed-system e-liquids (commonly sold as pods). Finally, of the 52 countries where data are available for disposable products, 17 countries (33%) impose no excise tax on the product.

In countries where an excise tax is imposed on ENDS e-liquids, the tax is generally low, with most countries having a total tax share below 25% of the retail price (15 out of 50 countries with estimates for open systems, 18 out of 56 countries with estimates for rechargeable closed systems and 31 out of 52 countries with estimates for disposable closed systems).

The tobacco control community must anticipate that nicotine products and tobacco products will evolve rapidly – and plan for their regulation

In recent years, newer nicotine and tobacco products have been introduced to several markets. These are rapidly evolving and require regulation to protect public health. Therefore, the availability, characteristics and use of these and other emerging products should be closely monitored and regulations should be future-proofed as much as possible to cover these products. Nicotine pouches, for example, have recently emerged as an increasingly popular product in many countries; however, currently fewer than one in four countries (48 countries) ban or regulate them and some other countries are still analysing which regulations or bans to apply to these products.

Box 29. Colombia: closing loopholes, anticipating industry strategies

More than 15 years ago, Colombia was one of the pioneering Member States in implementing a comprehensive ban on TAPS as well as other policies aligned with the WHO FCTC, including the adoption of 100% smoke-free indoor public spaces. However, with the emergence of new tobacco and nicotine products on the market such as ENDS/ENNDS and HTPs, the country was quickly exposed to a flood of advertising strategies, particularly targeting youth, along with the increasing use of these products in public spaces.

This situation raised growing concerns among national authorities, academia and civil society regarding the risk of renormalizing tobacco consumption. It is worth noting that Colombia was one of the countries chosen by the tobacco industry to introduce some of these products to the market as part of its regional expansion strategy.

In response to this scenario, the legislative reform enacted in May 2024 was fundamental in closing regulatory gaps and strengthening the protection of public health. This amendment expanded the scope of the measures contained in the General Tobacco Control Law 1335 of 2009 – particularly the total ban on TAPS, as well as the ban on use in indoor public spaces – to include ENDS, ENNDS, HTPs, oral nicotine products and, strategically, the category of "other emerging products," allowing for anticipation of future market innovations.

This case not only demonstrates the adaptability of Colombia's regulatory framework to safeguard the achievements in tobacco control and prevent setbacks, but also highlights the importance of developing regulatory responses that anticipate the rapid evolution of new products strategically introduced by the industry to ensure the survival of their business.

Advocacy actions at the Congress of the Republic in support of the law regulating electronic cigarettes, Colombia

62% of countries are protecting minors from easy access to ENDS by banning or restricting sales to minors.

Box 30. Côte d'Ivoire: protecting young people from emerging threats

To address the growing public health concern of new and emerging nicotine and tobacco products in Côte d'Ivoire, the National Program for the Control of Tobacco Use, in collaboration with WHO and national and private media outlets, launched a nationwide awareness campaign from 1 October to 29 November 2024. The campaign adopted a multiplatform strategy aimed at diverse target audiences. Broadcast efforts began with national television (RTI1) and major radio stations (Radio Côte d'Ivoire and Fréquence 2) focusing on the general public and younger audiences. Simultaneously, a network of 35 local radio stations from the WHO-supported Radio Santé network, representing approximately 175 stations countrywide, ensured grassroots penetration in both rural and urban areas.

Content included prime-time television spots and national radio spots for most of the month of October. Radio Santé extended the campaign's reach with 11,543 spot broadcasts through to November 10, 2024. Social media efforts began on October 10 and ran until November 29, supported by a media plan covering Facebook, TikTok, Instagram and LinkedIn.

Communication materials included posters, leaflets and notepads and banners, distributed to the national programme to support community-level messaging. RTI1, with coverage across 75% of the national territory, reaches an estimated 1.7 million viewers daily. National radio stations reached roughly 1 million daily listeners and the Radio Santé broadcasts impacted an estimated 6 million people (1.5 million in Abidjan and 4.5 million in other regions). The social media campaign showed strong engagement, especially on Facebook and TikTok, with over 8300 total views.

Post-campaign surveys revealed increased awareness of the risks, particularly among youth and women. Community dialogues also reflected strong resonance and relevance of the campaign messages.

This integrated campaign effectively raised national awareness about new and emerging nicotine and tobacco products, combining broad media reach with targeted community engagement.

Côte d'Ivoire's dedication to warning the public about the harms of new and emerging nicotine and tobacco products is clearly demonstrated by its effort to reach a broad audience through multiple communication channels, both traditional and digital.

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Social Media campaign, Côte d'Ivoire

Flavours greatly increase the appeal of ENDS products to children and adolescents and should be banned.

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6. Conclusion

Since the introduction of MPOWER, the number of people protected by its tobacco control measures has grown dramatically. In 2007, 1.2 billion people were covered by at least one measure at best-practice level. Today, more than 6.1 billion people – over 75% of the world's population – are protected by at least one measure, and 1.8 billion benefit from three or more. This represents a more than five-fold increase.

The impact of this progress has been significant. Global smoking prevalence dropped from 22.3% in 2007 to 16.4% in 2023. Had this decline not occurred, an estimated 300 million more people would have been smoking in 2023. These achievements are the result of sustained, coordinated action by a global community committed to tobacco control and resilient in the face of persistent interference from the tobacco and related industries.

Yet, the fight is far from over. More than 7 million people continue to die each year from tobacco-related diseases. Emerging products like e-cigarettes and the evolving tactics of the tobacco industry pose new challenges. Continued vigilance, innovation, and global solidarity are essential to protect future generations.

Establishing all MPOWER measures at best-practice level, because the combined impact of these measures is greater than their parts, is the best way to reduce tobacco use and improve the health of generations to come. Nonetheless, adopting MPOWER measures on paper is not enough: the measures must be implemented and enforced to ensure the interventions are executed effectively and where relevant, legislation complied with. Only then can the measures of the package protect the population.

Although at least one MPOWER policy already protects three quarters of the global population, 2 billion people across 40 countries remain without coverage under any evidence-based tobacco control measures, leaving them highly vulnerable to the health and economic consequences of tobacco use. While smoking prevalence has decreased in most countries, overall population growth has slowed the decline in the total number of smokers. To mitigate these risks, accelerating the adoption of MPOWER policies is crucial.

This tenth WHO report on the global tobacco epidemic focuses on measures to warn people about the harms of tobacco, a measure that has outpaced the others of the MPOWER technical package in terms of adoption. Graphic health warnings are a particularly cost–effective measure as the costs of implementation are borne by the industry and adoption barriers are few. This report finds that 22 countries have no legal measures requiring the display of health warnings on cigarette packs, potentially leaving their populations under-informed about the dangers of tobacco. Sixty-three countries have taken steps towards adopting the measure but have fallen short of a comprehensive law mandating pack warnings. For example, 34 countries

require only a text warning, which is less effective than pictorial warnings.

Not only have more countries adopted graphic health warnings, but the average size of warnings has grown from a mean of 30% of the pack in 2007 to almost 60% in 2024, with two countries thus far increasing the size of the warning to an average of 92.5% (average front and back).

Plain packaging has also made great strides over the past decade. Since the first country adopted it in 2012, 24 more have followed, covering a population of 588 million.

There are a number of provisions that countries have adopted for cigarette packaging that complement and enhance the impact of graphic health warnings. For example, 161 countries include a requirement for fines in their legislation for the violation of W provisions and over 70% of countries mandate to ban misleading terms on cigarette packaging like 'light' or 'low tar'. However, provisions that address descriptors that depict appealing flavours are only banned in 57 countries and only 54 countries require the display of a quit line number on the packaging, to help people who want to quit access support.

Mass media campaigns are also highly effective at warning the public about the harms of tobacco as well as helping to change behaviour, shift social norms and build public support for tobacco control. Unfortunately, since 2010, only nine countries report running a national campaign consistently at least once every two years; while the population covered has increased over the last two years, many campaigns lack aspects that could improve their impact. While mass media campaigns can be more costly to implement, campaigns can be made affordable in all countries, reaping rewards when people start making more informed choices about tobacco use and exposure.

As we recognize the twentieth anniversary of the WHO FCTC's entry into force, it is clear that the Treaty has laid a strong foundation for global tobacco control. Countries have made important strides in fulfilling their obligations, but continued progress will depend on sustained commitment and effective implementation.

With well-established tools like the MPOWER package and a growing body of evidence to guide action, countries are well-positioned to address ongoing and emerging challenges. By building on past achievements and reinforcing efforts where gaps remain, the global community can continue moving toward a future where tobacco no longer poses a threat to public health and to future generations.

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TECHNICAL NOTES

ANNEXES

TECHNICAL NOTE I

Evaluation of existing policies and compliance

This report provides summary indicators of country achievements for each of the MPOWER measures, and the methodology used to calculate each indicator is described in this Technical Note. To ensure consistency and comparability, the data collection and analysis methodology used in this report are based on previous editions of the report. Some details of the methodology employed in earlier reports, however, have been revised and strengthened for the present report. Where revisions have been made, data from previous reports have been re-analysed so that results are comparable across years.

Data sources

Data were collected using the following sources:

- For all measures: official reports from WHO FCTC Parties to the Conference of the Parties (COP) and their accompanying documentation.[1]
- For M (monitoring): tobacco prevalence surveys not reported through the COP reporting mechanism were collected mainly through WHO Regional and WHO Country Offices. Technical Note II provides further details.
- For P (protect people from tobacco smoke), W (warn about the dangers of tobacco) and E (enforce bans on tobacco advertising, promotion and sponsorship): original tobacco control legislation (including regulations) adopted in all Member States that relate to smoke-free environments, packaging and labelling measures and tobacco advertising, promotion and sponsorship. Tobacco control laws and regulations as well as product regulations are also the sources of data about HTP, ENDS and ENNDS regulation.
- For W (mass media): data on anti-tobacco mass media campaigns were obtained from Member States.
- In order to avoid unnecessary data collection, WHO conducted a screening for anti-tobacco mass media campaigns in all WHO Country Offices. In countries where potentially eligible mass media campaigns were identified, focal points in each country were contacted for further information on these campaigns, and data on eligible campaigns were gathered and systematically recorded.
- For O (offer help to quit tobacco use): data not reported under the COP reporting mechanism were collected mainly through WHO Regional and WHO Country Offices.
- For R (raise taxes on tobacco): the prices of the most sold brand of cigarettes, the cheapest brand and a premium brand were collected from ministries of health or finance and, in fewer cases, from online stores through regional data collectors.

Information on the taxation of cigarettes (and when possible, most commonly used other smoked, smokeless tobacco products, heated tobacco products and cheapest brands of e-liquids of Electronic Nicotine and Non-Nicotine Delivery Systems), tax structure, use of stamps or fiscal marks and revenues from tobacco taxation was collected from ministries of finance. Technical Note III provides the detailed methodology used.

Based on these sources of information, WHO assessed each indicator as at 31 December 2024. Exceptions to this cut-off date were tobacco product prices and taxes (cut-off date 31 July 2024) and anti-tobacco mass media campaigns (cut-off date 30 June 2024).

Data validation

For each country, every data point for which legislation was the source was assessed by two expert staff from two different WHO offices, generally one from WHO headquarters and the other from the respective WHO Regional Office. Any inconsistencies were reviewed by the two WHO expert staff involved and, if needed, by one third expert staff member not yet involved in the appraisal of the legislation.

Disagreements in the interpretation of the legislation were resolved by:

(1) checking again the original texts of the legislation; (2) trying to obtain consensus from the two expert staff involved in the data collection; (3) trying to obtain clarification from the national tobacco control focal point in the Ministry of Health, or if needed from judges or lawyers in the concerned country; and (4) the decision of the third expert in cases where differences remained. Data were also checked for completeness and logical consistency across variables in the MPOWER database.

Data sign-off

Final, validated data for each country were sent to the respective governments for review and sign-off. To facilitate review by governments, a summary sheet was generated for each country and was sent for review prior to the close of the report database. In cases where national authorities requested data changes, the requests were assessed by WHO expert staff according to both the legislation/materials and the clarification shared by the national authorities, and data were updated or left unchanged. In cases where national authorities explicitly did not agree with the final data, this is specifically noted in the annex tables. Further details about the data processing procedure are available from WHO.

Data analysis

It is important to note that data based on laws reflect the status of legislation adopted by 31 December 2024. In cases where implementation is set for a date after 2024, the data are validated and the note "Provision adopted but not implemented by 31 December 2024" is added. When an implementing regulation is required but not yet signed by 31 December 2024, the data are not validated and the note "Regulations are pending" is added. When no implementation date is set, the data are not validated. When an ongoing legal action results in the cancellation of the implementation date, the data are not validated.

The summary measures compiled for this report are the same as those used for the 2023 report.

The report provides analysis of progress made between 2022 and 2024, and between 2007 and 2024 using the latest assessment of the status of measures in each year so that the results are comparable across years. For R, the earliest comparable data are 2008 and for mass media, data are available only from 2010. To calculate the change in the percentage of the population covered by each policy or measure over time, population estimates for the year 2024 were used.[2] Using a static year eliminates the effect of population growth when measuring change over time. Indicators from previous years have been recalculated, according to legislation/materials received after the assessment period of the respective report or according to changes in the indicator methodology. All income groups used for this report derive from the World Bank income-group classification published on 1 July 2024 by the World Bank.[3] Upper-middle and lower-middle income groups are combined into one group for this report.

When country or population totals for MPOWER measures are referred to collectively in the analysis section of this report, only the implementation of tobacco control measures (smoke-free legislation, cessation services, warning labels, advertising, promotion and sponsorship bans, and tobacco taxes) is included in these totals. Monitoring of tobacco use and anti- tobacco mass media campaigns are reported separately.

Correction to previously published data

The 2022 data published in the last report were reviewed, and around 3% of data points were corrected. The full set of MPOWER data revised for all years back to 2007 is available in the WHO Global Health Observatory at https://www.who.int/data/gho/data/themes/theme-details/GHO/tobacco-control.

Monitoring of tobacco use and prevention policies

The strength of a national tobacco surveillance system is assessed by the frequency and periodicity of nationally representative surveys among the adult and adolescent population in countries. Countries are grouped in the top Monitoring category when all criteria listed below are met for both adolescent and adult surveys:

- whether a survey was carried out recently (in the past 5 years);
- whether the survey was representative of the country's population;
- whether a similar survey was repeated within five years of a previous survey (periodic);
- whether the adolescent and adult populations were surveyed through school-based and household population-based surveys respectively.

Surveys were considered recent if conducted in the past 5 years. For this report, this means 2019 or later. Surveys were considered representative only if a scientific random sampling method was used to ensure nationally representative results. Although they provide useful information, subnational surveys or national surveys of specific population groups provide insufficient information to enable tobacco control action for the total population. Surveys were considered periodic if the same survey or a survey using the same or similar questions on tobacco use was run at least once during the 5 years prior to the most recent survey. Due to COVID-19, it is assumed that planned surveys may have been delayed up to 2 years. Consequentially, for this report, this 5-year period is extended to 7 years for countries that were previously in the best-practice group.

The following definitions apply to adolescent and adult surveys:

Adolescent surveys:

School-based surveys of students aged 13–15 years or other age range encountered during secondary-level school. The questions asked in the surveys should provide indicators that are consistent with those specified in the Global Youth Tobacco Survey questionnaires and manuals.

Adult surveys:

Population-based surveys that provide indicators for adults aged 15 years and older (or another age range starting around 15 years and including people older than 15 years), consistent with those specified in the Global Adult Tobacco Survey questionnaires and manuals.

The groupings for the Monitoring indicator are listed below.

	No known data or no recent* data or data that are not both recent* and representative**
	Recent* and representative** data for either adults or adolescents
	Recent* and representative** data for both adults and adolescents
	Recent*, representative** and periodic*** data for both adults and adolescents

* Data from 2017 or later.
** Survey sample representative of the national population.
*** Collected at least every 5 years.

Smoke-free legislation

There is a wide range of places and areas that can be made smoke- free by law. Smoke-free legislation can be in place at the national or subnational level. The report includes data based on national legislation, and legislation in subnational jurisdictions where available and where smoke- free national laws are incomplete. The assessment of subnational smoke- free legislation is limited to the first-level administrative subdivisions of a country, as listed in ISO3166. Legislation was assessed to determine whether smoke-free laws provided for a complete[4] indoor smoke- free environment at all times, in all the facilities of each of the following eight places:

- health-care facilities;
- educational facilities other than universities;
- universities;
- governmental facilities;
- indoor offices and workplaces not considered in any other category;
- restaurants or facilities that serve mostly food;
- cafés, pubs and bars or facilities that serve mostly beverages;
- public transport (by land, air and water).

Groupings for the smoke-free legislation indicator are based on the number of the above eight places where indoor smoking is completely prohibited.

Countries with no complete smoking ban at national level but where at least 90% of the population is covered by complete subnational smoke-free laws are grouped in the top category.

The groupings for the smoke-free legislation indicator are listed below.

	Not reported
	Complete absence of bans, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke- free (or at least 90% of the population covered by complete subnational smoke-free legislation)

In addition to the data used for the above groupings of the smoke-free legislation indicator, other related data were collected (and are available through the WHO Global Health Observatory and the MPOWER portal). This includes questions on outdoor places and about specific indoor places (airports, indoor waiting areas of public transport, hotels, cultural facilities, shops, private cars with the presence of a child under 18 years old) as well as questions on fines and on the requirement of displaying non-smoking signs where smoking is banned.

A number of countries include exceptions to their smoke-free law that allow for the provision of smoking areas or designated smoking rooms (DSRs) in certain public places, workplaces and public transport. This is not a complete smoke-free environment and is therefore reported as a "No". For the small number of countries where DSRs are allowed under "very strict technical requirements",[5] this is also reported as a "No" but with an asterisk. The calculation for the groupings for smoke-free laws is based only on the number of "Yes", and treat a "No" with an asterisk the same as a "No" without, because a law that allows DSRs in any form does not provide complete protection.

The smoke-free status of outdoor areas of these eight places was also assessed. A clear and explicit mention of the outdoor place was required. When the outdoor smoking ban was complete, a "Yes" was reported; when the outdoor smoking ban was incomplete (some outdoor places smoke-free, but smoking areas were allowed) it was reported "Partial".

When there was no clear mention of the outdoor area, or no smoking ban, a "No" was reported. The sum of "Yes" and/or "Partial" in the eight places assessed is reported.

Tobacco dependence treatment

The indicator of achievement in treatment for tobacco dependence is based on whether the country has available:

- nicotine replacement therapy (NRT);
- tobacco cessation support;
- reimbursement for any of the above;
- a national toll-free quit line.

Despite the low cost of quit lines, few low- and middle-income countries have implemented such programmes. Thus, national toll-free quit lines are included as a qualification only for the highest category. Reimbursement for tobacco dependence treatment is considered only for the top two categories to take restricted national budgets of many lower-income countries into consideration.

The top three categories reflect varying levels of government commitment to the provision of nicotine replacement therapy and cessation support.

The groupings for the tobacco dependence treatment indicator are listed below.

	Not reported
	None
	NRT* and/or some cessation services** (neither cost-covered)
	NRT* and/or some cessation services** (at least one of which is fully or partially cost-covered)
	National toll-free quit line, and both NRT* and some cessation services** (fully or partially cost-covered)

* Nicotine replacement therapy.
** Tobacco cessation support available in any of the following places: health clinics or other primary care facilities, hospitals, office of a health professional, the community or other settings

In addition to data used for the grouping of the tobacco dependence treatment indicator, other related data such as information on countries' essential medicines lists, etc. were collected.

Warning labels on tobacco packaging

The section of the report that assesses each country's legislation on health warnings includes the following information about cigarette package warnings:

- whether specific health warnings are mandated;
- the mandated size of the warnings, as a percentage of the front and back of the cigarette package;
- whether the warnings appear on individual packages as well as on any outside packaging and labelling used in retail sale;
- whether the warnings describe specific harmful effects of tobacco use on health;
- whether the warnings are large, clear, visible and legible (e.g. specific colours and font styles and sizes are mandated);
- whether the warnings rotate;
- whether the warnings are written in (all) the principal language(s) of the country;
- whether the warnings include pictures or pictograms.

The size of the warnings on both the front and back of the cigarette pack were averaged to calculate the percentage of the total pack surface area covered by warnings. This information was combined with the warning characteristics to construct the groupings for the health warnings indicator. The groupings for the health warnings indicator are listed below.

	Data not reported
	No warnings or small warnings[1]
	Medium size warnings[2] missing some[3] or many[4] appropriate characteristics[5] OR large warnings[6] missing many[4] appropriate characteristics[5]
	Medium size warnings[2] with all appropriate characteristics[5] OR large warnings[6] missing some[3] appropriate characteristics[5]
	Large warnings[6] with all appropriate characteristics[5]

1 Average of front and back of package is less than 30%.
2 Average of front and back of package is between 30 and 49%.
3 One to three.
4 Four or more.
5 Appropriate characteristics:
- specific health warnings mandated;
- appearing on individual packages as well as on any outside packaging and labelling used in retail sale;
- describing specific harmful effects of tobacco use on health;
- are large, clear, visible and legible (e.g. specific colours and font style and sizes are mandated);
- rotate;
- include pictures or pictograms;
- written in (all) the principal language(s) of the country.

6 Average of front and back of the package is at least 50%.

In addition to the data about cigarettes used for the grouping of the health warnings indicator, data about other smoked tobacco products and smokeless tobacco products, as well as other related data such as the appearance of the quit line number, the requirement for plain packaging, etc. were collected and are presented in Annex 2.

Plain packaging (also called standardized packaging) is defined by WHO FCTC Article 11 guidelines as a measure "to restrict or prohibit the use of logos, colours, brand images orpromotional information on packaging other than brand names and product names displayed in a standard colour and font style".

In order for a country to appear in this report as having introduced plain packaging, the following criteria (established by WHO FCTC Article 13 guidelines) are requested by a law and the implementing rules:

- black and white or two other contrasting colours, as prescribed by national authorities;
- nothing other than a brand name, a product name and/or manufacturer's name, contact details and the quantity of product in the packaging, without any logos or other features apart from health warnings, tax stamps and other government-mandated information or markings;
- prescribed font style and size for the above elements;
- standardized shape, size and materials;
- there should be no advertising or promotion inside or attached to the package or on individual cigarettes or other tobacco products.

Countries with a law requiring plain packaging but with no implementing rules or regulations yet adopted, will not be reported as having introduced plain packaging but will have the footnote "Legislation enabling plain packaging but regulations pending" added in the report. This is also the case for countries that have required health warnings by law without having yet issued the proper texts and/or images by decree, rule, regulation, etc.

Anti-tobacco mass media campaigns

Countries undertake communication activities for many reasons, including improving public relations, creating attention for an issue, building support for public policies and prompting behaviour change. Anti-tobacco communication campaigns, which are a core tobacco control intervention, must have specified features in order to be minimally effective: they must be of sufficient duration and must be designed to effectively support tobacco control priorities, including increasing knowledge, changing social norms, promoting cessation, preventing tobacco uptake and increasing support for good tobacco control policies.

With this in mind, and consistent with the definition of "anti-tobacco mass media campaigns" in the last report, only mass media campaigns that were:

- designed to support tobacco control;
- at least three weeks in duration;
- implemented between 1 July 2022 and 30 June 2024 were considered eligible for analysis. For the sake of logistical feasibility and cross-country comparability, only national-level campaigns were considered eligible. Exceptions were allowed in federal states if multiple campaigns together covered at least 90% of the population.

Consistent with the last report and to enable greater accuracy, materials from campaigns had to be submitted and verified based on the eligibility criteria for all countries.

Eligible campaigns were assessed according to the following characteristics, which signify the use of a comprehensive communication approach:

1. The campaign was part of a comprehensive tobacco control programme.
2. Before the campaign, research was undertaken or reviewed to gain a thorough understanding of the target audience.
3. Campaign communication materials were pre-tested with the target audience and refined in line with campaign objectives.
4. Air time (radio, television) and/or placement (billboards, print advertising, etc.) were formally planned.
5. The implementing agency worked with journalists to gain publicity or news coverage for the campaign.
6. Process evaluation was undertaken to assess how effectively the campaign had been implemented.
7. An outcome evaluation process was implemented to assess campaign impact.
8. The campaign was aired on television and/or radio.

The groupings for the mass media campaigns indicator are listed below.

	Data not reported
	No national campaign conducted between July 2020 and June 2022 with a duration of at least 3 weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics, or with seven characteristics excluding airing on television and/or radio
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

Bans on advertising, promotion and sponsorship

Legislation banning tobacco advertising, promotion and sponsorship can be in place at the national or subnational level. The report includes data based on national legislation, and legislation in subnational jurisdictions where available and where national laws are incomplete. The assessment of subnational legislation on advertising, promotion and sponsorship bans is limited to first-level administrative subdivisions as listed in ISO3166.

Country-level achievements in banning tobacco advertising, promotion and sponsorship were assessed based on whether the bans covered the following types of advertising:

- national television and radio;
- local magazines and newspapers;
- billboards and outdoor advertising;
- point-of-sale (indoor);
- free distribution of tobacco products in the mail or through other means;
- promotional discounts;
- non-tobacco products identified with tobacco brand names (brand stretching);[6]
- brand names of non-tobacco products used for tobacco products (brand sharing);[7]
- appearance of tobacco brands (product placement) or tobacco products in television and/or films;
- sponsorship (contributions and/or publicity of contributions).

The first four types of advertising listed are termed "direct" advertising, and the remaining six are termed "indirect" advertising. Complete bans on tobacco advertising, promotion and sponsorship usually start with bans on direct advertising in national media and progress to bans on indirect advertising as well as promotion and sponsorship.

The basic distinction for the two lowest groups is whether bans cover national television, radio and print media or not, and the remaining groups were constructed based on how comprehensively the law covers bans of the other forms of direct and indirect advertising included in the analysis. In cases where the law did not explicitly address cross-border advertising, it was interpreted that advertising at both domestic and international levels was covered by the ban only if advertising was totally banned at national level.

The groupings for the bans on advertising, promotion and sponsorship indicator are listed below. Countries where at least 90% of the population were covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship are grouped in the top category.

	Data not reported
	Complete absence of ban, or ban that does not cover national television (TV), radio and print media
	Ban on national TV, radio and print media only
	Ban on national TV, radio and print media as well as on some (but not all) other forms of direct* and/or indirect** advertising
	Ban on all forms of direct* and indirect**advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

* Direct advertising bans:
- national television and radio;
- local magazines and newspapers;
- billboards and outdoor advertising;
- point-of-sale (indoor).

** Indirect advertising bans:
- free distribution of tobacco products in the mail or through other means;
- promotional discounts;
- non-tobacco goods or services identified with tobacco brand names (brand stretching);
- brand names of non-tobacco products used for tobacco products (brand sharing);
- appearance of tobacco brands (product placement) or tobacco products in television and/or films;
- sponsorship (contributions and/or publicity of contributions).

In addition to the data used for the grouping of the bans on advertising, promotion and sponsorship indicator, other related data, such as bans on Internet sales or on display of tobacco products at points of sale were collected and are made available through the MPOWER portal and the Global Health Observatory.

Tobacco taxes

Countries are grouped according to the percentage contribution of all tobacco taxes to the retail price of a pack of 20 of the most popular brand of cigarettes. Taxes assessed include excise tax, value added tax (or sales taxes), import duty (when the cigarettes were imported) and any other taxes levied. In the case of countries where different levels of taxes applied to cigarettes are based on length, quantity produced or price level, only the rate that applied to the most popular brand is used in the calculation. Please refer to Technical Note III for more details.

The groupings for the tobacco tax indicator are listed below.

	Data not reported
	< 25% of retail price is tax
	≥ 25% and < 50% of retail price is tax
	≥ 50% and < 75% of retail price is tax
	≥ 75% of retail price is tax

Trend in affordability of the most sold brand of cigarettes

The affordability of cigarettes was computed as the percentage of per capita GDP required to purchase 2000 cigarettes of the most popular brand in each year of this report from 2014 to 2024. GDP per capita data in local currency units were sourced from IMF's World Economic Outlook (WEO) database. The least-squares annual growth rate of affordability was computed by fitting a linear regression trend line to the logarithmic values of the affordability measure. Please refer to Technical Note III for more details.

The groupings for the affordability indicator are listed below.

YES	Cigarettes less affordable – per capita GDP needed to buy 2000 cigarettes of the most sold brand increased on average between 2014 and 2024
NO	Cigarettes more affordable – per capita GDP needed to buy 2000 cigarettes of the most sold brand declined on average between 2014and 2024
⟷	No trend change in affordability of cigarettes between 2014 and 2024
...	Insufficient data to conduct a trend analysis

National tobacco control programmes

Classification of countries' national tobacco control programmes is based on the existence of a national agency with responsibility for tobacco control objectives. Countries with at least five full-time equivalent staff members working at the national agency with responsibility for tobacco control meet the criteria for the highest group.

The groupings for the national tobacco control programme indicator are listed below.

	Data not reported
	No national agency for tobacco control
	Existence of national agency with responsibility for tobacco control objectives with no or fewer than five full-time equivalent staff members
	Existence of national agency with responsibility for tobacco control objectives and at least five full-time equivalent staff members

MPOWER summaries

The MPOWER groups, coded by colour as described above, are summarized in Annex 1 of the report.

Data collected and reported for HTP, ENDS and ENNDS in relation to the P, W and E measures

This report includes some data collected about HTP, ENDS and ENNDS (Annex 2). For P-, W- and E-related data, the methodology used to collect and validate the data as well as the criteria used, were identical to those described earlier in this Technical Note. However, no subnational legislation was assessed for these products (only national legislation). Importantly, HTPs are tobacco products and should be covered by tobacco control legislation. It is reported separately in this report only because many countries are legislating separately rather than covering HTPs with the same laws/regulations/provisions as other tobacco products.

Specifications on data about HTP, ENDS and ENNDS

In terms of product regulation, HTPs, ENDS and ENNDS were categorized based on provisions in national legislation or regulations. For countries where the sale of HTP and/or ENDS and/or ENNDS is banned, we have nonetheless reported on regulations relating to their use, advertising, promotion and sponsorship, whereas

some other data were not applicable (such as for instance the minimum age of sale or the packaging and labelling requirements). For W and E, a distinction was made between the regulation applicable to the electronic devices and the one applicable to the e-liquids for ENDS/ENNDS and the tobacco inserts for the HTP.

The questions used for the groupings of the P, W and E measures described earlier were all assessed, and other related data such as minimum sale age or regulation of flavours, were also collected.

Compliance assessment

Compliance with national smoke-free legislation as well as with advertising, promotion and sponsorship bans was assessed by up to five national experts, who scored the compliance in these two areas as "minimal", "moderate" or "high". These five experts were selected according to the following criteria:

- person in charge of tobacco prevention in the country's ministry of health, or the most senior government official in charge of tobacco control or tobacco-related conditions;
- the head of a prominent nongovernmental organization dedicated to tobacco control;
- a health professional (e.g. physician, nurse, pharmacist or dentist) specializing in tobacco-related conditions;
- a staff member of a public health university department;
- the tobacco control focal point of the WHO Country Office.

The experts performed their assessments independently. Average scores were calculated by WHO from the five individual assessments by assigning two points for highly enforced policies, one point for moderately enforced policies and no points for minimally enforced policies, with a potential minimum of 0 and maximum of 10 points in total from these five experts.

The compliance assessment was obtained for legislation implemented by 1 April 2024. For countries with more recent implementation, compliance data are reported as "not applicable".

The compliance assessments are summarized in Annex 1. Compliance scores are represented separately from the grouping (i.e. compliance is not included in the calculation of the grouping categories).

For this report, compliance with health warnings requirements were collected for the first time. The compliance assessments are not listed in the report, but a summary of the findings appears in the W background chapter.

Background chapters

All background chapters were developed as brief summaries of the topic areas covered and are not intended to be comprehensive reviews of the existing literature. All recommendations presented are based upon pre-existing published technical guidance.

1 Parties report on the implementation of the WHO Framework Convention on Tobacco Control according to Article 21. The objective of reporting is to enable Parties to learn from each other's experience in implementing the WHO FCTC. Parties' reports are also the basis for review by the COP of the implementation of the WHO FCTC. Since 2012, all Parties submit their reports at the same time once every 2 years. For more information please refer to https://fctc.who.int/convention/reporting.

2 United Nations Department of Economic and Social Affairs, Population Division in World population prospects 2024 (median fertility projection for the year 2024). For more information please refer to https://population.un.org/wpp/.

3 The World Bank: World development indicators published July 1, 2024. For more information please refer to https://datahelpdesk.worldbank.org/knowledgebase.

4 "Complete" is used in this report to mean that smoking is not permitted, with no exemptions allowed, such as designated smoking rooms or smoking areas. Exceptions in residences and indoor places that serve as equivalents to long-term residential facilities, such as prisons and long-term health and social care facilities such as psychiatric units and nursing homes are excluded from the criteria. Ventilation and any form of designated smoking rooms and/or areas do not protect from the harms of second-hand tobacco smoke, and the only laws that provide protection are those that result in the complete absence of smoking in all public places, workplace and public transport.

5 Designated smoking rooms with "very strict technical requirements" do not protect against exposure to tobacco smoke. Designated smoking room exceptions in the legislation that include at least three out of the six following characteristics, and include at least criteria 5 or 6, are reported as "No" with an asterisk. The designated smoking room must:

- be a closed indoor environment;
- be furnished with automatic doors, generally kept closed;
- be non-transit premises for nonsmokers;
- be furnished with appropriate forced-ventilation mechanical devices;
- have appropriate installations and functional openings installed, and air must be expelled from the premises;
- be maintained, with reference to surrounding areas, in a depression not lower than 5 Pascals.

6 When legislation did not explicitly ban the identification of non-tobacco products with tobacco brand names (brand stretching) and did not provide a definition of tobacco advertising and promotion, it was interpreted that brand stretching was covered by the existing ban of all forms of advertising and promotion when the country was a Party to the WHO FCTC, assuming that the WHO FCTC definitions apply.

7 When legislation did not explicitly ban the use of brand names of non-tobacco products for tobacco products (brand sharing) and did not provide a definition of tobacco advertising and promotion, it was interpreted that brand sharing was covered by the existing ban of all forms of advertising and promotion when the country was a Party to the WHO FCTC, assuming that the WHO FCTC definitions apply.

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TECHNICAL NOTE II

Tobacco use prevalence in WHO Member States

Monitoring the prevalence of tobacco use is central to efforts to control the global tobacco epidemic. Reliable prevalence data on the magnitude of the tobacco epidemic and its influencing factors provide the information needed to plan, adopt and evaluate the impact of tobacco control interventions. This report contains information on the prevalence of tobacco use sourced from the most recent surveys run by each Member State among the general population and among adolescents. WHO-modelled, age-standardized prevalence estimates for daily smoking among people aged 15 years and over are presented in Annex 1 of the report. This technical note provides information on the method used to generate the WHO prevalence estimates.

Sources of information

For modelling of WHO estimates of tobacco use prevalence, the following sources of information were explored (where official survey reports explaining the sampling, methodology and detailed results were not publicly available, Member States were asked to provide them):

- information on surveys provided by Parties to the WHO FCTC Secretariat in Party reports;
- information collected through WHO tobacco-focused surveys conducted under the aegis of the Global Tobacco Surveillance System – in particular, the Global Adult Tobacco Survey (GATS);
- tobacco information collected through other WHO-supported surveys including WHO STEPwise
- surveys and World Health Surveys;
- other systems-based surveys undertaken by cross-national organizations, including surveys such as the Demographic and Health Surveys (DHS) and the Multiple Indicator Cluster Survey (MICS);
- an extensive search through WHO regional offices and WHO country offices to identify country-specific surveys not part of international surveillance systems – such as the National Survey of Risk Factors in Argentina, or the Mauritius Non-Communicable Diseases Survey.

For the analysis, any survey conducted since 1990 was used if it:

- was officially recognized by the national health authority;
- included randomly selected participants who were representative of the general population (school-based surveys were specifically excluded, subnational surveys were not used);
- provided data for one or more of six tobacco use indicators: daily tobacco user, current tobacco user, daily tobacco smoker, current tobacco smoker, daily cigarette;
- smoker or current cigarette smoker[1];
- provided prevalence values disaggregated by age and sex.

The above six indicators produce the most complete representation of tobacco use across countries and at the same time help minimize attrition of countries from further analysis because of lack of consistent data over time. Although differences exist in the types of tobacco products used in different countries, data on at least one of these six indicators are available in most countries, thereby permitting robust statistical analyses. The information identified above is stored in the WHO Tobacco Control Global Data Bank and, along with the source code used for generating the WHO smoking prevalence estimates, is published alongside this report at https://www.who.int/health-topics/ tobacco/.

Analysis and presentation of tobacco use prevalence indicators

Estimation method

A statistical model based on a Bayesian negative binomial meta-regression was used to model crude adjusted and age-standardized estimates for countries for each indicator (current and daily tobacco use, current and daily tobacco smoking, and current and daily cigarette smoking) separately for men and women. A full description of the method is available elsewhere[2].

Once the age- and sex-disaggregated prevalencesfrom eligible surveys were compiled into a dataset, the model was fit to calculate trend estimates for the six indicators mentioned above.

The model has two main components:

(a) adjusting for missing indicators and age groups, and (b) running a regression to generate an estimate of trends over time as well as the credible interval around the estimate.

Depending on the completeness of survey data from a particular country, the model at times makes use of data from other countries to fill gaps. Countries with data gaps "borrow information" from "priors" calculated from their data pooled with data from countries in the same UN subregion.[3]

Differences in age groups covered by each survey

Prevalence rates for any one country were sometimes reported for a variety of different age groups, according to the age range of each survey. Where rates were not collected for any age group in the range of 15 years and above, the model uses data from other surveys in the country's dataset to estimate the age pattern of tobacco use. For ages that the country has never surveyed, the average age pattern seen in countries in the same UN subregion is applied to the country's data.

Differences in the indicators of tobacco use measured

Countries may report different indicators across surveys (e.g. current smoking in one survey and daily smoking in another, or tobacco smoking in one and cigarette smoking in another). Where data are missing for any of the above-listed six tobacco-use indicators, the model uses data from other surveys in the country's dataset to gap-fill the missing information.

For indicators on which the country has never reported, the average relationships between indicators seen in countries in the same UN subregion are applied to the country's data.

Modelled results

The model was run for all countries with surveys that met the inclusion criteria. Results for countries with insufficient survey data (e.g. no surveys with a detailed age breakdown of prevalence for both sexes, or no surveys since 2013) were not reported.

The output of the model is a set of trend lines for each country that summarize its prevalence history from 2000 to the year of the most recent survey. If the most recent survey was earlier than 2023, the trend is projected to 2023. The projection assumes that the pace and level of adoption of new policies during the period covered by the countries' national surveys continued unchanged to 2023.

To allow global comparability, the trend calculation is the same for all countries. Countries with few surveys will have more borrowed information blended into their trend line than countries with many surveys. No allowances are made for inflection points in the specific years when tobacco control policies were introduced or improved. Therefore, WHO estimates and projections may differ from countries' own estimates and projections.

For this report, country-level trends have been summarized into average trends for high-income countries, middle-income countries, low-income countries and a global average. The estimated rates for the years 2007 and 2023 are presented.

In this report, comparable estimates of current tobacco use among people aged 15 years and over are presented at country-level for the year 2023. The rates are comparable because the model has standardized the survey results as described above, and then age-standardized as described below.

When calculating global prevalence rates, countries without estimates were included in the averages by assuming their prevalence rates are the same as the average rates seen in the UN subregion to which they belong.[3]

Age-standardized prevalence rates

Comparison of crude rates between two or more countries at one point in time, or of one country at different points in time, can be misleading if the two populations being compared have significantly different age distributions or differences in tobacco use by sex. Age-standardization is a method commonly used to overcome this problem and to allow for meaningful comparison of prevalence between countries, once all other comparison issues described above have been addressed. The method involves applying the age-specific rates by sex in each population to one standard population (this report uses the WHO Standard Population, a fictitious population whose age distribution is largely reflective of the population age structure of low-and middle-income countries). The resulting age-standardized rates refer to the number of smokers per 100 WHO Standard Population. As a result, the rates generated using this process are only hypothetical numbers with no inherent meaning. They are meaningful only when comparing prevalences across countries or over wide time frames.

Comparison with smoking estimates in earlier editions of this report

The estimates in this report are consistent with each other but not with estimates produced for earlier editions of this report. While the method of estimation is the same, the updated data set for the period 1990–2024 is much more extensive.

For example, since the *WHO report on the global tobacco epidemic, 2023*, 186 national surveys from 104 countries have been added to the data set, and 63 existing surveys have been updated with additional data points. Each round of WHO estimates is calculated using all available survey data back to 1990. The more data points available, the more robust the trend estimates are. Each estimation round therefore improves upon earlier published estimates, and the latest round results are not comparable with earlier rounds.

While country-level estimates in this report pertain only to 2023, the trend from 2000 to 2030 is published in the biennial WHO *global report on trends in tobacco use 2000–2030*.

1 Product types included under the cigarette use indicator include manufactured and roll-your-own cigarettes. Product types under the tobacco smoking indicator include cigarettes cigars, pipes, hookah, shisha, water-pipe, heated tobacco products and any other form of smoked tobacco. Product types under the tobacco use indicator include all smoked tobacco and all smokeless tobacco (oral and nasal). E-cigarettes are not included as they are not tobacco products. The term "daily use" refers to use of at least one product on a daily basis. There is no standard definition of the term "current use", but generally it refers to daily or non-daily use at the time of the survey.

2 Bilano V, Gilmour S, Moffiet T, d'Espaignet ET, Stevens GA, Commar A, et al. Global trends and projections for tobacco use, 1990–2025: an analysis of smoking indicators from the WHO Comprehensive Information Systems for Tobacco Control. Lancet. 2015;385(9972):966–76.

3 UN subregion refers to the geographic regions as defined under the M49 standard published in 1999 by the United Nations Statistics Division. Please refer to https://unstats.un.org/unsd/methodology/m49/ (accessed March 5, 2025). Please note that, for the purposes of analysing patterns in tobacco use, the following adjustments were made: (i) Eastern Africa subregion was divided into two regions: Eastern African Islands and Remainder of Eastern Africa; (ii) Armenia, Azerbaijan, Estonia, Georgia, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Tajikistan, Uzbekistan and Turkmenistan were classified with Eastern Europe; (iii) Cyprus, Israel and Türkiye were classified with Southern Europe; (iv) Central Africa and Southern Africa were combined into one subregion; (v) Melanesia, Micronesia and Polynesia subregions were combined into one subregion; and (vi) Ireland and the United Kingdom were combined with Northern America.

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TECHNICAL NOTE III

Tobacco taxes in WHO Member States

This report includes appendices containing information on the share of total and excise taxes in the price of the most widely sold brand of cigarettes, based on tax policy information collected from each country. This note contains information on the methodology used by WHO to estimate the share of total and tobacco excise taxes in the price of a pack of 20 cigarettes using country-reported data. It also provides information on other data collected for this report in relation to tobacco taxation. There is also price and tax data on heated tobacco products and nicotine and non-nicotine delivery systems.

1. Data collection

All data were collected between June 2024 and February 2025 by WHO regional data collectors. The two main inputs into calculating the share of total and excise taxes were (1) prices and (2) tax rates and structure. Prices were collected for the most widely sold brand of cigarettes, the least-expensive brand and a premium brand for July 2024. Prices were collected to reflect recent tax changes that occurred after July 2024 in Brazil (prices collected November–December 2024), Dominica (November 2024) and Kenya (January 2025). Canada's reported weighted average price and taxes are for the year 2023 rather than 2024.

Data on tax structure were collected through contacts with ministries of finance. The validity of this information was checked against other sources. For many countries, this was done through the wealth of work and knowledge accumulated by WHO working directly with ministries of finance on tobacco taxation since 2009. Other sources, including tax law documents, decrees and official schedules of tax rates and structures and trade information, when available, were either provided by data collectors or were downloaded from ministerial websites.

The tax data collected focus on indirect taxes levied on tobacco products (e.g. excise taxes of various types, import duties, value added taxes), which usually have the most significant impact on the price of tobacco products. Within indirect taxes, excise taxes are the most important because they are applied exclusively to tobacco and contribute the most to increasing the price of tobacco products and subsequently reducing consumption. Thus, rates, amounts and point of application of excise taxes are central components of the data collected.

Certain other taxes, in particular direct taxes such as corporate taxes, can potentially impact tobacco prices to the extent that producers pass them on to final consumers. However, because of the practical difficulty of obtaining information on these taxes and the complexity in estimating their potential impact on price in a consistent manner across countries, they are not considered.

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The table below describes the types of tax information collected.

1. Specific excise taxes	A specific excise tax is a tax on a selected good produced for sale within a country or imported and sold in that country. In general, the tax is collected from the manufacturer or at the point of entry into the country by the importer, in addition to import duties. These taxes come in the form of an amount per stick, pack, per 1000 sticks or per kilogram. Example: US$ 1.50 per pack of 20 cigarettes.
2. Ad valorem excise taxes	An ad valorem excise tax is a tax on a selected good produced for sale within a country or imported and sold in that country. In general, the tax is collected from the manufacturer or at the point of entry into the country by the importer, in addition to import duties. These taxes come in the form of a percentage of the value of a transaction between two independent entities at some point of the production/distribution chain; ad valorem taxes are generally applied to the value of the transactions between the manufacturer and the retailer/wholesaler. Example: 60% of the manufacturer's price.
3. Import duties	An import duty is a tax on a selected good imported into a country to be consumed in that country (i.e. the goods are not in transit to another country). In general, import duties are collected from the importer at the point of entry into the country. These taxes can be either specific or ad valorem. Specific import duties are applied in the same way as specific excise taxes (e.g. an amount per 1000 sticks). Ad valorem import duties are generally applied to the CIF (cost, insurance, freight) value, i.e. the value of the unloaded consignment that includes the cost of the product itself, insurance and transport and unloading. Example: 50% import duty levied on CIF.
4. Value added taxes and sales taxes	The value-added tax (VAT) is a "multistage" tax on all consumer goods and services applied proportionally to the price taxes the consumer pays for a product. Although manufacturers and wholesalers also participate in the administration and payment of the tax all along the manufacturing/distribution chain, they are all reimbursed through a tax credit system, so that the only entity who pays in the end is the final consumer. Most countries that impose a VAT do so on a base that includes any excise tax and customs duty. Example: VAT representing 10% of the retail price. Some countries, however, impose sales taxes instead. Unlike VAT, sales taxes are generally levied at the point of retail on the total value of goods and services purchased. For the purposes of the report, care was taken to ensure the VAT and/or sales tax shares were computed in accordance with country-specific rules.
5. Other taxes	Information was also collected on any other tax that is not called an excise tax, import duty, VAT or sales tax, but that applies to either the quantity of tobacco or to the value of a transaction of a tobacco product, with as much detail as possible regarding what is taxed and how the base is defined.

2. Data analysis

The price of the most sold brand of cigarettes was considered in the calculation of the tax as a share of the retail price. In the case of countries where different levels of taxes are applied on cigarettes based on length of cigarette, quantity produced, or type (e.g. filter vs. non-filter), only the relevant rate that applied to the most sold brand was used in the calculation.

In the case of Canada and the United States of America, national average estimates calculated for prices and taxes reflect the fact that different rates are applied by state/province over and above the applicable federal tax. In the case of Brazil, where state VATs vary, the highest rate, which is applied in most states, was applied. A weighted average of retail price and tax was calculated for China given the very large array of brands sold in the market, the most sold brand changing almost every year and representing a very small share of the market was not representative.

The import duty was only used in the calculation of tax shares if the most sold brand of cigarettes was imported into the country. Import duty was not applied in total tax calculation for countries reporting that the most sold brand, even if an international brand, was produced locally. In cases where the imported cigarettes originated from a country with which a bilateral or multilateral trade agreement waived the duty, care was taken to ensure that the import duty was not taken into account in calculating taxes levied.

"Other taxes" are all other indirect taxes not reported as excise taxes, import duties or VAT. An example of such tax is the environmental levy.

The next step of the exercise was to convert all taxes to the same base – in our case, the tax-inclusive retail sale price (hereafter referred to as P). Standardizing bases is important in calculating tax share correctly, as the example in the table below shows. Country B apparently applies the same ad valorem tax rate (20%) as Country A, but in fact ends up with a higher tax rate and a higher final price because the tax is applied later in the distribution chain. Comparing reported statutory ad valorem tax rates without taking into account the stage at which the tax is applied could therefore lead to biased results.

A similar methodology was used to calculate the price and tax share of the most common type of smoked (other than cigarettes) and smokeless tobacco products, as reported by each country. The calculation was made for the price of a product for 20 grams of any smoked or smokeless tobacco product, 20 sticks of cigarettes, bidis and HTPs and one stick of cigars and cigarillos. For the e-liquid of closed electronic rechargeable and disposable nicotine or non-nicotine delivery systems (ENDS/ENNDS), the effective price and tax were calculated for 1 ml while for open systems, they were calculated for 10 ml. Price and tax for smoked tobacco products (including bidis, cigarillos, cigars, pipe tobacco, roll-your-own or waterpipe tobacco) was calculated for 64 countries, while the calculation for smokeless tobacco products (chewing tobacco, dry snuff, moist snuff or nose tobacco) was made for 16 countries. Price and tax was also calculated for HTPs for 60 countries, for the e-liquid of a closed rechargeable electronic nicotine or non-nicotine delivery systems for 56 countries, for the e-liquid of closed disposable ENDS/ENNDS for 52 countries and for the e-liquid of an open electronic nicotine or non-nicotine delivery systems for 50 countries.

3. Calculation

As an example of the calculations performed, denote Sts as the share of taxes in the price of a widely consumed brand of cigarettes (20-cigarette pack or equivalent). Then,

$$S_{ts} = S_{as} + S_{av} + S_{id} + S_{VAT} \quad (1)$$

Where:

S_{ts} = Total share of taxes in the price of a pack of cigarettes;

S_{as} = Share of amount-specific excise taxes in the price of a pack of cigarettes;

S_{av} = Share of ad valorem excise taxes in the price of a pack of cigarettes;

S_{id} = Share of import duties in the price of a pack of cigarettes (if the most popular brand is imported);

S_{VAT} = Share of the value added tax in the price of a pack of cigarettes.

	Country A (US$)	Country B (US$)
[A] Manufacturer's price (same in both countries)	2.00	2.00
[B] Country A: ad valorem tax on manufacturer's price (20%) = 20% x [A]	0.40	-
[C] Retailer's and wholesaler's profit margin (same in both countries)	0.20	0.20
[D] Country B:ad valorem tax on retailer's price (20%) = 20% x [E]	-	0.55
[E] Final price = P = [A]+[B]+[C] or [A]+[C]+[D]	2.60	2.75
Total tax share (as % of P)	0.40/2.60 = **15.4%**	0.55/2.75 **= 20%**

Calculating S_{as} is straightforward and involves dividing the specific tax amount for a 20-cigarette pack by the retail sales price. Unlike S_{as}, the share of ad valorem taxes, S_{av}, depending on the base it is applied on, can be much more difficult to calculate and would involve making some assumptions described below. Import duties are sometimes amount-specific, sometimes value-based. S_{id} is therefore calculated the same way as S_{as} if it is amount-specific and the same way as S_{av} if it is value-based. VAT rates reported for countries are usually applied on the VAT-exclusive retail sale price but are also sometimes reported on VAT-inclusive prices. S_{VAT} is calculated to consistently reflect the share of the VAT in VAT-inclusive retail sale price.

The price of a pack of cigarettes can be expressed as the following (in the case of a country applying a specific excise and ad valorem excise applicable on the manufacturer's price or CIF value + import duty):

$P = [(M + M \times ID) + (M + M \times ID) \times T_{av}\% + T_{as} + \pi] \times (1 + VAT\%)$, or

$$P = [M \times (1 \times ID) \times (1 + T_{av}\%) + T_{as} + \pi] \times (1 + VAT\%) \quad (2)$$

Where:

- *P* = Price per pack of 20 cigarettes of the most popular brand consumed locally;
- *M* = Manufacturer's/distributor's price, or import price if the brand is imported;
- *ID* = Import duty rate (where applicable) on a pack of 20 cigarettes;[1]
- T_{av} = Statutory rate of ad valorem tax;
- T_{as} = Amount-specific excise tax on a pack of 20 cigarettes;
- π = Retailer's, wholesaler's and importer's profit per pack of 20 cigarettes (sometimes expressed as a mark-up);
- *VAT* = Statutory rate of value added tax on VAT-exclusive price.

Changes to this formula were made based on country-specific considerations such as the base for the ad valorem tax and excise tax, the existence – or not – of ad valorem and specific excise taxes, and whether the most popular brand was locally produced or imported. In many cases (particularly in low- and middle-income countries), the base for ad valorem excise tax was the manufacturer's price or CIF value. But in fact, the base of the ad valorem varies a lot around the world and can include other bases, such as retail price, retail price net of some taxes (and/or some predefined margins), retail price net of all taxes, etc.

Given knowledge of price (P) and amount-specific excise tax (T_{as}), the share S_{as} is easy to recover (=T_{as}/P). The case of ad valorem taxes (and, where applicable, S_{id}) is fairly straightforward when, by law, the base is retail price. The calculation is more complicated when the base is the manufacturer's price (M) and needs to be recovered to calculate the amount of ad valorem tax. In most of the cases, M was not known (unless specifically reported by the country), and therefore had to be estimated.

Using equation (2), it is possible to recover M:

$$M = \frac{\frac{P}{1+VAT\%} - \pi - T_{av}}{(1+T_{av}\%) \times (1+ID_{av}\%)} \quad (3)$$

π, or wholesalers' and retailers' profit margins, are rarely publicly disclosed and will vary from country to country. For domestically produced most popular brands, we considered π to be nil (i.e. =0) in the calculation of M because the retailer's and wholesaler's margins are assumed to be small. Setting the margin to 0, however, would result in an overestimation of M and therefore of the base for the ad valorem tax. This will in turn result in an overestimation of the amount of ad valorem tax. Since the goal of this exercise is to measure how high the share of tobacco taxes is in the price of a typical pack of cigarettes, assuming that the retailer's/wholesaler's profit (π) is nil, therefore, does not penalize countries by underestimating their ad valorem taxes. Considering this, it was decided that unless country-specific information was made available to WHO, the retailer's or wholesaler's margin would be assumed to be nil for domestically produced brands.

For countries where the most popular brand is imported, the import duty is applied on CIF values, and the consequent excise taxes are typically applied on a base that includes the CIF value and the import duty, but not the importer's profit. For domestically produced cigarettes, the producer's price includes its own profit, so it is automatically included in M. However, the importer's profit can be relatively significant and setting it to zero (as in the case of domestically manufactured cigarettes) would substantially overestimate M, and thereby substantially overestimate the share of ad valorem tax in final price. For this reason, M had to be estimated differently for imported products: M* (or the CIF value) was calculated either based on information reported by countries or using secondary sources (data from the United Nations Comtrade database).[2] M* was normally calculated as the import price of cigarettes in a country (value of cigarette imports divided by the quantity of cigarette imports for the importing country).[3] However, in a small number of cases where no such data were available (Benin, Equatorial Guinea, Iraq, Liberia, Libya, Mali and Sierra Leone), the export price was considered instead. The ad valorem and other taxes were then calculated in the same way as for local cigarettes, using M* rather than M as the base, where applicable.

In the case of VAT, in most of the cases the base was P excluding the VAT (or, similarly, the manufacturer's/distributor's price plus all excise taxes). In other words:

$$S_{VAT} = VAT\% \times (1 - S_{VAT}), \text{ equivalent to } S_{VAT} = VAT\% \div (1 + VAT\%) \quad (4)$$

In some cases, however, we were informed that the VAT was not effectively collected at all levels of the supply chain and was mainly levied at the importing or manufacturing gate. In this case, the VAT was calculated on the basis of M (or M*) and the different taxes collected at this stage, mainly import duties and excise taxes (Cabo Verde, Cook Islands, Djibouti, Equatorial Guinea, Ghana, Guinea, Kiribati, Libya, Malaysia, Mauritania, South Sudan, Suriname, Tonga, Uganda, Vanuatu and Viet Nam).

In sum, tax rates are calculated using the formula:

$$S_{ts} = S_{id} + S_{as} + S_{av} + S_{VAT} \quad (5)$$

$S_{as} = T_{as} \div P$

$S_{av} = (T_{av}\,\% \times M) \div P$ *or* $(T_{av}\,\% \times M^{*} \times (1+ Sid)) \div P$ *(if the most popular brand was imported)*[4]

$S_{id} = (T_{ID}\,\% \times M^{*}) \div P$ *(if the import duty is value-based) or* $ID \div P$ *(if import duty is a specific amount per pack)*

$S_{VAT} = VAT\% \div (1+ VAT\%)$

4. Prices

Primary collection of price data in this and previous reports involved surveying retail outlets. Price data were collected from two different types of outlets.

Questionnaires sent to data collectors were pre-populated with the names of the highest selling brand in each country. The popular brand was identified using data collected from the 2022 questionnaires, through reports from data collectors in 2024 and through WHO's close collaboration with ministries of finance. When possible, the identified most sold brand was cross-checked with estimates of brand market share of Euromonitor. For the countries where such data were not available, data collectors were asked to indicate the names of the popular brands and provide their prices. In a small number of countries (around 12, mostly in the EMRO and EURO regions), prices of specific products including smoking tobacco, HTPs and ENDS/ENNDS e-liquids were collected or tallied from online retailers.

The two types of retail outlets were defined as follows:

1. Supermarket/hypermarket: chain or independent retail outlets with a selling space of over 2500 square metres and a primary focus on selling food/beverages/tobacco and other groceries. Hypermarkets also sell a range of non-grocery merchandise.
2. Kiosk/newsagent/tobacconist/independent food store: small convenience stores, retail outlets selling predominantly food, beverages and tobacco or a combination of these (e.g. kiosk, newsagent or tobacconist) or a wide range of predominantly grocery products (independent food stores or independent small grocers).

Most sold brands have been used consistently over time to gain a better reflection of the change in prices. However, in some cases where the market share of the brand initially used was considered to have changed substantially, a change was made to the new, more prevalent brand. In 2024, changes in the brand were made for Andorra, Democratic Republic of the Congo, Gambia, Georgia, Guinea-Bissau, Jordan, Kazakhstan, Kiribati, Peru, Serbia and Yemen (more expensive brand), as well as Bolivia (Plurinational State of) and Trinidad (cheaper brand). In one instance (Finland), a price was recorded from government tax data without a brand specified, but was found to be in the similar to the price of the brand reported in 2022. In two other countries (Bangladesh and Tunisia) the brand reported in 2024 was a variant of the brand reported in 2022, with similar price levels.

Since 2012, the price used for each of the 27 countries of the European Union (EU) is the most sold brand collected by WHO. Prior to 2012, price and tax information were taken entirely from the EU's Taxation and Customs Union website. The price used by the EU in the past to calculate tax rates was the most popular price category (MPPC), which was assumed to be close to the most sold brand price category collected in this report. However, since 2011, the EU calculates and reports tax rates based on the Weighted Average Price (WAP) and therefore information on the MPPC is no longer readily available for EU countries. Consequently, to be consistent with past years' estimates and to ensure comparability with other countries, WHO decided in 2012 to collect first hand prices of the most sold brand to calculate tax rates.[5]

The most sold brand is determined based on brand market shares reported from secondary sources, which is validated by countries. It is also worth noting that the EU tax database reports a WAP calculated from cigarette market data derived from the previous calendar year (due to availability of data), which means that it would not reflect a price change that may have occurred following a tax increase in the next year. It also means that the tax share may not be representative of the actual tax share since the WAP and the tax rates are from different years. Excise and VAT rates are still collected from the EU published tables. This means, however, that tax shares as computed and reported in this report will not necessarily be similar to the rates published by the EU. This is mainly due to the calculation of the specific excise tax rates as a percentage of the retail price, which will vary depending on the price used.

5. Considerations in interpreting tax share changes

Changes in tax as a share of price are not only dependent on tax changes but also on price changes. Therefore, despite an increase in tax, the tax share could remain the same or go down; similarly, sometimes a tax share can increase even if there is no change/increase in the tax.

In the current database, there are instances where taxes increased between 2022 and 2024 but the share of tax as a percentage of the price went down. This is mainly due to the fact that, in absolute terms, the price increase was larger than the tax increase (particularly in the case of specific excise tax increases). For example, in Malawi, the specific excise tax increased from 1 5181.5 Malawian kwachas per 1000 cigarettes in 2022 to 2 6249.23 kwachas per 1000 cigarettes in 2024 (a 73% increase), while the price of the most sold brand increased from 900 to 1900 kwachas per pack (a 111% increase). In terms of tax share the excise represented 33.7% of the price in 2022 and it went down to 28% of the price in 2024. This is because price rose more than taxes.

In the same way, there are cases where increases (decreases) in tax as a share of price were mitigated by factors not directly related to tax rates. In the current database, this was attributable to one or more of the following reasons:

- In some instances, the price increased without a tax change, leading to a decrease in the tax share for a specific or mixed excise structure (e.g. Bosnia and Herzegovina, Cyprus, El Salvador, Georgia, Malta, Rwanda, Spain, Switzerland and Thailand).
- In rarer cases, prices fell without a change in tax rates, leading to an increase in the tax share in specific or mixed regimes (e.g. Denmark, Mongolia, Timor-Leste, Trinidad and Tobago), when other taxes had characteristics of a specific tax (e.g. Libya) or when an unchanged rate was applied to the same or larger base than in 2022 (e.g. Bhutan and Viet Nam).
- In other instances, prices increased above tax increases, leading to a decrease in tax share for a specific or mixed excise structure (e.g. Australia, Austria, Azerbaijan, Bahamas, Barbados, Belize, Brazil, Bulgaria, Cameroon, Colombia, Cook Islands, Costa Rica, Dominica, Dominican Republic, Egypt, Estonia, Eswatini, Ethiopia, France, Gabon, Gambia, Germany, Guinea-Bissau, Guyana, Honduras, Hungary, Iceland, Jamaica, Kazakhstan, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Latvia, Madagascar, Malawi, Malaysia, Marshall Islands, Mauritius, Mexico, Montenegro, Myanmar, Namibia, New Zealand, Norway, Peru, Qatar, Romania, Russian Federation, Saint Vincent and the Grenadines, Seychelles, Slovakia, Slovenia, South Africa, Suriname, Tajikistan, Ukraine, the United Kingdom, the United States, Uzbekistan, Vanuatu and Yemen).
- In the case of imported products, the CIF value is an external variable that also influences the calculation of tax share. This has implications in countries where ad valorem is based on the CIF value, when import duties are applicable on the CIF value or when the VAT is calculated on the base of CIF value + excise rather than VAT exclusive retail price. For example, if the CIF value increases, the base for the application of the tax is higher, leading to a higher tax percentage if nothing else changes. This happened, for instance, in Benin where prices and tax rates were unchanged between 2022 and 2024, but the CIF value was higher in 2024, leading to an increase in the excise tax share from 9% to 11.4%
- Care should also be taken in relation to countries where the most sold brand changed between 2022 and 2024. This also had an impact on the tax proportion of the affected countries which had a specific or mixed excise structure. In some cases, because the new brand reported was more expensive and despite tax increases, the total tax share decreased (Kazakhstan, Kiribati). In a different vein, Liberia saw its tax share go up despite no change in price or the statutory tax rate due to the fact that the tax rate is set in US$ and with the Liberian dollar depreciating relative to the United States dollar between 2022 and 2024, the effective value of the tax rose.

Finally, when new, improved information was provided in terms of taxation and prices for some countries, corrections were made in the calculations of tax rates for 2008, 2010, 2012, 2014,2016, 2018, 2020 and 2022 estimates, as needed.

6. Taxation of novel and emerging nicotine and tobacco products

- **Heated tobacco products (HTPs)**

Similar to cigarettes, the price of the most sold brand of sticks (not the devices) has been collected and where applicable, taxes applied. The same methodology used for calculating the tax of cigarettes was followed for HTPs. Only two notable differences were applied: when specific excise tax was applied on the weight of tobacco contained in the sticks, the assumption was made that each stick contained 0.3 grams of tobacco (or 6 grams per pack of 20). This assumption was made based on an average estimate published by the e-cigarettes market data provider ECigIntelligence.[6] The second assumption was made on the value of the CIF for countries that applied an import duty based on the CIF value. In some instances, the CIF value was estimated based on UN Comtrade data for the category of heated tobacco products (Bahrain, Japan, Kuwait, Lebanon, Morocco, Pakistan, Maldives and North Macedonia). In most other instances, given the lack available data on the import value of HTPs, an extrapolation was made assuming the CIF value of HTPs would be about higher than the CIF value of cigarettes. This was based on the assumption that the cost of HTP production was higher than cigarettes production. Estimates of the median CIF value as a proportion of retail price of the most sold brand of cigarettes in 2020 and 2022 ranged around 13–16%. As a consequence, a round CIF value of 20% of the retail price of the most sold brand of HTPs was applied for countries where a CIF value was needed to calculate the tax burden of HTPs and where this value was not sourced from Comtrade.

- **Electronic nicotine and non-nicotine delivery systems (ENDS/ ENNDS)**

Given the heterogeneity of the ENDS/ ENNDS market and the difficulty in identifying a most sold brand that is representative enough of the market in each country where these products are retailed, data were collected on the price of the cheapest brand available for a nicotine or non-nicotine containing e-liquid (whichever was the cheapest available). Data were also collected for three types of e-liquids, those used for open systems and those for closed systems that are rechargeable and disposable ones.[7] The tax was calculated in the same manner as for cigarettes with the only difference being the base quantity. For e-liquid, the base reported is the volume, per ml. Because of differences in prices and packaging, the price was standardised per 10 ml for open systems e-liquids and per 1 ml for closed systems e-liquids (rechargeable and disposable). Similar to the case of HTPs and where a CIF value was needed to calculate the tax burden on ENDS/ ENNDS e-liquids, given the lack of data, assumptions were made regarding the CIF value as a proportion of the retail price of the cheapest brand reported. Assuming the CIF value was a proxy for

the cost of production and, based on information from ECigIntelligence that mark-ups at the wholesale and retail levels could represent up to 100% of the cost at each level, it was assumed that the CIF value would be around 20% of the final retail price. A base of 20% of the retail price was assigned for countries where the ad valorem excise or import duty was calculated on CIF value (except for Peru where a CIF value was reported by national authorities, and Pakistan, Bahrain and Saudi Arabia where Comtrade data was used).

7. Supplementary tax information

An important consideration highlighted in this report is that many aspects of tobacco taxation need to be taken into account to assess if a tax policy is well designed. Tax as a proportion of price does not tell the whole story about the effectiveness of a tax policy. To explore other dimensions of tax policy, since 2015 additional information in relation to tobacco taxation has been collected and compiled into data that can inform researchers and policy-makers further on tax policy in different countries.

The information is compiled and classified in this report according to two main themes: tax structure/level and tax administration. Information was also collected in relation to countries that earmark tobacco taxes to fund health programmes and/or tobacco control activities. The different sets of data/indicators reported under each of the themes were developed and are justified based on evidence provided in past reports.

I. Tax structure/level

a. **Excise tax proportion of price:** higher tax rates and greater reliance on excise is better.

b. **Type of excise applied:** if excise tax is specific, ad valorem, a mix of the two, or if no excise is applied.

c. **Uniform vs. tiered excise tax system:** a uniform excise is easier to administer than a tiered system where variable rates apply based on selected criteria within one tobacco product (not applicable in countries where no excise tax is implemented).

d. Whether a country applies a specific excise or a mixed system **relying more on the specific tax component** (>50% of total excise is specific): specific excises typically lead to higher prices and a smaller price gap between different brands, which is better (not applicable in countries where only ad valorem excise is applicable or where no excise tax is implemented).

e. If the excise applied is ad valorem or if it is mixed, and whether there is **a minimum specific tax**. A minimum tax provides protection against products being undervalued. It also forces prices up since the price will not be lower than the tax paid (this category does not apply to countries where only specific excise tax is applicable or where no excise tax is implemented).

f. Base of the ad valorem tax in countries that apply an ad valorem or a mixed excise system. **Ad valorem taxes applied to the retail price** or the retail price excluding VAT are administratively simpler. The retail price is easier to determine than producer price or CIF value, and therefore there is less risk of undervaluation (not applicable in countries where only specific excise is applicable, or where no excise tax is implemented).

g. If the excise tax applied is specific or if it is mixed, and whether the **specific tax component is automatically adjusted** for inflation (or other). If the specific tax is not adjusted for inflation (or another indicator such as income) over time, its impact will be eroded. It is good to have it adjusted automatically (this category does not apply to countries where only ad valorem excise tax is applicable or where no excise tax is implemented).

h. **Minimum price policy:** while this is not reported as a best practice, it has been informative over the years to report the countries that did impose minimum prices as part of their excise tax policy.

i. **Price dispersion:** share of cheapest brand price in premium brand price (cheapest brand price ÷ premium brand price × 100). The higher the proportion, the smaller the gap and the fewer are the opportunities for substitution to cheaper brands.

II. Tax administration

Requirement of tax stamps (or fiscal marks) on tobacco products: tax stamps help administrators ensure that producers and importers comply with tax payment requirements, help detect illicit tobacco products and facilitate the prosecution of tax fraud cases. In addition to identifying if tax stamps are implemented in a country, data were collected to determine if those stamps contained different types of security features (overt and/or covert). Data were also collected to identify which countries required the presence of unique identifiers on cigarette packs and whether these identifiers were used for tracking and tracing purposes.

III. Earmarking

Taxes can generate substantial revenues. Earmarking all or a part of tobacco tax revenues can be a useful tool for improving the political economy of tobacco tax increases. Setting aside portions of tax revenue to fund tobacco control efforts or relevant health programmes can help convince the public, politicians and officials of the value of significant tobacco tax increases, which ultimate goal is to reduce tobacco use.

IV. Additional information on ENDS, ENNDS and HTPs

With the growth of electronic nicotine delivery devices in various forms, countries face the decision to tax all e-liquids, or only those with nicotine content. Additionally, countries may tax devices in addition to the refills and consumables that are used. Countries were therefore asked if they taxed all e-liquids or only those containing nicotine, and whether they taxed the device in addition to consumables in the case of HTPs and ENDs.

8. Estimates of the affordability of cigarettes

The affordability of cigarettes for each of the years 2014, 2016, 2018, 2020, 2022 and 2024 was measured by the per capita GDP required to purchase 2000 cigarettes of the most sold brand reported in that year. Analysis of affordability in this report informs the following:

- Affordability index (% of GDP per capita to buy 2000 cigarettes): across countries, a higher value indicates cigarettes are relatively more expensive in relation to income.
- Whether cigarettes have become relatively more affordable between 2014 and 2024 (change in the affordability index as measured above, between 2014 and 2024): as affordability decreases, consumption is discouraged.

Estimates of GDP per capita in local currency units were sourced from the IMF's World Economic Outlook (WEO) database which provides a complete series of estimates for most of the 195 countries reported on. Where GDP per capita data were not available in the WEO database, the World Bank's GDP per capita data series was used. In a few instances (Cuba, Syrian Arab Republic), the United Nations database (UNStats) was the data source for GDP. Where World Bank GDP data were used (Liberia, occupied Palestinian territory and Somalia), 2023 GDP data were used as a proxy for 2024 data, except in the case of Zimbabwe, where IMF data for 2024 were used to align with the most recent national currency change. Countries for which no relevant data were available in the IMF WEO database or World Bank's GDP per capita series were dropped from the affordability analysis: Cook Islands, Democratic People's Republic of Korea, Niue and Venezuela (Bolivarian Republic of). For each country–year pair, the currency reported for the most sold brand was tallied with the corresponding currency for the GDP series, and exchange rate conversions and adjustments were performed as needed (Belarus, Croatia, Latvia, Liberia, Lithuania, Mauritania, Sao Tome and Principe, Zambia and Zimbabwe).

To assess whether affordability changed on average since 2014, the average annual percentage change in affordability was calculated as the least squares growth rate for all countries with four or more years of data. This criterion automatically excluded Bhutan, Brunei Darussalam, Eritrea, Djibouti, Guinea, Haiti and Monaco), as less than four years of price data were available for analysis. Additionally, countries that did not report price data for the most sold brand in 2024 were excluded (Afghanistan, Brunei Darussalam, Eritrea, Democratic People's Republic of Korea, Federated States of Micronesia, Sudan, Niue and Tuvalu). With these exclusion criteria, data were insufficient to generate estimates for a total of 15 of 195 countries.

The affordability of cigarettes was judged to have been unchanged if the least squares trend in the per capita GDP required to purchase 2000 cigarettes (that is, 100 packs of 20 cigarettes) was not significant at the 5% level. Cigarettes were judged to have become less (more) affordable on average if the least squares trend in the per capita GDP required to purchase 2000 cigarettes was positive (negative) and significantly different from zero at the 5% level.

1 Import duties may vary depending on the country of origin in cases of preferential trade agreements. WHO tried to determine the origin of the pack and relevance of using such rates where possible.

2 https://comtradeplus.un.org/.

3 When quantity was reported in weight (kg) rather than number of sticks, the conversion was made assuming one stick contained one gram of tobacco.

4 Or $S_{av} = (T_{av}\% \times M^{*}) \div P$, if the ad valorem tax was applied only on the CIF value, not the CIF value + the import duty.

5 For the 27 EU member states, price is collected for cigarettes, HTPs and ENDS only, while calculations for other smoked or smokeless tobacco products are typically made using the weighted average prices reported in the EU database.

6 ECigIntelligence.com (restricted access).

7 Open systems are devices that allow the user to buy e-liquids and fill their device with the mixtures they want (with no nicotine, different nicotine concentrations and/or flavours). Closed systems are products that come with a prefilled container (called a cartridge, pod or tank). Disposable electronic cigarettes typically do not have a refillable tank or pod, and once consumed are thrown away.

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Annex 1

Regional summary of MPOWER measures

Annex 1 provides an overview of selected tobacco control policies in countries. For each WHO region an overview table is presented that includes information on monitoring and prevalence, smoke-free environments, treatment of tobacco dependence, health warnings and packaging, anti-tobacco mass media campaigns, advertising, promotion and sponsorship bans, taxation levels, and affordability of cigarettes, based on the methodology outlined in Technical Notes I, II and III.

Country-level data were generally but not always provided with supporting documents such as laws, regulations, policy documents, etc. Available documents were assessed by WHO and this Annex provides summary measures or indicators of country achievements for each of the MPOWER measures. Detailed information is available in Annex 2 for packaging and labelling measures and anti-tobacco mass media campaigns. It is important to note that data about laws reflect the status of legislation adopted by 31 December 2024 which has a stated date of effect and is not undergoing a legal challenge that could impact the date of implementation.

The summary measures reported for the WHO report on the global tobacco epidemic, 2025 are the same as those in the 2023 report. The methodology used to calculate each indicator is described in Technical Note I. This review, however, does not constitute a thorough and complete legal analysis of each country's legislation. Except for smoke-free environments and bans on tobacco advertising, promotion and sponsorship, data were collected at the national/ federal level only and therefore provide incomplete information about Member States where subnational governments play an active role in tobacco control. Daily smoking prevalence for the population aged 15 years and over in 2023 is an indicator modelled by WHO from tobacco use surveys published by Member States. Tobacco smoking is one of the most widely reported indicators in country surveys. The calculation of WHO estimates to allow international comparison is described in Technical Note II.

Table A1.1

African Region

Summary of MPOWER measures

2024 Indicator and compliance

Country	Adult daily smoking prevalence (2023)	M Monitoring	P Smoking bans (Lines represent level of compliance)	O Cessation programmes	W Health warnings	W Mass media	E Advertising bans (Lines represent level of compliance)	R Taxation	R Cigarettes less affordable since 2014
Algeria	14%		IIIII				IIIIIIIII	50.5%	↔
Angola	…		III				…	18.5%	↔
Benin	4%		IIII				IIIIIIIII	32.1%	No
Botswana	11%		—				IIIIIIIII	60.3%	↔
Burkina Faso	7%		IIIII				IIIIIII	45.3%	↔
Burundi	6%						IIIII	41.9%	↔
Cabo Verde	5%		IIIIII				IIIIII	45.0%	Yes
Cameroon	4%		I				IIIIII	35.9%	Yes
Central African Republic	…		—				…	36.9%	No
Chad	6%		IIIII				IIIIIII	44.6%	↔
Comoros	5%		III				II	73.6%	↔
Congo	11%		IIIIIII				IIIIIIIII	35.0%	Yes
Côte d'Ivoire	5%		—		☆		…	43.1%	↔
Democratic Republic of the Congo	7%		IIIII				IIIIIII	52.1%	No
Equatorial Guinea	…		—				…	47.9%	↔
Eritrea	…		—				…	…	…
Eswatini	6%		—				IIIIIII	52.2%	No
Ethiopia	3%		IIIIIII				IIIIIIII	45.9%	↔
Gabon	7%		III				IIIIIII	33.2%	↔
Gambia	9%		IIIIIIIII				IIIIIIIII	44.3%	Yes
Ghana	2%		—				IIIII	38.1%	↔
Guinea	…		III				IIIIIIIII	8.2%	…
Guinea-Bissau	6%		—				…	19.6%	↔
Kenya	6%		—				IIIIIIII	34.1%	Yes
Lesotho	19%		…				…	58.2%	Yes
Liberia	4%		—				…	41.2%	Yes
Madagascar	13%		IIIIII				IIIIIIIII	45.5%	No
Malawi	6%		—				…	41.8%	↔
Mali	5%		—				IIIIIIIII	27.6%	No
Mauritania	8%							17.0%	No
Mauritius	13%		IIIIIIIII		☆		IIIIIIII	77.9%	↔
Mozambique	7%		IIIIII				IIII	26.0%	Yes
Namibia	…		IIIIIIIII				IIIIIIIII	50.0%	↔
Niger	4%						IIIIIIIII	34.7%	No
Nigeria	2%		IIII				IIIIII	48.9%	Yes
Rwanda	7%		—				…	59.9%	↔
Sao Tome and Principe	4%		—				…	55.9%	↔
Senegal	4%		IIIIII				IIIII	48.6%	Yes
Seychelles	14%		IIIIIIIII				IIIIIIIII	67.8%	↔
Sierra Leone	9%		II					34.9%	No
Somalia	…		—				…	7.1%	No
South Africa	19%		—				IIIIII	58.7%	↔
South Sudan	…		—				…	25.2%	No
Togo	4%		IIIIIII				IIIIIIII	32.8%	↔
Uganda	4%		IIIIIII				IIIIIIIII	28.0%	Yes
United Republic of Tanzania	5%		—				IIIIIIII	31.3%	No
Zambia	9%		IIIII				…	18.8%	↔
Zimbabwe	7%		IIIIIIIII				…	38.4%	↔

Change since 2022

P Smoking bans	O Cessation programmes	W Health warnings	E Advertising bans	R Taxation
Change in POWER indicator group, up or down, since 2022				
				▲
	▼			
				▼
				▲
	▼	▲		
				▲
	▲			
				▲
				▲
				▲

ADULT DAILY SMOKING PREVALENCE*: AGE-STANDARDIZED PREVALENCE RATES FOR ADULT DAILY SMOKERS OF TOBACCO (BOTH SEXES COMBINED), 2023

...	Estimates not available
	30% or more
	From 20% to 29.9%
	From 10% to 19.9%
	Less than 10%

* The figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of daily tobacco smokers in a country. These prevalences are not directly comparable with previous reports. Please see Technical Note II for more information.

MONITORING: PREVALENCE DATA

	No known data or no recent data or data that are not both recent and representative
	Recent and representative data for either adults or youth
	Recent and representative data for both adults and youth
	Recent, representative and periodic data for both adults and youth

SMOKE-FREE ENVIRONMENTS: SMOKING BANS

...	Data not reported
	Complete absence of ban, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

...	Data not reported
	None
	NRT and/or some cessation services (neither cost-covered)
	NRT and/or some cessation services (at least one of which is fully or partially cost-covered)
	National quit line, and both NRT and some cessation services fully or partially cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

...	Data not reported
	No warnings or small warnings
	Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
	Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

...	Data not reported
	No national campaign conducted between July 2022 and June 2024 with a duration of at least three weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

...	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

...	Data not reported
	< 25% of retail price is tax
	≥25% and <50% of retail price is tax
	≥50% and <75% of retail price is tax
	≥75% of retail price is tax

COMPLIANCE: COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP, AND ADHERENCE TO SMOKE-FREE LAWS

▮▮▮▮▮▮▮▮▮▮ / ▮▮▮▮▮▮▮▮▮ / ▮▮▮▮▮▮▮▮	Complete compliance (8/10 to 10/10)
▮▮▮▮▮▮▮ / ▮▮▮▮▮▮ / ▮▮▮▮▮ / ▮▮▮▮ / ▮▮▮	Moderate compliance (3/10 to 7/10)
▮▮ / ▮	Minimal compliance (0/10 to 2/10)

AFFORDABILITY OF CIGARETTES

YES	Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2014 at a rate over 1.45% per year.
NO	Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2014 at a rate over 1.45% per year.
↔	No significant change in affordability of cigarettes since 2014.

SYMBOLS LEGEND

☆	Plain packaging is mandated.
◹	Law adopted but not implemented by 31 December 2024.
▼▲	Change in POWER indicator group, up or down, between 2022 and 2024. Where 2022 data were revised in 2024, the two new values are compared. If the two are the same, no change will be indicated in this table.
...	Data not reported/not available
–	Data not required/not applicable

PLEASE REFER TO TECHNICAL NOTE I FOR DEFINITIONS OF CATEGORIES

Table A1.2

Region of the Americas

Summary of MPOWER measures

[1] Data has not been validated by national authorities.

Country	Adult daily smoking prevalence (2023)	2024 Indicator and compliance							
		M Monitoring	P Smoking bans	O Cessation programmes	W		E Advertising bans	R	
					Health warnings	Mass media		Taxation	Cigarettes less affordable since 2014
			Lines represent level of compliance				Lines represent level of compliance		
Antigua and Barbuda	...		IIIII				III	23.6%	↔
Argentina	17%		IIIIIIII				IIIIIIIII	78.5%	↔
Bahamas	10%		—				...	49.5%	Yes
Barbados	...		IIIIIIIII				...	40.8%	↔
Belize	5%		—				...	28.4%	↔
Bolivia (Plurinational State of)	...		II				III	37.1%	↔
Brazil	9%		IIIIIII				IIIIIIII	79.4%	No
Canada	7%		IIIIIIIII		☆		IIIIIIIII	64.3%	↔
Chile	17%		IIIIIIII				IIIIIIIII	82.6%	↔
Colombia	5%		IIIIIII				IIIIIIII	62.8%	Yes
Costa Rica	5%		IIIIIIIII				IIII	53.2%	↔
Cuba	9%		IIIII				...	59.6%	↔
Dominica	...		—				...	25.4%	Yes
Dominican Republic	...		III				...	44.0%	↔
Ecuador	4%		IIIIII				IIIIII	64.7%	↔
El Salvador	5%		IIIIIIIII				IIIIIIIII	45.6%	↔
Grenada	...		—				...	70.6%	↔
Guatemala	5%		IIIIII				...	49.0%	No
Guyana	8%		III				IIIIIII	22.6%	No
Haiti	5%		—				...	27.1%	...
Honduras	6%		IIIII				...	37.7%	Yes
Jamaica[1]	7%		III				...	37.7%	↔
Mexico	8%		IIIIIII				IIIIII	67.5%	↔
Nicaragua	...		—	...	...	...	—	...	...
Panama	2%		IIIIIIII				IIIIIIII	56.5%	↔
Paraguay	4%		IIIIII				IIIIIII	20.0%	Yes
Peru	8%		IIIIII				...	60.7%	↔
Saint Kitts and Nevis	...		—				...	19.8%	↔
Saint Lucia	8%		IIIII				...	52.1%	Yes
Saint Vincent and the Grenadines	...		—				...	20.5%	↔
Suriname	...		IIIII				IIIII	31.8%	Yes
Trinidad and Tobago	...		IIIIII				IIIIIIII	35.0%	↔
United States	8%		...				...	34.9%	No
Uruguay	16%		IIIIIIIII		☆		IIIIIIII	66.5%	↔
Venezuela (Bolivarian Republic of)[1]	...		...				...	73.4%	...

Change since 2022

P Smoking bans	O Cessation programmes	W Health warnings	E Advertising bans	R Taxation
Change in POWER indicator group, up or down, since 2022				
				▼
	▼			
	▼			
				▲
	▲			
				▲
	▼			
	▼			
				▲

ADULT DAILY SMOKING PREVALENCE*: AGE-STANDARDIZED PREVALENCE RATES FOR ADULT DAILY SMOKERS OF TOBACCO (BOTH SEXES COMBINED), 2023

...	Estimates not available
	30% or more
	From 20% to 29.9%
	From 10% to 19.9%
	Less than 10%

* The figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of daily tobacco smokers in a country. These prevalences are not directly comparable with previous reports. Please see Technical Note II for more information.

MONITORING: PREVALENCE DATA

	No known data or no recent data or data that are not both recent and representative
	Recent and representative data for either adults or youth
	Recent and representative data for both adults and youth
	Recent, representative and periodic data for both adults and youth

SMOKE-FREE ENVIRONMENTS: SMOKING BANS

...	Data not reported
	Complete absence of ban, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

...	Data not reported
	None
	NRT and/or some cessation services (neither cost-covered)
	NRT and/or some cessation services (at least one of which is fully or partially cost-covered)
	National quit line, and both NRT and some cessation services fully or partially cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

...	Data not reported
	No warnings or small warnings
	Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
	Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

...	Data not reported
	No national campaign conducted between July 2022 and June 2024 with a duration of at least three weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

...	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

...	Data not reported
	< 25% of retail price is tax
	≥25% and <50% of retail price is tax
	≥50% and <75% of retail price is tax
	≥75% of retail price is tax

COMPLIANCE: COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP, AND ADHERENCE TO SMOKE-FREE LAWS

||||||||||	Complete compliance (8/10 to 10/10)
|||||||||	
||||||||	
|||||||	Moderate compliance (3/10 to 7/10)
||||||	
|||||	
||||	
|||	
||	Minimal compliance (0/10 to 2/10)
|	

AFFORDABILITY OF CIGARETTES

YES	Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2014 at a rate over 1.45% per year.
NO	Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2014 at a rate over 1.45% per year.
↔	No significant change in affordability of cigarettes since 2014.

SYMBOLS LEGEND

☆	Plain packaging is mandated.
◹	Law adopted but not implemented by 31 December 2024.
▼▲	Change in POWER indicator group, up or down, between 2022 and 2024. Where 2022 data were revised in 2024, the two new values are compared. If the two are the same, no change will be indicated in this table.
...	Data not reported/not available
–	Data not required/not applicable

PLEASE REFER TO TECHNICAL NOTE I FOR DEFINITIONS OF CATEGORIES

Table A1.3

South-East Asia Region

Summary of MPOWER measures

* In accordance with resolution WHA78.25 (2025), Indonesia was reassigned to the WHO Western Pacific Region as of 27 May 2025.

Country	Adult daily smoking prevalence (2023)	2024 Indicator and compliance							
		M Monitoring	P Smoking bans (Lines represent level of compliance)	O Cessation programmes	W Health warnings	W Mass media	E Advertising bans (Lines represent level of compliance)	R Taxation	R Cigarettes less affordable since 2014
Bangladesh	16%		IIIIII				IIIIII	73.1%	↔
Bhutan	5%		—				IIIIIIIII	23.6%	—
Democratic People's Republic of Korea	13%		IIIIIIIIII				. . .	. . .	. . .
India	7%		IIIII				IIIIIIII	58.2%	No
Indonesia*	26%		IIIII				. . .	78.9%	↔
Maldives	18%		IIII				II	65.0%	Yes
Myanmar	18%		IIIIIIIIII		☆		IIIIII	34.1%	↔
Nepal	12%		IIIIIII				IIIIIIIII	31.9%	↔
Sri Lanka	10%		IIIII				IIIIIIII	68.4%	Yes
Thailand	14%		IIIIII		☆		IIIIIII	78.6%	↔
Timor-Leste	33%		IIII				IIIIII	70.1%	↔

Change since 2022

P Smoking bans	O Cessation programmes	W Health warnings	E Advertising bans	R Taxation
Change in POWER indicator group, up or down, since 2022				
▲		▲		▲
				▲
	▲			
				▲

ADULT DAILY SMOKING PREVALENCE*: AGE-STANDARDIZED PREVALENCE RATES FOR ADULT DAILY SMOKERS OF TOBACCO (BOTH SEXES COMBINED), 2023

...	Estimates not available
	30% or more
	From 20% to 29.9%
	From 10% to 19.9%
	Less than 10%

* The figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of daily tobacco smokers in a country. These prevalences are not directly comparable with previous reports. Please see Technical Note II for more information.

MONITORING: PREVALENCE DATA

	No known data or no recent data or data that are not both recent and representative
	Recent and representative data for either adults or youth
	Recent and representative data for both adults and youth
	Recent, representative and periodic data for both adults and youth

SMOKE-FREE ENVIRONMENTS: SMOKING BANS

...	Data not reported
	Complete absence of ban, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

...	Data not reported
	None
	NRT and/or some cessation services (neither cost-covered)
	NRT and/or some cessation services (at least one of which is fully or partially cost-covered)
	National quit line, and both NRT and some cessation services fully or partially cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

...	Data not reported
	No warnings or small warnings
	Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
	Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

...	Data not reported
	No national campaign conducted between July 2022 and June 2024 with a duration of at least three weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

...	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

...	Data not reported
	< 25% of retail price is tax
	≥25% and <50% of retail price is tax
	≥50% and <75% of retail price is tax
	≥75% of retail price is tax

COMPLIANCE: COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP, AND ADHERENCE TO SMOKE-FREE LAWS

||||||||||	Complete compliance (8/10 to 10/10)
|||||||||	
||||||||	
|||||||	Moderate compliance (3/10 to 7/10)
||||||	
|||||	
||||	
|||	
||	Minimal compliance (0/10 to 2/10)
|	

AFFORDABILITY OF CIGARETTES

YES	Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2014 at a rate over 1.45% per year.
NO	Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2014 at a rate over 1.45% per year.
↔	No significant change in affordability of cigarettes since 2014.

SYMBOLS LEGEND

☆	Plain packaging is mandated.
◹	Law adopted but not implemented by 31 December 2024.
▼▲	Change in POWER indicator group, up or down, between 2022 and 2024. Where 2022 data were revised in 2024, the two new values are compared. If the two are the same, no change will be indicated in this table.
...	Data not reported/not available
–	Data not required/not applicable

PLEASE REFER TO TECHNICAL NOTE I FOR DEFINITIONS OF CATEGORIES

Table A1.4

European Region

Summary of MPOWER measures

2024 Indicator and compliance

Country	Adult daily smoking prevalence (2023)	M Monitoring	P Smoking bans (Lines represent level of compliance)	O Cessation programmes	W Health warnings	W Mass media	E Advertising bans (Lines represent level of compliance)	R Taxation	R Cigarettes less affordable since 2014
Albania	19%		IIIII				IIIIIIIII	66.7%	No
Andorra	30%		IIIIIIIII				...	73.2%	↔
Armenia	24%		IIIIIII				IIIIIIIII	48.9%	No
Austria	16%		IIIIIII				IIIIIII	73.3%	↔
Azerbaijan	16%		III				IIIIIII	49.9%	↔
Belarus	22%		IIIIII				IIIIIII	76.9%	↔
Belgium	18%		IIIIIIIII		☆		IIIIIIII	82.4%	Yes
Bosnia and Herzegovina	30%		—				...	81.9%	↔
Bulgaria	31%		...				...	84.5%	No
Croatia	28%		IIIIII				IIIIIII	86.0%	No
Cyprus	25%		III				IIII	73.4%	No
Czechia	21%		...				...	76.7%	Yes
Denmark	10%		IIIIIIIII		☆		IIIIIIIII	83.4%	↔
Estonia	18%		IIIIII				IIIIIIIII	87.4%	No
Finland	11%		IIIIIIIII		☆		IIIIIIIII	90.0%	Yes
France	27%		IIIII		☆		IIIIIIII	83.1%	Yes
Georgia	26%		IIIIIIII		☆		IIIIIIII	69.5%	↔
Germany	16%		—				IIIIII	61.4%	Yes
Greece	24%		...				...	81.2%	↔
Hungary	27%		...		☆		...	70.9%	↔
Iceland	5%		IIIIIIIII				IIIIIIIII	53.7%	No
Ireland	13%		...		☆		...	77.8%	No
Israel	18%		IIIIII		☆		IIIIIII	80.9%	No
Italy	20%		—				IIIIII	77.0%	↔
Kazakhstan	15%		IIIIII				IIIIIII	46.6%	Yes
Kyrgyzstan	15%		IIIIII				IIIIII	48.9%	↔
Latvia	26%		...				...	81.2%	No
Lithuania	22%		IIIII				IIIIIIIII	76.5%	No
Luxembourg	15%		IIIIIIIII				IIIIIIIII	69.0%	↔
Malta	20%		...				...	76.2%	No
Monaco	...		...				...	16.7%	...
Montenegro	29%		IIIIII				IIIIIIIII	75.4%	↔
Netherlands (Kingdom of the)	13%		IIIIIIIII		☆		IIIIIIIII	80.3%	↔
North Macedonia	...		I				IIIII	77.8%	Yes
Norway	6%		IIIIIIIII		☆		IIIIIIII	57.7%	↔
Poland	19%		IIIIIIIII				IIIIIII	79.1%	No
Portugal	23%		IIIIIIII				IIIIIII	79.3%	No
Republic of Moldova	23%		...				...	69.1%	↔
Romania	24%		...				...	66.5%	No
Russian Federation	24%		IIIIIIIII				IIIIIIIII	56.8%	↔
San Marino	...		...				...	74.2%	↔
Serbia	29%		...				...	77.3%	↔
Slovakia	21%		...				...	76.1%	Yes
Slovenia	17%		IIIIIIIII		☆		IIIIIIII	77.5%	No
Spain	26%		IIIIIIII				IIIIIIIII	77.2%	No
Sweden	5%		—				...	68.2%	No
Switzerland	18%		—				...	58.8%	↔
Tajikistan	...		IIIIII				IIIIII	54.7%	↔
Türkiye	26%		IIIIIIII		☆		IIIIIIIII	81.5%	No
Turkmenistan	4%		IIIIIIIII				IIIIIIIII	31.3%	Yes
Ukraine	21%		...				...	67.2%	Yes
United Kingdom of Great Britain and Northern Ireland	9%		...		☆		...	80.4%	Yes
Uzbekistan	8%		IIIII				IIIII	50.2%	Yes

Change since 2022

P Smoking bans	O Cessation programmes	W Health warnings	E Advertising bans	R Taxation
Change in POWER indicator group, up or down, since 2022				
				▼
				▼
				▲
				▼
▼				▼
	▲			
		▲		
▲				
▼				
▲		▲		

ADULT DAILY SMOKING PREVALENCE*: AGE-STANDARDIZED PREVALENCE RATES FOR ADULT DAILY SMOKERS OF TOBACCO (BOTH SEXES COMBINED), 2023

...	Estimates not available
	30% or more
	From 20% to 29.9%
	From 10% to 19.9%
	Less than 10%

* The figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of daily tobacco smokers in a country. These prevalences are not directly comparable with previous reports. Please see Technical Note II for more information.

MONITORING: PREVALENCE DATA

	No known data or no recent data or data that are not both recent and representative
	Recent and representative data for either adults or youth
	Recent and representative data for both adults and youth
	Recent, representative and periodic data for both adults and youth

SMOKE-FREE ENVIRONMENTS: SMOKING BANS

...	Data not reported
	Complete absence of ban, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

...	Data not reported
	None
	NRT and/or some cessation services (neither cost-covered)
	NRT and/or some cessation services (at least one of which is fully or partially cost-covered)
	National quit line, and both NRT and some cessation services fully or partially cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

...	Data not reported
	No warnings or small warnings
	Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
	Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

...	Data not reported
	No national campaign conducted between July 2022 and June 2024 with a duration of at least three weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

...	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

...	Data not reported
	< 25% of retail price is tax
	≥25% and <50% of retail price is tax
	≥50% and <75% of retail price is tax
	≥75% of retail price is tax

COMPLIANCE: COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP, AND ADHERENCE TO SMOKE-FREE LAWS

▮▮▮▮▮▮▮▮▮▮	Complete compliance (8/10 to 10/10)
▮▮▮▮▮▮▮▮▮	
▮▮▮▮▮▮▮▮	
▮▮▮▮▮▮▮	Moderate compliance (3/10 to 7/10)
▮▮▮▮▮▮	
▮▮▮▮▮	
▮▮▮▮	
▮▮▮	
▮▮	Minimal compliance (0/10 to 2/10)
▮	

AFFORDABILITY OF CIGARETTES

YES	Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2014 at a rate over 1.45% per year.
NO	Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2014 at a rate over 1.45% per year.
↔	No significant change in affordability of cigarettes since 2014.

SYMBOLS LEGEND

☆	Plain packaging is mandated.
◹	Law adopted but not implemented by 31 December 2024.
▼▲	Change in POWER indicator group, up or down, between 2022 and 2024. Where 2022 data were revised in 2024, the two new values are compared. If the two are the same, no change will be indicated in this table.
...	Data not reported/not available
–	Data not required/not applicable

PLEASE REFER TO TECHNICAL NOTE I FOR DEFINITIONS OF CATEGORIES

Table A1.5

Eastern Mediterranean Region

Summary of MPOWER measures

< "occupied Palestinian territory" should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

2024 Indicator and compliance

Country or territory	Adult daily smoking prevalence (2023)	M Monitoring	P Smoking bans (Lines represent level of compliance)	O Cessation programmes	W Health warnings	W Mass media	E Advertising bans (Lines represent level of compliance)	R Taxation	R Cigarettes less affordable since 2014
Afghanistan	6%		...				...	...	...
Bahrain	12%		—				...	73.4%	Yes
Djibouti	...		...				...	35.5%	...
Egypt	23%		III				IIIII	64.6%	↔
Iran (Islamic Republic of)	7%		IIIIIII				IIIIIII	37.4%	↔
Iraq	18%		III				IIIIIII	6.0%	Yes
Jordan	29%		II				III	78.8%	Yes
Kuwait	16%		...				...	18.8%	↔
Lebanon	37%		...				...	9.9%	↔
Libya	16%						III	45.0%	↔
Morocco	10%		III				IIIIII	78.0%	↔
occupied Palestinian territory <	29%		...				...	87.9%	↔
Oman	6%		—		☆		...	66.0%	Yes
Pakistan	11%		...				...	60.9%	↔
Qatar	10%		IIIIIIII				IIIIIIII	66.0%	Yes
Saudi Arabia	11%		IIIIIII		☆		IIIIIII	73.8%	↔
Somalia	...		—				...	7.1%	No
Sudan	...		—				IIIIIIIII	...	...
Syrian Arab Republic	...		IIII				IIIIIII	38.5%	↔
Tunisia	21%		II				IIIII	69.5%	↔
United Arab Emirates	7%		IIIIIIIII				IIIIIIIII	71.7%	Yes
Yemen	...						IIII	56.1%	Yes

Change since 2022

P Smoking bans	O Cessation programmes	W Health warnings	E Advertising bans	R Taxation
Change in POWER indicator group, up or down, since 2022				
	▼			
		▲		
	▼			
			▲	
	▲	▲		
	▲			

ADULT DAILY SMOKING PREVALENCE*: AGE-STANDARDIZED PREVALENCE RATES FOR ADULT DAILY SMOKERS OF TOBACCO (BOTH SEXES COMBINED), 2023

...	Estimates not available
	30% or more
	From 20% to 29.9%
	From 10% to 19.9%
	Less than 10%

* The figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of daily tobacco smokers in a country. These prevalences are not directly comparable with previous reports. Please see Technical Note II for more information.

MONITORING: PREVALENCE DATA

	No known data or no recent data or data that are not both recent and representative
	Recent and representative data for either adults or youth
	Recent and representative data for both adults and youth
	Recent, representative and periodic data for both adults and youth

SMOKE-FREE ENVIRONMENTS: SMOKING BANS

...	Data not reported
	Complete absence of ban, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

...	Data not reported
	None
	NRT and/or some cessation services (neither cost-covered)
	NRT and/or some cessation services (at least one of which is fully or partially cost-covered)
	National quit line, and both NRT and some cessation services fully or partially cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

...	Data not reported
	No warnings or small warnings
	Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
	Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

...	Data not reported
	No national campaign conducted between July 2022 and June 2024 with a duration of at least three weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

...	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

...	Data not reported
	< 25% of retail price is tax
	≥25% and <50% of retail price is tax
	≥50% and <75% of retail price is tax
	≥75% of retail price is tax

COMPLIANCE: COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP, AND ADHERENCE TO SMOKE-FREE LAWS

|||||||||	Complete compliance (8/10 to 10/10)
|||||||	Moderate compliance (3/10 to 7/10)
||	Minimal compliance (0/10 to 2/10)

AFFORDABILITY OF CIGARETTES

YES	Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2014 at a rate over 1.45% per year.
NO	Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2014 at a rate over 1.45% per year.
↔	No significant change in affordability of cigarettes since 2014.

SYMBOLS LEGEND

☆	Plain packaging is mandated.
◹	Law adopted but not implemented by 31 December 2024.
▼▲	Change in POWER indicator group, up or down, between 2022 and 2024. Where 2022 data were revised in 2024, the two new values are compared. If the two are the same, no change will be indicated in this table.
...	Data not reported/not available
–	Data not required/not applicable

PLEASE REFER TO TECHNICAL NOTE I FOR DEFINITIONS OF CATEGORIES

Table A1.6

Western Pacific Region

Summary of MPOWER measures

[1] No retail sale of cigarettes or renewal of cigarette import licences reported since May 2014.

Country	Adult daily smoking prevalence (2023)	2024 Indicator and compliance							
		M Monitoring	P Smoking bans (Lines represent level of compliance)	O Cessation programmes	W Health warnings	W Mass media	E Advertising bans (Lines represent level of compliance)	R Taxation	R Cigarettes less affordable since 2014
Australia	9%		...		☆		IIIIIIIII	69.1%	Yes
Brunei Darussalam[1]	10%		IIIIII				IIIIIIIII	—	—
Cambodia	13%		IIIIIII				...	26.4%	No
China	20%		IIIII				IIIIIIIII	53.2%	No
Cook Islands	19%		IIIII				IIIIIIIII	70.7%	...
Fiji	17%		III				IIIII	38.8%	Yes
Japan	16%		...				...	59.9%	Yes
Kiribati	34%		...				...	25.7%	↔
Lao People's Democratic Republic	20%		...		☆		...	11.3%	No
Malaysia	14%		...				...	75.3%	↔
Marshall Islands	19%		...				...	29.1%	↔
Micronesia (Federated States of)	...		...				...	...	...
Mongolia	23%		IIIIII				IIIIIIIII	46.3%	No
Nauru	29%		IIIIII				IIIIIIIII	42.2%	↔
New Zealand	9%		IIIIIIII		☆		IIIIIIIII	77.7%	Yes
Niue	...		...				...	...	...
Palau	14%		IIIIIIII				IIIIIIIII	78.1%	↔
Papua New Guinea	34%		I				IIIII	65.2%	↔
Philippines	15%		IIIIII				IIII	51.1%	Yes
Republic of Korea	18%		IIIIII				IIIIIII	73.8%	↔
Samoa	19%		III				IIIIIIII	49.3%	↔
Singapore	11%		...		☆		...	71.2%	No
Solomon Islands	29%		...				...	43.3%	↔
Tonga	26%		III				IIIIIIII	72.1%	Yes
Tuvalu	26%		...				...	...	...
Vanuatu	20%		—				...	66.5%	↔
Viet Nam	18%		IIIII				IIIIIIII	37.2%	No

Change since 2022

P Smoking bans	O Cessation programmes	W Health warnings	E Advertising bans	R Taxation
Change in POWER indicator group, up or down, since 2022				
				▼
▲	▼		▲	
				▼
▲				
	▼			▼
				▲
	▼			
				▼

ADULT DAILY SMOKING PREVALENCE*: AGE-STANDARDIZED PREVALENCE RATES FOR ADULT DAILY SMOKERS OF TOBACCO (BOTH SEXES COMBINED), 2023

...	Estimates not available
	30% or more
	From 20% to 29.9%
	From 10% to 19.9%
	Less than 10%

* The figures should be used strictly for the purpose of drawing comparisons across countries and must not be used to estimate absolute number of daily tobacco smokers in a country. These prevalences are not directly comparable with previous reports. Please see Technical Note II for more information.

MONITORING: PREVALENCE DATA

	No known data or no recent data or data that are not both recent and representative
	Recent and representative data for either adults or youth
	Recent and representative data for both adults and youth
	Recent, representative and periodic data for both adults and youth

SMOKE-FREE ENVIRONMENTS: SMOKING BANS

...	Data not reported
	Complete absence of ban, or up to two public places completely smoke-free
	Three to five public places completely smoke-free
	Six to seven public places completely smoke-free
	All public places completely smoke-free (or at least 90% of the population covered by complete subnational smoke-free legislation)

CESSATION PROGRAMMES: TREATMENT OF TOBACCO DEPENDENCE

...	Data not reported
	None
	NRT and/or some cessation services (neither cost-covered)
	NRT and/or some cessation services (at least one of which is fully or partially cost-covered)
	National quit line, and both NRT and some cessation services fully or partially cost-covered

HEALTH WARNINGS: HEALTH WARNINGS ON CIGARETTE PACKAGES

...	Data not reported
	No warnings or small warnings
	Medium size warnings missing some appropriate characteristics OR large warnings missing many appropriate characteristics
	Medium size warnings with all appropriate characteristics OR large warnings missing some appropriate characteristics
	Large warnings with all appropriate characteristics

MASS MEDIA: ANTI-TOBACCO CAMPAIGNS

...	Data not reported
	No national campaign conducted between July 2022 and June 2024 with a duration of at least three weeks
	National campaign conducted with one to four appropriate characteristics
	National campaign conducted with five to six appropriate characteristics
	National campaign conducted with at least seven appropriate characteristics including airing on television and/or radio

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

...	Data not reported
	Complete absence of ban, or ban that does not cover national television, radio and print media
	Ban on national television, radio and print media only
	Ban on national television, radio and print media as well as on some but not all other forms of direct and/or indirect advertising
	Ban on all forms of direct and indirect advertising (or at least 90% of the population covered by subnational legislation completely banning tobacco advertising, promotion and sponsorship)

TAXATION: SHARE OF TOTAL TAXES IN THE RETAIL PRICE OF THE MOST WIDELY SOLD BRAND OF CIGARETTES

...	Data not reported
	< 25% of retail price is tax
	≥25% and <50% of retail price is tax
	≥50% and <75% of retail price is tax
	≥75% of retail price is tax

COMPLIANCE: COMPLIANCE WITH BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP, AND ADHERENCE TO SMOKE-FREE LAWS

||||||||||	Complete compliance (8/10 to 10/10)
|||||||||	
||||||||	
|||||||	Moderate compliance (3/10 to 7/10)
||||||	
|||||	
||||	
|||	
||	Minimal compliance (0/10 to 2/10)
|	

AFFORDABILITY OF CIGARETTES

YES	Cigarettes less affordable - Trend in per capita GDP needed to buy cigarettes increased since 2014 at a rate over 1.45% per year.
NO	Cigarettes more affordable - Trend in per capita GDP needed to buy cigarettes decreased since 2014 at a rate over 1.45% per year.
↔	No significant change in affordability of cigarettes since 2014.

SYMBOLS LEGEND

☆	Plain packaging is mandated.
◹	Law adopted but not implemented by 31 December 2024.
▼▲	Change in POWER indicator group, up or down, between 2022 and 2024. Where 2022 data were revised in 2024, the two new values are compared. If the two are the same, no change will be indicated in this table.
...	Data not reported/not available
–	Data not required/not applicable

PLEASE REFER TO TECHNICAL NOTE I FOR DEFINITIONS OF CATEGORIES

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Annex 2

Regional summary of tobacco products packaging and labelling measures and national anti-tobacco mass media campaigns

Annex 2 provides detailed information on tobacco products packaging and labelling measures and national anti-tobacco mass media campaigns in WHO Member States for each WHO region.

The following data are reported in this Annex:

- Characteristics of health warnings on cigarette packages, other smoked tobacco products packages, and smokeless tobacco products packages;
- Additional characteristics of health warnings on cigarette packages, other smoked tobacco products packages, and smokeless tobacco products packages;
- Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages;
- Anti-tobacco mass media campaigns.

Data on health warnings were primarily drawn from supporting legal documents such as adopted legislation and regulations. Available documents were reviewed by WHO and discussed with countries as necessary to ensure the correct interpretation.

Data on antitobacco mass media campaigns were obtained from Ministries of Health directly.

Table A2.1.1

African Region

Characteristics[a] of health warnings on cigarette packages, 2024

[a] These characteristics were used to construct the categories for this report, as described in Technical Note I.

1 Regulations are pending.

2 Implementation delays.

3 Provision adopted but not yet regulated and implemented by 31 December 2024.

4 The health warnings have not been issued as at 31 December 2024.

5 In practice the warnings currently cover 90%.

6 60% required for cigarettes sold on duty-free (international departure only).

7 65% required for cigarettes sold on duty-free (international departure only).

8 70% required for cigarettes sold on duty-free (international departure only).

9 Pictorial and textual warnings for packs, textual warnings only for cartons.

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Algeria	Yes[1]	^[1]	^[1]	^[1]
Angola	No	—	—	—
Benin	Yes	90[2]	90[2]	90[2]
Botswana	No	—	—	—
Burkina Faso	Yes	60	60	60
Burundi	Yes[3]	50[3]	50[3]	50[3]
Cabo Verde	Yes	75	50	100
Cameroon	Yes	70	70	70
Central African Republic	Yes	^	^	^
Chad	Yes	80	80	80
Comoros	Yes	40	40	40
Congo	Yes	30	30	30
Côte d'Ivoire	Yes	70	70	70
Democratic Republic of the Congo	Yes	50[3]	50[3]	50[3]
Equatorial Guinea	No	—	—	—
Eritrea	Yes[1]	30[1]	30[1]	30[1]
Eswatini	Yes[3]	50[3]	50[3]	50[3]
Ethiopia	Yes	70	70	70
Gabon	Yes	62.5[4]	60[4]	65[4]
Gambia	Yes	75[5]	75[5]	75[5]
Ghana	Yes	55	50	60
Guinea	Yes	30	30	30
Guinea-Bissau	No	—	—	—
Kenya	Yes	40	30	50
Lesotho	No	—	—	—
Liberia	No	—	—	—
Madagascar	Yes	50	50	50
Malawi	No	—	—	—
Mali	Yes	30	30	30
Mauritania	Yes	70	70	70
Mauritius	Yes	90[7]	80[8]	100[6]
Mozambique	Yes	28	30	25
Namibia	Yes	55	50	60
Niger	Yes	70	70	70
Nigeria	Yes	50	50	50
Rwanda	Yes	30	30	30
Sao Tome and Principe	Yes	^	^	^
Senegal	Yes	70	70	70
Seychelles	Yes	50	50	50
Sierra Leone	Yes	90	90	90
South Africa	Yes	20	15	25
South Sudan	No	—	—	—
Togo	Yes	65	65	65
Uganda	Yes	65	65	65
United Republic of Tanzania	Yes	30	30	30
Zambia	Yes	^	^	^
Zimbabwe	Yes	20	15	25

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
1 [1]	No[1]	Yes[1]	No[1]	No[1]	—	—	No[1]	No[1]
—	—	—	—	—	—	—	—	—
4 [2]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
—	—	—	—	—	—	—	—	—
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	Yes	No	No	No	—	—	Yes[3]	No
None [1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	No	No	No	No	—	—	No	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	Yes	No	—	—	Yes	No
4	Yes	Yes	Yes	Yes	No	Yes	Yes	No[3]
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	Yes	Yes	No	Yes	Yes	No	No	No[1]
—	—	—	—	—	—	—	—	—
None [1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
None [1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes[4]	Yes[4]	No	Yes[4]	No	Yes[4]	Yes	No[4]
19	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	No	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
1	Yes	No	Yes	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	Yes	No	No	No	—	—	Yes	No
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes[9]	Yes	Yes	Yes	No	Yes	Yes	Yes
1	No	Yes	No	No	—	—	Yes	No
16	No	Yes	No	Yes	Yes	No	No	No
4	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
4	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	No	Yes	No	Yes	Yes	No	Yes	No
1	Yes	No	No	No	—	—	No	No
1	No	Yes	No	No	—	—	No	No

Table A2.1.2

Region of the Americas

Characteristics[a] of health warnings on cigarette packages, 2024

[a] These characteristics were used to construct the categories for this report, as described in Technical Note I.

[1] Provision adopted but not yet regulated and implemented by 31 December 2024.

[2] Implementation delays.

[3] By law, health warnings must occupy either 30% of each of the main faces or 60% of one of them.

[4] A new law adopted in 2024 requires 70%; however, there is yet no implementation date as of 31 December 2024 as the Regulations are pending.

[5] Due to ongoing litigation, there is yet no implementation date for the display of large graphic health warnings required by the U.S. Food and Drug Administration since 2020.

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Antigua and Barbuda	Yes[1]	50[1]	50[1]	50[1]
Argentina	Yes	50	50	50
Bahamas	Yes	^	^	^
Barbados	Yes[2]	60[2]	60[2]	60[2]
Belize	Yes	^	^	^
Bolivia (Plurinational State of)	Yes	60[1]	60[1]	60[1]
Brazil	Yes	65	30	100
Canada	Yes	75	75	75
Chile	Yes	50	50	50
Colombia	Yes	30	30	30
Costa Rica	Yes	50	50	50
Cuba	Yes	30	^[3]	^[3]
Dominica	No	—	—	—
Dominican Republic	Yes	^	^	^
Ecuador	Yes	60	60	60
El Salvador	Yes	50	50	50
Grenada	No	—	—	—
Guatemala	Yes	13	25	0
Guyana	Yes	60	60	60
Haiti	No	—	—	—
Honduras	Yes	50	50	50
Jamaica	Yes	60	60	60
Mexico	Yes	65	30	100
Nicaragua	…	…	…	…
Panama	Yes	50	50	50
Paraguay	Yes	40	40	40
Peru	Yes	50[4]	50[4]	50[4]
Saint Kitts and Nevis	No	—	—	—
Saint Lucia	Yes	50	50	50
Saint Vincent and the Grenadines	No	—	—	—
Suriname	Yes	50	50	50
Trinidad and Tobago	Yes	50	50	50
United States	Yes	^[5]	^[5]	^[5]
Uruguay	Yes	80	80	80
Venezuela (Bolivarian Republic of)	Yes	65	30	100

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
None	Yes[1]	No	Yes[1]	Yes[1]	No	Yes[1]	Yes[1]	No[1]
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	Yes	No	No	No	—	—	No	No
16 [2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]
1	No	No	Yes	No	—	—	Yes	No
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
1	Yes	No	Yes	No	—	—	Yes	No
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	No	Yes	No
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
…	…	…	…	…	…	…	…	…
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
None	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4 [5]	Yes	Yes	Yes	Yes	Yes	No	Yes	No[5]
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes

Table A2.1.3

South-East Asia Region

Characteristics[a] of health warnings on cigarette packages, 2024

[a] These characteristics were used to construct the categories for this report, as described in Technical Note I.

[1] The law does not mention a minimum percentage; however, textual warnings on 30% of the front pack are already implemented in the country.

[2] Provisions are not applicable to klobot cigarettes (dried corn husk) and klembak menyan cigarettes (aloeswood mixed with benzine gum).

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Bangladesh	Yes	50	50	50
Bhutan	Yes	^	^	^
Democratic People's Republic of Korea	Yes	^[1]	^[1]	^
India	Yes	85	85	85
Indonesia	Yes[2]	50	50	50
Maldives	Yes	90	90	90
Myanmar	Yes	75	75	75
Nepal	Yes	90	90	90
Sri Lanka	Yes	80	80	80
Thailand	Yes	85	85	85
Timor-Leste	Yes	92.5	85	100

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
None	No	No	No	No	—	—	No	No
None	No	No	No	No	—	—	No	No
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
1	Yes	Yes	Yes	No	—	—	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
None	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes

Table A2.1.4

European Region

Characteristics[a] of health warnings on cigarette packages, 2024

[a] These characteristics were used to construct the categories for this report, as described in Technical Note I.

[1] The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

[2] Regulations are pending.

[3] Delays in implementing the required 65%. Warnings currently cover 50%.

[4] All tobacco products sold in Monaco are imported from France and therefore follow French law on health warnings. France has large warnings with all appropriate characteristics since 2016.

[5] All tobacco products sold in San Marino are imported from Italy and therefore follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

[6] The graphic health warnings have not been issued as at 31 December 2024.

[7] All tobacco products sold in Andorra follow French or Spanish legislation on health warnings. France has large warnings with all appropriate characteristics since 2016 and Spain since 2017.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Albania	Yes	65	65	65
Andorra	No[7]	—	—	—
Armenia	Yes	50	50	50
Austria	Yes	65	65	65
Azerbaijan	Yes	30	30	30
Belarus	Yes	50	50	50
Belgium	Yes	65	65	65
Bosnia and Herzegovina[1]	No	—	—	—
Bulgaria	Yes	65	65	65
Croatia	Yes	65	65	65
Cyprus	Yes	65	65	65
Czechia	Yes	65	65	65
Denmark	Yes	65	65	65
Estonia	Yes	65	65	65
Finland	Yes	65	65	65
France	Yes	65	65	65
Georgia	Yes	65	65	65
Germany	Yes	65	65	65
Greece	Yes	65	65	65
Hungary	Yes	65	65	65
Iceland	Yes	35	30	40
Ireland	Yes	65	65	65
Israel	Yes	65	65	65
Italy	Yes	65	65	65
Kazakhstan	Yes	65[3]	65[3]	65[3]
Kyrgyzstan	Yes	50	50	50
Latvia	Yes	65	65	65
Lithuania	Yes	65	65	65
Luxembourg	Yes	65	65	65
Malta	Yes	65	65	65
Monaco	No[4]	—	—	—
Montenegro	Yes	65	65	65
Netherlands (Kingdom of the)	Yes	65	65	65
North Macedonia	Yes	35	30	40
Norway	Yes	35	30	40
Poland	Yes	65	65	65
Portugal	Yes	65	65	65
Republic of Moldova	Yes	65	65	65
Romania	Yes	65	65	65
Russian Federation	Yes	50	50	50
San Marino	No[5]	—	—	—
Serbia	Yes	65	65	65
Slovakia	Yes	65	65	65
Slovenia	Yes	65	65	65
Spain	Yes	65	65	65
Sweden	Yes	65	65	65
Switzerland	Yes	43	35	50
Tajikistan	Yes	75	75	75
Türkiye	Yes	92.5	85	100
Turkmenistan	Yes	75	75	75
Ukraine	Yes	65	65	65
United Kingdom	Yes	65	65	65
Uzbekistan	Yes	65	65	65

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
33	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	Yes	No	—	—	Yes	No
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[6]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
None	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table A2.1.5

Eastern Mediterranean Region

Characteristics[a] of health warnings on cigarette packages, 2024

[a] These characteristics were used to construct the categories for this report, as described in Technical Note I.

[<] "occupied Palestinian territory" should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

[1] Regulations are pending.

[2] Including bidis.

[3] The health warnings have not been issued as at 31 December 2024.

^ Warning size not specified.

Country or territory	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Afghanistan	Yes	^[1]	^	^
Bahrain	Yes	50	50	50
Djibouti	Yes	50	50	50
Egypt	Yes	50	50	50
Iran (Islamic Republic of)	Yes	50	50	50
Iraq	Yes	50	50	50
Jordan	Yes	40	40	40
Kuwait	Yes	50	50	50
Lebanon	Yes	40	40	40
Libya	Yes	25	50	0
Morocco	Yes	^	^	^
occupied Palestinian territory <	Yes	10	20	0
Oman	Yes	65	65	65
Pakistan	Yes[2]	60	60	60
Qatar	Yes	50	50	50
Saudi Arabia	Yes	65	65	65
Somalia	No	—	—	—
Sudan	Yes	75[3]	75[3]	75[3]
Syrian Arab Republic	Yes	15	30	0
Tunisia	Yes	70	70	70
United Arab Emirates	Yes	50	50	50
Yemen	Yes	50	50	50

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
None [1]	Yes	No[1]	No	No	—	—	No	No
4	No	Yes	Yes	Yes	Yes	No	Yes	Yes
11	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	No	Yes	Yes	Yes	Yes	No	Yes	Yes
4	No	Yes	Yes	Yes	Yes	No	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	No	Yes	No
1	Yes	Yes	No	No	—	—	Yes	No
1	Yes	No	No	No	—	—	No	No
1	Yes	Yes	No	No	—	—	Yes	No
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
1	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
None [3]	Yes	No[3]	No	Yes	No	Yes	Yes	No[3]
1	Yes	Yes	No	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	No	Yes	Yes	Yes	Yes	No	Yes	Yes
4	No	Yes	Yes	Yes	Yes	No	Yes	Yes

Table A2.1.6

Western Pacific Region

Characteristics[a] of health warnings on cigarette packages, 2024

[a] These characteristics were used to construct the categories for this report, as described in Technical Note I.

[1] Health warnings can also comply with the requirements in Australia or New Zealand.

[2] Implementation delays.

[3] Regulations are pending.

[4] The graphic health warnings have not been issued as at 31 December 2024. Tobacco products sold in Niue are imported from Autralia and therefore follow Australian law on health warnings.

[5] Provision adopted but not yet regulated and implemented by 31 December 2024.

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Australia	Yes	82.5	75	90
Brunei Darussalam	Yes	75	75	75
Cambodia	Yes	55	55	55
China	Yes	35	35	35
Cook Islands	Yes[1]	50	50	50
Fiji	Yes	60	30	90
Japan	Yes	50	50	50
Kiribati	Yes[2]	70[2]	70[2]	70[2]
Lao People's Democratic Republic	Yes	75	75	75
Malaysia	Yes	65	65	65
Marshall Islands	Yes[3]	^	^	^
Micronesia (Federated States of)	No	—	—	—
Mongolia	Yes	65[2]	65[2]	65[2]
Nauru	Yes	30	30	30
New Zealand	Yes	87.5	75	100
Niue	Yes	90	90[4]	90[4]
Palau	No	—	—	—
Papua New Guinea	Yes	50	50	50
Philippines	Yes	50	50	50
Republic of Korea	Yes	50	50	50
Samoa	Yes	60	30	90
Singapore	Yes	75	75	75
Solomon Islands	Yes	50	70	30
Tonga	Yes	50	50	50
Tuvalu	Yes[3]	30[3]	30[3]	30[3]
Vanuatu	Yes	90	90	90
Viet Nam	Yes	50	50	50

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
10	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
7	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	No	Yes	Yes	Yes	Yes	Yes	No
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	No	Yes	Yes	No	Yes	No
6[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	No
None	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
None	Yes	No	No	No	—	—	No	No
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
None[4]	Yes	No[4]	No	Yes	No	No	Yes	No[4]
—	—	—	—	—	—	—	—	—
None[3]	Yes	No[3]	No[3]	Yes	No[3]	No[3]	No[3]	No[3]
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[5]
None[3]	Yes	No[3]	No[3]	Yes[3]	No	No	No[3]	No[3]
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table A2.2.1

African Region

Characteristics of health warnings on other smoked tobacco products packages, 2024

1 Regulations are pending.
2 Implementation delays.
3 Provision adopted but not yet regulated and implemented by 31 December 2024.
4 Except for shisha tobacco which is banned.
5 In practice the warnings currently cover 90%.
6 Except for cigars, cigarillos and little cigars, for which one textual warning only is required.
7 For pipe tobacco only. No size required for cigars, cigarillos and little cigars.
^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Algeria	Yes[1]	^[1]	^[1]	^[1]
Angola	No	—	—	—
Benin	Yes	90[2]	90[2]	90[2]
Botswana	No	—	—	—
Burkina Faso	Yes	60	60	60
Burundi	Yes[3]	50[3]	50[3]	50[3]
Cabo Verde	Yes	75	50	100
Cameroon	Yes	70	70	70
Central African Republic	Yes	^	^	^
Chad	Yes	80	80	80
Comoros	Yes	40	40	40
Congo	Yes[4]	30	30	30
Côte d'Ivoire	Yes	70	70	70
Democratic Republic of the Congo	Yes	50[3]	50[3]	50[3]
Equatorial Guinea	No	—	—	—
Eritrea	Yes[1]	30[1]	30[1]	30[1]
Eswatini	Yes[3]	50[3]	50[3]	50[3]
Ethiopia	Yes	70	70	70
Gabon	No[1]	—	—	—
Gambia	Yes	75[5]	75[5]	75[5]
Ghana	Yes	55	50	60
Guinea	Yes	30	30	30
Guinea-Bissau	No	—	—	—
Kenya	Yes[4]	40	30	50
Lesotho	No	—	—	—
Liberia	No	—	—	—
Madagascar	No	—	—	—
Malawi	No	—	—	—
Mali	Yes[4]	30	30	30
Mauritania	Yes	70	70	70
Mauritius	Yes	90[7]	80[7]	100[7]
Mozambique	Yes	28	30	25
Namibia	Yes	55	50	60
Niger	Yes	70	70	70
Nigeria	Yes	50	50	50
Rwanda	Yes	30	30	30
Sao Tome and Principe	Yes	^	^	^
Senegal	Yes[4]	70	70	70
Seychelles	Yes	50	50	50
Sierra Leone	Yes	90	90	90
South Africa	Yes	20	15	25
South Sudan	No	—	—	—
Togo	Yes	65	65	65
Uganda	Yes[4]	65	65	65
United Republic of Tanzania	Yes	30	30	30
Zambia	Yes	^	^	^
Zimbabwe	Yes	20	15	25

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
1[1]	No[1]	Yes[1]	No[1]	No[1]	—	—	No[1]	No[1]
—	—	—	—	—	—	—	—	—
4[2]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
—	—	—	—	—	—	—	—	—
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	Yes[3]	No	No	No	—	—	Yes[3]	No
None[1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	No	No	No	No	—	—	No	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	Yes	No	—	—	Yes	No
4	Yes	Yes	Yes	Yes	No	Yes	Yes	No[3]
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	No	No	No	Yes	Yes	No	No	No[1]
—	—	—	—	—	—	—	—	—
None[1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
None[1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
19	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	No	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	No	Yes	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
8[6]	Yes	Yes	Yes	Yes[6]	No	Yes[6]	Yes	Yes[6]
None	Yes	No	No	No	—	—	Yes	No
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
1	No	Yes	No	No	—	—	Yes	No
16	No	Yes	No	Yes	Yes	No	No	No
4	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
4	No	Yes	Yes	Yes	Yes	Yes	No	Yes
10	No	Yes	No	Yes	Yes	No	Yes	No
1	Yes	No	No	No	—	—	No	No
1	No	Yes	No	No	—	—	No	No

Table A2.2.2

Region of the Americas

Characteristics of health warnings on other smoked tobacco products packages, 2024

1 Provision adopted but not yet regulated and implemented by 31 December 2024.
2 Implementation delays.
3 By law, health warnings must occupy either 30% of each of the main faces or 60% of one of them.
4 A new law adopted in 2024 requires 70%; however, there is yet no implementation date as of 31 December 2024 as the Regulations are pending.
5 Regulations are pending.
6 Except for cigars and pipe tobacco.
7 Except for cigars.
^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Antigua and Barbuda	Yes[1]	50[1]	50[1]	50[1]
Argentina	Yes	50	50	50
Bahamas	No	—	—	—
Barbados	Yes[2]	60[2]	60[2]	60[2]
Belize	No	—	—	—
Bolivia (Plurinational State of)	Yes	60[1]	60[1]	60[1]
Brazil	Yes	65	30	100
Canada	Yes	75	75	75
Chile	Yes	50	50	50
Colombia	Yes	30	30	30
Costa Rica	Yes	50	50	50
Cuba	Yes	30	^[3]	^[3]
Dominica	No	—	—	—
Dominican Republic	Yes	^	^	^
Ecuador	Yes	60	60	60
El Salvador	Yes	50	50	50
Grenada	No	—	—	—
Guatemala	Yes	13	25	0
Guyana	Yes	60	60	60
Haiti	No	—	—	—
Honduras	Yes	50	50	50
Jamaica	Yes	60	60	60
Mexico	Yes	65	30	100
Nicaragua	…	…	…	…
Panama	Yes	50	50	50
Paraguay	Yes	40	40	40
Peru	Yes	50[4]	50[4]	50[4]
Saint Kitts and Nevis	No	—	—	—
Saint Lucia	Yes	50	50	50
Saint Vincent and the Grenadines	No	—	—	—
Suriname	Yes[1]	50[1]	50[1]	50[1]
Trinidad and Tobago	Yes	50	50	50
United States	Yes[6]	30[6]	30[6]	30[6]
Uruguay	Yes	80	80	80
Venezuela (Bolivarian Republic of)	No	—	—	—

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
None	Yes[1]	No	Yes[1]	Yes[1]	No	Yes[1]	Yes[1]	No[1]
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
16[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]
—	—	—	—	—	—	—	—	—
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
1	Yes	No	Yes	No	—	—	Yes	No
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	No	Yes	No
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
…	…	…	…	…	…	…	…	…
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
None[5]	Yes	No[5]	No[5]	No[5]	—	—	No[5]	No[5]
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1[6]	Yes	No[7]	Yes[6]	No[6]	—[6]	—	Yes	No
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—

Table A2.2.3

South-East Asia Region

Characteristics of health warnings on other smoked tobacco products packages, 2024

1 Provisions are not applicable to cigars packed singly.

2 For bidis only.

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Bangladesh	Yes	50	50	50
Bhutan	Yes	^	^	^
Democratic People's Republic of Korea	Yes	^	^	^
India	Yes	85	85	85
Indonesia	Yes [1]	50	50	50
Maldives	Yes	90	90	90
Myanmar	Yes	75	75	75
Nepal	Yes [2]	90[2]	90[2]	90[2]
Sri Lanka	Yes	80	80	80
Thailand	Yes	85	85	85
Timor-Leste	Yes	92.5	85	100

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
7	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
None	No	No	No	No	—	—	No	No
None	No	No	No	No	—	—	No	No
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
1	Yes	Yes	Yes	No	—	—	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2[2]	Yes [2]	Yes [2]	Yes [2]	Yes [2]	Yes [2]	No	Yes [2]	Yes [2]
None	Yes	No	Yes	Yes	No	No	Yes	No
10	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes

Table A2.2.4

European Region

Characteristics of health warnings on other smoked tobacco products packages, 2024

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Albania	Yes	65[1]	65[1]	65[1]
Andorra	No[26]	—	—	—
Armenia	Yes	50	50	50
Austria	Yes	65[4]	65[3]	65[5]
Azerbaijan	Yes	30	30	30
Belarus	Yes	50	50	50
Belgium	Yes	65	65	65
Bosnia and Herzegovina[6]	No	—	—	—
Bulgaria	Yes	65[4]	65[3]	65[5]
Croatia	Yes	65[4]	65[3]	65[5]
Cyprus	Yes	65[8]	65[7]	65[9]
Czechia	Yes	65[4]	65[3]	65[5]
Denmark	Yes	65[4]	65[3]	65[5]
Estonia	Yes	65[10]	65[1]	65[11]
Finland	Yes	65	65	65
France	Yes	65	65	65
Georgia	Yes	65	65	65
Germany	Yes	65[4]	65[3]	65[5]
Greece	Yes	65[4]	65[3]	65[5]
Hungary	Yes	65[4]	65[3]	65[5]
Iceland	Yes	35	30	40
Ireland	Yes	65[15]	65[14]	65[16]
Israel	Yes	65	65	65
Italy	Yes	65[4]	65[3]	65[5]
Kazakhstan	Yes	65[19]	65[19]	65[19]
Kyrgyzstan	Yes	50	50	50
Latvia	Yes	65	65	65
Lithuania	Yes	65[4]	65[3]	65[5]
Luxembourg	Yes	65[8]	65[7]	65[9]
Malta	Yes	65[20]	65[7]	65[9]
Monaco	No[21]	—	—	—
Montenegro	Yes	65[5]	65[5]	65[5]
Netherlands (Kingdom of the)	Yes	65[22]	65[22]	65[22]
North Macedonia	Yes	35	30	40
Norway	Yes	35	30	40
Poland	Yes	65	65	65
Portugal	Yes	65[4]	65[3]	65[5]
Republic of Moldova	Yes	65[4]	65[3]	65[5]
Romania	Yes	65[4]	65[3]	65[5]
Russian Federation	Yes	50	50	50
San Marino	No[24]	—	—	—
Serbia	Yes	65[4]	65[3]	65[5]
Slovakia	Yes	65[4]	65[3]	65[5]
Slovenia	Yes	65	65	65
Spain	Yes	65[4]	65[3]	65[5]
Sweden	Yes	65[4]	65[3]	65[5]
Switzerland	Yes	43	35	50
Tajikistan	Yes	75	75	75
Türkiye	Yes	92.5	85	100
Turkmenistan	Yes	^	^	^
Ukraine	Yes	65	65	65
United Kingdom	Yes	65[10]	65[1]	65[11]
Uzbekistan	Yes	65	65	65

1 Except for cigars and cigarillos. The law requires 30% for them.

2 For roll-your-own and waterpipe tobacco only. No such requirement for other smoked tobacco.

3 For roll-your-own and waterpipe tobacco only. The law requires 30% for other smoked tobacco.

4 For roll-your-own and waterpipe tobacco only. The law requires 35% for other smoked tobacco.

5 For roll-your-own and waterpipe tobacco only. The law requires 40% for other smoked tobacco.

6 The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

7 For roll-your-own and waterpipe tobacco only. The law requires 32% for other smoked tobacco.

8 For roll-your-own and waterpipe tobacco only. The law requires 38.5% for other smoked tobacco.

9 For roll-your-own and waterpipe tobacco only. The law requires 45% for other smoked tobacco.

10 Except for cigars and cigarillos. The law requires 35% for them.

11 Except for cigars and cigarillos. The law requires 40% for them.

12 Except for cigars and cigarillos.

13 For roll-your-own tobacco only. No such requirement for other smoked tobacco.

14 Except for cigars and cigarillos. The law requires 32% for them.

15 Except for cigars and cigarillos. The law requires 39% for them.

16 Except for cigars and cigarillos. The law requires 45% for them.

17 Regulations are pending.

18 5 specific warnings for hookahs.

19 Delays in implementing the required 65%. Warnings currently cover 50%.

20 For roll-your-own and waterpipe tobacco only. The law requires 39% for other smoked tobacco.

21 All tobacco products sold in Monaco are imported from France and therefore follow French law on health warnings. France has large warnings with all appropriate characteristics since 2016.

22 Except for cigars.

23 Except for roll-your-own tobacco and pipe tobacco.

24 All tobacco products sold in San Marino are imported from Italy and therefore follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

25 The graphic health warnings have not been issued as at 31 December 2024. For roll-your-own and waterpipe tobacco only. No such requirement for other smoked tobacco.

^ Warning size not specified.

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
33	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes[2]	Yes[2]	Yes[2]	Yes	Yes[2]
1	Yes	No	Yes	No	—	—	Yes	No
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[12]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes[13]	Yes[13]	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes[2]	Yes	Yes	Yes[2]	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[12]
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[17]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
12[18]	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
—	—	—	—	—	—	—	—	—
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes[22]	Yes	Yes	Yes	Yes[22]
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes[23]
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[25]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
15	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
16	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
None	Yes	No	No	Yes	No	Yes	Yes	No
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[12]
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table A2.2.5

Eastern Mediterranean Region

Characteristics of health warnings on other smoked tobacco products packages, 2024

< "occupied Palestinian territory" should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

1 Regulations are pending.

2 50% for cigars.

3 For Meassel only (waterpipe tobacco), not for other smoked tobacco. Meassel is the most common smoked tobacco available on Jordan's market, after cigarettes.

4 The health warnings have not been issued as at 31 December 2024.

^ Warning size not specified.

Country or territory	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Afghanistan	Yes	^[1]	^	^
Bahrain	Yes	50	50	50
Djibouti	Yes	50	50	50
Egypt	Yes	50	50	50
Iran (Islamic Republic of)	Yes	50	50	50
Iraq	Yes	30[2]	30[2]	30[2]
Jordan	Yes[3]	20	40	0
Kuwait	Yes	50	50	50
Lebanon	Yes	40	40	40
Libya	Yes	25	50	0
Morocco	Yes	^	^	^
occupied Palestinian territory <	Yes	10	20	0
Oman	Yes	65	65	65
Pakistan	No	—	—	—
Qatar	Yes	50	50	50
Saudi Arabia	Yes	65	65	65
Somalia	No	—	—	—
Sudan	Yes	75[4]	75[4]	75[4]
Syrian Arab Republic	Yes	15	30	0
Tunisia	Yes	70	70	70
United Arab Emirates	Yes	50	50	50
Yemen	Yes	50	50	50

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
None[1]	Yes	No[1]	No	No	—	—	No	No
2	No	Yes	Yes	Yes	Yes	No	Yes	Yes
11	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
1	No	Yes	Yes	No	—	—	Yes	Yes
2	No	Yes	Yes	Yes	Yes	No	Yes	Yes
15	Yes	Yes	Yes	Yes	Yes	No	Yes	No
1	Yes	Yes	No	No	—	—	Yes	No
1	Yes	No	No	No	—	—	No	No
1	Yes	Yes	No	No	—	—	Yes	No
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
2	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
None[4]	Yes	No[4]	No	Yes	No	Yes	Yes	No[4]
1	Yes	Yes	No	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	No	Yes	Yes	Yes	Yes	No	Yes	Yes
2	No	Yes	Yes	Yes	Yes	No	Yes	Yes

Table A2.2.6

Western Pacific Region

Characteristics of health warnings on other smoked tobacco products packages, 2024

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Australia	Yes	75	75	75
Brunei Darussalam	Yes	75	75	75
Cambodia	Yes	55	55	55
China	Yes	35	35	35
Cook Islands	Yes[2]	50	50	50
Fiji	Yes	33	30	35
Japan	Yes	50	50	50
Kiribati	Yes[3]	70[4]	70[4]	70[4]
Lao People's Democratic Republic	Yes[5]	^[6]	^[6]	^[6]
Malaysia	Yes	65	65	65
Marshall Islands	Yes[6]	^	^	^
Micronesia (Federated States of)	No	—	—	—
Mongolia	Yes[9]	32.5[8]	65[8]	0[7]
Nauru	Yes	30	30	30
New Zealand	Yes	75	75	75
Niue	Yes	90[10]	90[10]	90[10]
Palau	No	—	—	—
Papua New Guinea	Yes	50	50	50
Philippines	Yes	50	50	50
Republic of Korea	Yes	50	50	50
Samoa	Yes	40[12]	30[11]	50[13]
Singapore	Yes[15]	75	75	75
Solomon Islands	Yes	50	70	30
Tonga	Yes	50	50	50
Tuvalu	Yes[6]	30[6]	30[6]	30[6]
Vanuatu	Yes	90	90	90
Viet Nam	Yes	50	50	50

1 Five for cigars, five for bidis, five for pipe tobacco, 5 for shisha tobacco.

2 Health warnings can also comply with the requirements in Australia or New Zealand.

3 Except for nimoko. Implementation delays.

4 Implementation delays.

5 Health warnings are required on all tobacco products; however, so far the regulations only address cigarettes.

6 Regulations are pending.

7 For pipe tobacco only. No such requirement for other smoked tobacco.

8 For pipe tobacco only. No such requirement for other smoked tobacco. There are implementation delays.

9 The law mandates health warnings for all tobacco products however there are currently only standards applicable to pipe tobacco.

10 The graphic health warnings have not been issued as at 31 December 2024. Tobacco products sold in Niue are imported from Australia and therefore follow Australian law on health warnings.

11 25% for cigars.

12 30% for cigars.

13 35% for cigars.

14 Five warnings for cigars.

15 Except for shisha tobacco, which is banned.

16 Provision adopted but not yet regulated and implemented by 31 December 2024.

^ Warning size not specified.

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
10[1]	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
7	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	No	Yes	Yes	Yes	Yes	Yes	No
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
5	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	No	Yes	Yes	No	Yes	No
6[4]	Yes[4]	Yes[4]	Yes[4]	Yes[4]	Yes[4]	Yes[4]	Yes[4]	No
None[6]	No[6]	No[6]	No[6]	No[6]	—	—	No[6]	No[6]
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
None	Yes	No	No	No	—	—	No	No
—	—	—	—	—	—	—	—	—
6[7]	Yes[7]	Yes[7]	Yes[7]	Yes[7]	Yes[7]	Yes[7]	Yes[7]	Yes[7]
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
14	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
None[10]	Yes	No[10]	No	Yes	No	No	Yes	No[10]
—	—	—	—	—	—	—	—	—
None[6]	Yes	No[6]	No[6]	Yes	No	No	No[6]	No[6]
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	No	Yes	Yes	Yes	Yes	Yes	Yes	Yes
14[14]	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[16]
None[6]	Yes	No[6]	No[6]	Yes[6]	No	No	No[6]	No[6]
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table A2.3.1

African Region

Characteristics of health warnings on smokeless tobacco products packages, 2024

1 Regulations are pending.

2 Implementation delays.

3 Provision adopted but not yet regulated and implemented by 31 December 2024.

4 For snuff and chewing tobacco only. No such requirement for other smokeless tobacco products.

5 Required for snuff only. No such requirement for other smokeless tobacco.

6 The law mandates health warnings for all tobacco products, however so far the regulations do not address smokeless tobacco products.

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Algeria	Yes[1]	^[1]	^[1]	^[1]
Angola	No	—	—	—
Benin	Yes	90[2]	90[2]	90[2]
Botswana	No	—	—	—
Burkina Faso	Yes	60	60	60
Burundi	Yes[3]	50[3]	50[3]	50[3]
Cabo Verde	Yes	75	50	100
Cameroon	Yes	70	70	70
Central African Republic	Yes	^	^	^
Chad	Yes	80	80	80
Comoros	Yes	40	40	40
Congo	Yes	30	30	30
Côte d'Ivoire	Yes	70	70	70
Democratic Republic of the Congo	Yes	50[3]	50[3]	50[3]
Equatorial Guinea	No	—	—	—
Eritrea	Yes[1]	30[1]	30[1]	30[1]
Eswatini	Yes[3]	50[3]	50[3]	50[3]
Ethiopia	Yes	70	70	70
Gabon	No[1]	—	—	—
Gambia	Sale is banned	—	—	—
Ghana	Yes	65	65	65
Guinea	Yes	30	30	30
Guinea-Bissau	No	—	—	—
Kenya	Yes	40	30	50
Lesotho	No	—	—	—
Liberia	No	—	—	—
Madagascar	Yes[4]	50[4]	50[4]	50[4]
Malawi	No	—	—	—
Mali	Yes	30	30	30
Mauritania	Yes	70	70	70
Mauritius	Sale is banned	—	—	—
Mozambique	Yes	28	30	25
Namibia	Yes	55	50	60
Niger	No[6]	—	—	—
Nigeria	Yes	50	50	50
Rwanda	Yes	30	30	30
Sao Tome and Principe	Yes	^	^	^
Senegal	Yes	70	70	70
Seychelles	Yes	50	50	50
Sierra Leone	Yes	90	90	90
South Africa	Yes	15	15	0
South Sudan	No	—	—	—
Togo	Yes	65	65	65
Uganda	Sale is banned	—	—	—
United Republic of Tanzania	Sale is banned	—	—	—
Zambia	Yes	^	^	^
Zimbabwe	Yes	15	^	^

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
1	Yes	Yes	No[1]	No[1]	—	—	Yes	No[1]
—	—	—	—	—	—	—	—	—
4[2]	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes[2]
—	—	—	—	—	—	—	—	—
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	Yes[3]	No	No	No	—	—	Yes[3]	No
None[1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	No	No	No	No	—	—	No	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	Yes	No	—	—	Yes	No
4	Yes	Yes	Yes	Yes	No	Yes	Yes	No[3]
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
None	No	No	No	No	—	—	No	No
—	—	—	—	—	—	—	—	—
None[1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
None[1]	Yes	No[1]	No[1]	No[1]	—	—	No[1]	No[1]
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	No	No	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
4 [4]	Yes[4]	Yes[4]	Yes[4]	Yes[4]	Yes	Yes	Yes[4]	No[5]
—	—	—	—	—	—	—	—	—
1	Yes	No	Yes	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
None	Yes	No	No	No	—	—	Yes	No
12	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
3	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
1	No	Yes	No	No	—	—	Yes	No
16	No	Yes	No	Yes	Yes	No	No	No
4	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
1	Yes	Yes	Yes	Yes	No	Yes	Yes	No
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	No	No	No	—	—	No	No
2	No	Yes	No	No	—	—	No	No

Table A2.3.2

Region of the Americas

Characteristics of health warnings on smokeless tobacco products packages, 2024

1 Provision adopted but not yet regulated and implemented by 31 December 2024.

2 Implementation delays.

3 By law, health warnings must occupy either 30% of each of the main faces or 60% of one of them.

4 A new law adopted in 2024 requires 70% however there is yet no implementation date as of 31 December 2024 as the Regulations are pending.

5 Regulations are pending.

^ Warning size not specified.

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Antigua and Barbuda	Yes[1]	50[1]	50[1]	50[1]
Argentina	Yes	50	50	50
Bahamas	No	—	—	—
Barbados	Yes[2]	60[2]	60[2]	60[2]
Belize	No	—	—	—
Bolivia (Plurinational State of)	Yes	60[1]	60[1]	60[1]
Brazil	Yes	65	30	100
Canada	Yes	75	75	75
Chile	Yes	50	50	50
Colombia	Yes	30	30	30
Costa Rica	Yes	50	50	50
Cuba	Yes	30	^[3]	^[3]
Dominica	No	—	—	—
Dominican Republic	Yes	^	^	^
Ecuador	Yes	60	60	60
El Salvador	Yes	50	50	50
Grenada	No	—	—	—
Guatemala	Yes	13	25	0
Guyana	Yes	60	60	60
Haiti	No	—	—	—
Honduras	Yes	50	50	50
Jamaica	Yes	60	60	60
Mexico	Yes	^	^	^
Nicaragua	…	…	…	…
Panama	Yes	50	50	50
Paraguay	Yes	40	40	40
Peru	Yes	50[4]	50[4]	50[4]
Saint Kitts and Nevis	No	—	—	—
Saint Lucia	Yes	50	50	50
Saint Vincent and the Grenadines	No	—	—	—
Suriname	Yes[1]	50[1]	50[1]	50[1]
Trinidad and Tobago	Yes	50	50	50
United States	Yes	30	30	30
Uruguay	Yes	80	80	80
Venezuela (Bolivarian Republic of)	No	—	—	—

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
None	Yes[1]	No	Yes[1]	Yes[1]	No	Yes[1]	Yes[1]	No[1]
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
8[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]	Yes[2]
—	—	—	—	—	—	—	—	—
None	Yes	No	Yes[1]	No	—	—	No	No
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	Yes	No
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	Yes	Yes	No	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
1	Yes	No	Yes	No	—	—	Yes	No
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
10	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	No	Yes	No
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
3	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
…	…	…	…	…	…	…	…	…
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	No	Yes	Yes	Yes	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
8	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
None	Yes	No[5]	No[5]	No[5]	—	—	No[5]	No[5]
16	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
4	Yes	Yes	Yes	Yes	Yes	No	Yes	No
4	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—

Table A2.3.3

South-East Asia Region

Characteristics of health warnings on smokeless tobacco products packages, 2024

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Bangladesh	Yes	50	50	50
Bhutan	Yes	^	^	^
Democratic People's Republic of Korea	Sale is banned	—	—	—
India	Yes	85[1]	85[2]	85[4]
Indonesia	Yes	50	50	50
Maldives	Yes	90	90	90
Myanmar	Yes	75	75	75
Nepal	Yes	90	90	90
Sri Lanka	Sale is banned	—	—	—
Thailand	Sale is banned	—	—	—
Timor-Leste	Yes	92.5	85	100

1 25% for Pan Masala.
2 50% for Pan Masala.
3 One for Pan Masala.
4 Except for Pan Masala.
^ Warning size not specified.

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
None	No	No	No	No	—	—	No	No
—	—	—	—	—	—	—	—	—
2[3]	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes [4]
5	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
1	Yes	Yes	Yes	No	—	—	Yes	Yes
5	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
2	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes

Table A2.3.4

European Region

Characteristics of health warnings on smokeless tobacco products packages, 2024

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Albania	Yes[1]	65	65	65
Andorra	No[2]	—	—	—
Armenia	No[3]	—	—	—
Austria	Yes[4]	30	30	30
Azerbaijan	No	—	—	—
Belarus	No	—	—	—
Belgium	Yes[1]	35	35	35
Bosnia and Herzegovina[5]	No	—	—	—
Bulgaria	Yes[1]	30	30	30
Croatia	Yes[1]	30	30	30
Cyprus	Yes[1]	32	32	32
Czechia	Yes[1]	30	30	30
Denmark	Yes[1]	30	30	30
Estonia	Sale is banned	—	—	—
Finland	Sale is banned	—	—	—
France	Yes[1]	30	30	30
Georgia	Yes	30	30	30
Germany	Yes[1]	30	30	30
Greece	Yes[1]	30	30	30
Hungary	Yes[1]	30	30	30
Iceland	Yes[6]	15	30	0
Ireland	Yes[7]	32	32	32
Israel	Yes	65	65	65
Italy	Yes[1]	30	30	30
Kazakhstan	Sale is banned	—	—	—
Kyrgyzstan	Yes[8]	65	65	65
Latvia	Sale is banned	—	—	—
Lithuania	Sale is banned	—	—	—
Luxembourg	Yes[1]	32	32	32
Malta	Sale is banned	—	—	—
Monaco	No[9]	—	—	—
Montenegro	Yes[1]	15	30	0
Netherlands (Kingdom of the)	Yes[1]	30	30	30
North Macedonia	No	—	—	—
Norway	Yes	15	30	0
Poland	Yes[1]	30	30	30
Portugal	Yes[1]	30	30	30
Republic of Moldova	Yes[10]	30	30	30
Romania	Yes[1]	30	30	30
Russian Federation	Yes	50	50	50
San Marino	No[11]	—	—	—
Serbia	No	—	—	—
Slovakia	Yes[1]	30	30	30
Slovenia	Yes[1]	30	30	30
Spain	Yes[1]	30	30	30
Sweden	Yes	30	30	30
Switzerland	Yes	18	35	0
Tajikistan	Yes	75	75	75
Türkiye	Yes[1]	85	85	85
Turkmenistan	Yes[12]	^	^	^
Ukraine	Yes[1]	30	30	30
United Kingdom	Yes[1]	30	30	30
Uzbekistan	Yes[8]	65	65	65

1 Except for oral tobacco which is banned. (note that the definition of oral tobacco excludes chewing tobacco).

2 All tobacco products sold in Andorra follow French or Spanish legislation on health warnings.

3 Except for chewing tobacco which is banned.

4 Except for tobacco for oral use and chewing tobacco which are banned.

5 The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

6 Except for fine-grained snuff and all oral tobacco which are prohibited (chewing tobacco products are excluded from the ban).

7 Except for tobacco for oral use which is banned.

8 For naswar only. Other sorts of smokeless tobacco products are banned.

9 All tobacco products sold in Monaco are imported from France and therefore follow French law on health warnings. France has large warnings with all appropriate characteristics since 2016.

10 Except for tobacco for oral use, chewing tobacco, and nasal tobacco which are banned.

11 All tobacco products sold in San Marino are imported from Italy and therefore follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

12 Except for chewing and sucking tobacco which are banned.

^ Warning size not specified.

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
33	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	Yes	Yes	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	Yes	Yes	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	Yes	Yes	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
1	Yes	Yes	No	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
13	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	Yes	Yes	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1[1]	Yes[1]	Yes[1]	No	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	No	No	No	—	—	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
1	Yes	Yes	No	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	No	No	Yes	No	Yes	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
1	Yes	Yes	Yes	No	—	—	Yes	No
9	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table A2.3.5

Eastern Mediterranean Region

Characteristics of health warnings on smokeless tobacco products packages, 2024

< occupied Palestinian territory should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

1 Regulations are pending.

2 The health warnings have not been issued as at 31 December 2024.

3 Health warnings are required on all tobacco products, however the warnings issued so far only address smoked tobacco products.

^ Warning size not specified.

Country or territory	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Afghanistan	Yes	^[1]	^	^
Bahrain	Sale is banned	—	—	—
Djibouti	Yes[1]	50[1]	50[1]	50[1]
Egypt	Yes	50	50	50
Iran (Islamic Republic of)	Sale is banned	—	—	—
Iraq	Yes[1]	30[1]	30[1]	30[1]
Jordan	No	—	—	—
Kuwait	Yes	50	50	50
Lebanon	Yes	40	40	40
Libya	Yes	25	50	0
Morocco	Yes	^	^	^
occupied Palestinian territory <	Yes	10	20	0
Oman	Sale is banned	—	—	—
Pakistan	No	—	—	—
Qatar	Sale is banned	—	—	—
Saudi Arabia	Sale is banned	—	—	—
Somalia	No	—	—	—
Sudan	Yes[2]	75	75	75
Syrian Arab Republic	Yes	^	^	^
Tunisia	Yes	70	70	70
United Arab Emirates	Yes	50	50	50
Yemen	Yes	50	50	50

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
None[1]	Yes	No[1]	No	No	—	—	No	No
—	—	—	—	—	—	—	—	—
None	Yes	Yes	Yes[1]	Yes[1]	No	No	Yes	No[1]
4	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—	—	—	—
None[1]	Yes	No[1]	No[1]	Yes	No	Yes[1]	Yes	No[1]
—	—	—	—	—	—	—	—	—
None	No	No	Yes	No	—	—	Yes	Yes
12	Yes	Yes	Yes	Yes	Yes	No	Yes	No
1	Yes	Yes	No	No	—	—	Yes	No
1	Yes	No	No	No	—	—	No	No
1	Yes	Yes	No	No	—	—	Yes	No
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
None	Yes	No	No	Yes	No	Yes	Yes	No
1	Yes	Yes	No	No	—	—	Yes	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
None[3]	No	Yes	Yes	No	—	—	Yes	Yes
None	No	No	Yes	No	—	—	Yes	Yes

Table A2.3.6

Western Pacific Region

Characteristics of health warnings on smokeless tobacco products packages, 2024

Country	Health warnings are mandated	Percentage of principal display area mandated to be covered by health warnings		
		Average of front and rear %	Front %	Rear %
Australia	Sale is banned	—	—	—
Brunei Darussalam	Yes[1]	75	75	75
Cambodia	Yes	55	55	55
China	No	—	—	—
Cook Islands	Yes[2]	50	50	50
Fiji	Sale is banned	—	—	—
Japan	Yes	50	50	50
Kiribati	Yes[3]	70[3]	70[3]	70[3]
Lao People's Democratic Republic	Yes[4]	^[5]	^[5]	^[5]
Malaysia	Yes	65	65	65
Marshall Islands	Yes[5]	^	^	^
Micronesia (Federated States of)	No	—	—	—
Mongolia	Yes[6]	^[5]	^[5]	^[5]
Nauru	Yes	30	30	30
New Zealand	Yes[7]	32	32	32
Niue	Sale is banned	—	—	—
Palau	No	—	—	—
Papua New Guinea	Yes[8]	50[8]	50[8]	50[8]
Philippines	Yes	50	50	50
Republic of Korea	Yes	50	50	50
Samoa	Yes[8]	30	30	30
Singapore	Sale is banned	—	—	—
Solomon Islands	Yes[9]	50[9]	70	30
Tonga	Yes	50	50	50
Tuvalu	Yes[5]	30[5]	30	30
Vanuatu	Sale is banned	—	—	—
Viet Nam	Yes	50	50	50

1 Except for chewing tobacco which is banned.

2 Health warnings can also comply with the requirements in Australia or New Zealand.

3 Implementation delays.

4 Health warnings are required on all tobacco products, however so far the regulations only address cigarettes.

5 Regulations are pending.

6 The law mandates health warnings for all tobacco products however there are currently no standards applicable to smokeless tobacco products.

7 Except for tobacco for oral use which is banned (including chewing tobacco).

8 Except for oral tobacco, which is banned.

9 Provision adopted but not yet regulated and implemented by 31 December 2024.

^ Warning size not specified.

Number of specific health warnings approved by the law	Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	Do health warnings describe the harmful effects of tobacco use on health?	Does the law mandate font style, font size and colour of health warnings?	Are the health warnings rotating?	Types of rotation		Are the health warnings written in the principal language(s) of the country?	Do the health warnings include a photograph or graphic?
					Multiple health warnings appear concurrently	Date/length required after which the health warning will change		
—	—	—	—	—	—	—	—	—
3	Yes	Yes	Yes	Yes	Yes	No	Yes	No
2	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—	—	—	—
3	Yes	Yes	No	Yes	Yes	No	Yes	No
6[3]	Yes[3]	Yes[3]	Yes[3]	Yes[3]	Yes[3]	Yes[3]	Yes[3]	No
None[5]	No[5]	No[5]	No[5]	No[5]	—	—	No[5]	No[5]
6	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes
None	Yes	No	No	No	—	—	No	No
—	—	—	—	—	—	—	—	—
None[5]	No[5]	No[5]	No[5]	No[5]	—	—	Yes[3]	No[5]
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No
1	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—
None[5]	Yes[8]	No[5]	No[5]	Yes	No[5]	No[5]	No[5]	No[5]
12	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes
1	No	Yes	Yes	Yes	No	Yes	Yes	Yes
2	Yes	Yes	No	Yes	Yes	No	No	No
—	—	—	—	—	—	—	—	—
None[5]	Yes[9]	No[5]	Yes[9]	Yes[9]	No[5]	No[5]	Yes[9]	No[5]
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	No[5]
None[5]	Yes	No[5]	No[5]	Yes	No	No	No[5]	No[5]
—	—	—	—	—	—	—	—	—
6	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes

Table A2.4.1

African Region

Additional characteristics of health warnings on cigarette packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] Regulations are pending.

[2] Legislation enabling plain packaging but Regulations are pending.

[3] Provision adopted but not yet regulated and implemented by 31 December 2024.

[4] The health warnings have not been issued as at 31 December 2024.

[5] The law prohibits import, manufacture, distribution, processing, sale, offering for sale and bringing into the country of flavoured tobacco products.

[6] There are different rules for the packaging and labelling of the products sold in the country and sold at duty free shops (international departure only).

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Algeria	Yes[1]	No[1]	No[1]	Yes[1]
Angola	No	—	—	—
Benin	Yes	No	No	Yes
Botswana	No	—	—	—
Burkina Faso	Yes	No	No	Yes
Burundi	Yes[3]	No	No	Yes[3]
Cabo Verde	Yes	Yes	No	Yes
Cameroon	Yes	Yes	No	Yes
Central African Republic	Yes	No	No	No
Chad	Yes	Yes	No	Yes
Comoros	Yes	No	No	Yes
Congo	Yes	No	No	Yes
Côte d'Ivoire	Yes	No	No	Yes
Democratic Republic of the Congo	Yes	No	No	Yes
Equatorial Guinea	No	—	—	—
Eritrea	Yes[1]	No[1]	Yes	Yes
Eswatini	Yes[3]	No	No	Yes
Ethiopia	Yes	Yes	No	Yes
Gabon	Yes	No	No	Yes[4]
Gambia	Yes	No	No	Yes
Ghana	Yes	No	No	Yes
Guinea	Yes	No	No	Yes
Guinea-Bissau	No	—	—	—
Kenya	Yes	No	No	Yes
Lesotho	No	—	—	—
Liberia	No	—	—	—
Madagascar	Yes	No	No	Yes
Malawi	No	—	—	—
Mali	Yes	No	No	Yes
Mauritania	Yes	Yes	No	Yes
Mauritius	Yes	No	No	Yes[6]
Mozambique	Yes	No	No	Yes
Namibia	Yes	No	No	Yes
Niger	Yes	No	No	No
Nigeria	Yes	No	Yes	Yes
Rwanda	Yes	No	No	Yes
Sao Tome and Principe	Yes	No	No	Yes
Senegal	Yes	No	No	Yes
Seychelles	Yes	No	No	Yes
Sierra Leone	Yes	No	No	Yes
South Africa	Yes	Yes	Yes	Yes
South Sudan	No	—	—	—
Togo	Yes	Yes	Yes	Yes
Uganda	Yes	No	No	Yes
United Republic of Tanzania	Yes	No	No	Yes
Zambia	Yes	No	No	Yes
Zimbabwe	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No[1]	Yes	No[1]	No[1]	No[1]	No[1]	No[1]	—	No[1]	No[1]	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No[2]
No	Yes[3]	Yes[3]	Yes[3]	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	Yes	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	Yes	Yes
No	Yes	Yes	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No[1]	Yes	Yes	Yes	No	No	No[1]	—	No	No	No
No[1]	Yes	No	No	No	No	No	—	No	No	No
Yes	No	Yes	Yes	Yes	Yes	No	—	Yes	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	No	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	Yes	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No[2]
No	Yes	No	No	No	No	Yes	No	No	No	No
No	Yes	Yes	Yes	No	No	No	—	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes[5]	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	Yes	Yes	No	No	No

Table A2.4.2

Region of the Americas

Additional characteristics of health warnings on cigarette packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] Provision adopted but not yet regulated and implemented by 31 December 2024.

[2] Implementation delays.

[3] By law, health warnings must occupy either 30% of each of the main faces or 60% of one of them.

[4] A new law adopted in 2024 requires 70% however there is yet no implementation date as of 31 December 2024 as the Regulations are pending.

[5] Due to ongoing litigation, there is yet no implementation date for the display of large graphic health warnings required by the U.S. Food and Drug Administration since 2020.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Antigua and Barbuda	Yes[1]	Yes[1]	No	Yes[1]
Argentina	Yes	No	No	Yes
Bahamas	Yes	No	No	Yes
Barbados	Yes[2]	No	No	Yes[2]
Belize	Yes	No	No	Yes
Bolivia (Plurinational State of)	Yes	Yes[1]	No	Yes
Brazil	Yes	No	No	Yes
Canada	Yes	Yes	Yes	Yes
Chile	Yes	No	No	Yes
Colombia	Yes	No	No	Yes
Costa Rica	Yes	No	No	Yes
Cuba	Yes	No	No	No
Dominica	No	—	—	—
Dominican Republic	Yes	No	No	No
Ecuador	Yes	No	No	Yes
El Salvador	Yes	No	No	Yes
Grenada	No	—	—	—
Guatemala	Yes	No	No	Yes
Guyana	Yes	Yes	No	Yes
Haiti	No	—	—	—
Honduras	Yes	No	No	Yes
Jamaica	Yes	Yes	No	Yes
Mexico	Yes	Yes	No	Yes
Nicaragua	…	…	…	…
Panama	Yes	No	No	Yes
Paraguay	Yes	No	No	Yes
Peru	Yes	No	No	Yes
Saint Kitts and Nevis	No	—	—	—
Saint Lucia	Yes	No	No	Yes
Saint Vincent and the Grenadines	No	—	—	—
Suriname	Yes	Yes	No	Yes
Trinidad and Tobago	Yes	No	No	Yes
United States	Yes	No[5]	No	Yes
Uruguay	Yes	Yes	No	Yes
Venezuela (Bolivarian Republic of)	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes[1]	No	Yes	Yes	Yes	Yes	Yes[1]	No	No	No	No
Yes	Yes	Yes	Yes	Yes	No	No	—	No	Yes	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes[2]	Yes[2]	Yes[2]	No	No	No	Yes[2]	Yes	No	No	No
No	No	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes
Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No
No	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No
Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No
…	…	…	…	…	…	…	…	…	…	…
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No
Yes	No	Yes	No	No	No	Yes	Yes	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
No[5]	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	Yes
No	Yes	Yes	No	No	Yes	Yes	No	No	No	No

Table A2.4.3

South-East Asia Region

Additional characteristics of health warnings on cigarette packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] Provisions are not applicable to klobot cigarettes (dried corn husk) and klembak menyan cigarettes (aloeswood mixed with benzine gum).

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Bangladesh	Yes	Yes	No	Yes
Bhutan	Yes	No	No	No
Democratic People's Republic of Korea	Yes	No	No	Yes
India	Yes	Yes	No	Yes
Indonesia	Yes [1]	Yes	No	Yes[1]
Maldives	Yes	Yes	Yes	No
Myanmar	Yes	Yes	No	No
Nepal	Yes	Yes	No	Yes
Sri Lanka	Yes	Yes	No	Yes
Thailand	Yes	Yes	No	Yes
Timor-Leste	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	Yes	No
Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	Yes
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	Yes	Yes	Yes	No	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No	No	No	—	No	Yes	No

Table A2.4.4

European Region

Additional characteristics of health warnings on cigarette packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] All tobacco products sold in Andorra follow French or Spanish legislation on health warnings. France has large warnings with all appropriate characteristics since 2016 and Spain since 2017.

[2] Legislation enabling plain packaging but Regulations are pending.

[3] The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

[4] Display of the website address is required on packaging. The website provides the quit line numbers.

[5] All tobacco products sold in Monaco are imported from France and therefore follow French law on health warnings. France has large warnings with all appropriate characteristics since 2016.

[6] A website address must appear on the package providing information about smoking cessation.

[7] All tobacco products sold in San Marino are imported from Italy and therefore follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

[8] The law requires the display of either a quit line number, or a website address providing information about smoking cessation.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Albania	Yes	Yes	No	Yes
Andorra	No[1]	—	—	—
Armenia	Yes	Yes	Yes	Yes
Austria	Yes	Yes	No	Yes
Azerbaijan	Yes	No	No	Yes
Belarus	Yes	Yes	No	Yes
Belgium	Yes	Yes	No	Yes
Bosnia and Herzegovina[3]	No	—	—	—
Bulgaria	Yes	Yes	No	Yes
Croatia	Yes	Yes	No	Yes
Cyprus	Yes	Yes	No	Yes
Czechia	Yes	Yes	No	Yes
Denmark	Yes	Yes	No	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	Yes	No	No
France	Yes	Yes	No	Yes
Georgia	Yes	No	No	Yes
Germany	Yes	Yes	No	Yes
Greece	Yes	Yes	No	Yes
Hungary	Yes	Yes	No	Yes
Iceland	Yes	No	No	Yes
Ireland	Yes	Yes	No	Yes
Israel	Yes	Yes	No	Yes
Italy	Yes	Yes	No	Yes
Kazakhstan	Yes	No	No	Yes
Kyrgyzstan	Yes	No	No	Yes
Latvia	Yes	Yes	No	Yes
Lithuania	Yes	Yes	No	Yes
Luxembourg	Yes	Yes	No	Yes
Malta	Yes	Yes	No	Yes
Monaco	No[5]	—[5]	—[5]	—[5]
Montenegro	Yes	Yes	No	Yes
Netherlands (Kingdom of the)	Yes	Yes	No	Yes
North Macedonia	Yes	No	No	Yes
Norway	Yes	No	No	Yes
Poland	Yes	Yes	No	Yes
Portugal	Yes	Yes	No	Yes
Republic of Moldova	Yes	Yes	No	Yes
Romania	Yes	Yes	No	Yes
Russian Federation	Yes	Yes	No	Yes
San Marino	No[7]	—[7]	—[7]	—[7]
Serbia	Yes	Yes	No	No
Slovakia	Yes	Yes	No	Yes
Slovenia	Yes	Yes	No	Yes
Spain	Yes	Yes	No	Yes
Sweden	Yes	Yes	No	Yes
Switzerland	Yes	No	No	Yes
Tajikistan	Yes	Yes	No	No
Türkiye	Yes	Yes	No	Yes
Turkmenistan	Yes	Yes	No	Yes
Ukraine	Yes	Yes	No	Yes
United Kingdom	Yes	Yes	No	Yes
Uzbekistan	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	Yes	Yes	Yes	No	No	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No[2]
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
—	—	No	No	No	No	No	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No[4]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
—[5]	—[5]	No[5]	No[5]	No[5]	No[5]	No[5]	—	No[5]	No[5]	No[5]
Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	Yes	No[6]	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No[2]
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No
—[7]	—[7]	No[7]	No[7]	No[7]	No[7]	No[7]	—	No[7]	No[7]	No[7]
Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	No[8]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
No	Yes	Yes	No	No	Yes	Yes	No	No	Yes	No
No	Yes	Yes	No	Yes	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
No	No	Yes	Yes	Yes	Yes	No	—	No	Yes	No[2]
Yes	No	Yes	No	Yes	Yes	Yes	No	No	No	No
Yes	Yes	Yes	No	Yes	Yes	Yes	No	Yes	No[4]	Yes
Yes	Yes	Yes	Yes	Yes	No	No	—	No	No	No

Table A2.4.5

Eastern Mediterranean Region

Additional characteristics of health warnings on cigarette packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[<] occupied Palestinian territory should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

[1] Not required by the legislation, however implemented according to an Agreement between the Ministry of Health and all tobacco companies.

[2] Including bidis.

Country or territory	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Afghanistan	Yes	No	No	Yes
Bahrain	Yes	No	No	Yes
Djibouti	Yes	Yes	Yes	Yes
Egypt	Yes	No	No	Yes
Iran (Islamic Republic of)	Yes	Yes	No	No
Iraq	Yes	No	No	Yes
Jordan	Yes	No	No	Yes
Kuwait	Yes	No	No	Yes
Lebanon	Yes	No	No	Yes
Libya	Yes	No	No	Yes
Morocco	Yes	No	No	Yes
occupied Palestinian territory <	Yes	No	No	Yes
Oman	Yes	Yes	No	Yes
Pakistan	Yes [2]	Yes	No	Yes
Qatar	Yes	No	No	Yes
Saudi Arabia	Yes	Yes	No	Yes
Somalia	No	—	—	—
Sudan	Yes	Yes	No	Yes
Syrian Arab Republic	Yes	No	No	Yes
Tunisia	Yes	Yes	No	Yes
United Arab Emirates	Yes	No	No	Yes
Yemen	Yes	No	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
No	Yes	Yes	No	No	No	No	—	No	Yes [1]	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	No	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No

Table A2.4.6

Western Pacific Region

Additional characteristics of health warnings on cigarette packages, 2024

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Australia	Yes	Yes	No	Yes
Brunei Darussalam	Yes	Yes	No	Yes
Cambodia	Yes	Yes	No	Yes
China	Yes	No	No	Yes
Cook Islands	Yes[1]	Yes	No	Yes
Fiji	Yes	Yes	No	Yes
Japan	Yes	No	No	Yes
Kiribati	Yes[3]	No	No	Yes[3]
Lao People's Democratic Republic	Yes	Yes	No	Yes
Malaysia	Yes	Yes	No	Yes
Marshall Islands	Yes[5]	No	Yes	Yes
Micronesia (Federated States of)	No	—	—	—
Mongolia	Yes	Yes	No	Yes
Nauru	Yes	No	Yes	Yes
New Zealand	Yes	Yes	No	Yes
Niue	Yes[7]	No	No	Yes
Palau	No	—	—	—
Papua New Guinea	Yes	No[5]	Yes	Yes
Philippines	Yes	No	No	Yes
Republic of Korea	Yes	Yes	No	Yes
Samoa	Yes	Yes	Yes	Yes
Singapore	Yes	Yes	No	Yes
Solomon Islands	Yes	Yes	No	Yes
Tonga	Yes	Yes	No	Yes
Tuvalu	Yes[5]	No[5]	Yes	Yes
Vanuatu	Yes	No	No	Yes
Viet Nam	Yes	Yes	No	Yes

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 Health warnings can also comply with the requirements in Australia or New Zealand.

2 A website address must appear on the package providing information about smoking cessation.

3 Implementation delays.

4 Flavours are banned since 2016. Implementation delays.

5 Regulations are pending.

6 Display of the quit line appears on some packaging by rotation of the health warnings.

7 The graphic health warnings have not been issued as at 31 December 2024. Tobacco products sold in Niue are imported from Australia and therefore follow Australian law on health warnings.

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
No	Yes	No	No	No	No	Yes	Yes	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	No	Yes	No	No	No	No	—	No	No	No
No	Yes	Yes	Yes	No	No	Yes	Yes	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No[2]	No
No	Yes[3]	Yes[3]	No	No[4]	No	Yes[3]	No	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	Yes
Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No	No	Yes	Yes	Yes	Yes	Yes	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	Yes	Yes
No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
No[5]	Yes	No[5]	No [5]	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	Yes	No	No	No[6]	No
No	Yes	Yes	No	Yes	No	Yes	Yes	No	Yes	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No[5]	No[5]	No	No	Yes	No	No	No	No
Yes	Yes	No[5]	No[5]	No	No[5]	No[5]	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No

Table A2.5.1

African Region

Additional characteristics of health warnings on other smoked tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 Regulations are pending.

2 Provision adopted but not yet regulated and implemented by 31 December 2024.

3 Except for shisha tobacco, which is banned.

4 Except for shisha tobacco and roll-your-own tobacco, which are banned.

5 Legislation enabling plain packaging but regulations are pending.

6 The law prohibits import, manufacture, distribution, processing, sale, offering for sale and bringing into the country of flavoured tobacco products.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Algeria	Yes[1]	No[1]	No[1]	Yes[1]
Angola	No	—	—	—
Benin	Yes	No	No	Yes
Botswana	No	—	—	—
Burkina Faso	Yes	No	No	Yes
Burundi	Yes[2]	No	No	Yes[2]
Cabo Verde	Yes	Yes	No	Yes
Cameroon	Yes	Yes	No	Yes
Central African Republic	Yes	No	No	No
Chad	Yes	Yes	No	Yes
Comoros	Yes	No	No	Yes
Congo	Yes[3]	No	No	Yes
Côte d'Ivoire	Yes	No	No	Yes
Democratic Republic of the Congo	Yes	No	No	No
Equatorial Guinea	No	—	—	—
Eritrea	Yes[1]	No[1]	Yes	Yes
Eswatini	Yes[2]	No	No	Yes
Ethiopia	Yes[3]	Yes	No	Yes
Gabon	No[1]	—	—	—
Gambia	Yes	No	No	Yes
Ghana	Yes	No	No	Yes
Guinea	Yes	No	No	Yes
Guinea-Bissau	No	—	—	—
Kenya	Yes[3]	No	No	Yes
Lesotho	No	—	—	—
Liberia	No	—	—	—
Madagascar	No	—	—	—
Malawi	No	—	—	—
Mali	Yes[3]	No	No	Yes
Mauritania	Yes	Yes	No	Yes
Mauritius	Yes[4]	No	No	Yes
Mozambique	Yes	No	No	Yes
Namibia	Yes	No	No	Yes
Niger	Yes[3]	No	No	No
Nigeria	Yes	No	Yes	Yes
Rwanda	Yes[3]	No	No	Yes
Sao Tome and Principe	Yes	No	No	Yes
Senegal	Yes[3]	No	No	Yes
Seychelles	Yes	No	No	Yes
Sierra Leone	Yes	No	No	Yes
South Africa	Yes	Yes	Yes	Yes
South Sudan	No	—	—	—
Togo	Yes	Yes	Yes	Yes
Uganda	Yes[3]	No	No	Yes
United Republic of Tanzania	Yes	No	No	Yes
Zambia	Yes	No	No	Yes
Zimbabwe	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No[1]	Yes	No [1]	No[1]	No[1]	No[1]	No[1]	—	No[1]	No[1]	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No[2]	Yes[2]	Yes [2]	Yes[2]	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	Yes	Yes
No	No	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No[1]	Yes	Yes	Yes	No	No	No[1]	—	No	No	No
No[1]	Yes	No	No	No	No	No	—	No	No	No
Yes	No	Yes	Yes	Yes	Yes	No	—	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	No	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	Yes	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No[5]
No	Yes	No	No	No	No	Yes	No	No	No	No
No	Yes	Yes	Yes	No	No	No	—	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes[6]	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	Yes	Yes	No	No	No

Table A2.5.2

Region of the Americas

Additional characteristics of health warnings on other smoked tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] Provision adopted but not yet regulated and implemented by 31 December 2024.

[2] Implementation delays.

[3] Regulations are pending.

[4] Except for cigars and pipe tobacco.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Antigua and Barbuda	Yes[1]	Yes[1]	No	Yes[1]
Argentina	Yes	No	No	Yes
Bahamas	No	—	—	—
Barbados	Yes[2]	No	No	Yes[2]
Belize	No	—	—	—
Bolivia (Plurinational State of)	Yes	Yes[1]	No	Yes
Brazil	Yes	No	No	Yes
Canada	Yes	Yes	Yes	Yes
Chile	Yes	No	No	Yes
Colombia	Yes	No	No	Yes
Costa Rica	Yes	No	No	Yes
Cuba	Yes	No	No	No
Dominica	No	—	—	—
Dominican Republic	Yes	No	No	No
Ecuador	Yes	No	No	Yes
El Salvador	Yes	No	No	Yes
Grenada	No	—	—	—
Guatemala	Yes	No	No	Yes
Guyana	Yes	Yes	No	Yes
Haiti	No	—	—	—
Honduras	Yes	No	No	Yes
Jamaica	Yes	Yes	No	Yes
Mexico	Yes	Yes	No	Yes
Nicaragua	…	…	…	…
Panama	Yes	No	No	Yes
Paraguay	Yes	No	No	Yes
Peru	Yes	No	No	Yes
Saint Kitts and Nevis	No	—	—	—
Saint Lucia	Yes	No	No	Yes
Saint Vincent and the Grenadines	No	—	—	—
Suriname	Yes[1]	No[3]	No	Yes
Trinidad and Tobago	Yes	No	No	Yes
United States	Yes[4]	No	No	Yes
Uruguay	Yes	Yes	No	Yes
Venezuela (Bolivarian Republic of)	No	—	—	—

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes[1]	No	Yes	Yes	Yes	Yes	Yes[1]	No	No	No	No
Yes	Yes	Yes	Yes	Yes	No	No	—	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
Yes[2]	Yes[2]	Yes [2]	No	No	No	Yes[2]	Yes[2]	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	No	Yes	No	Yes	No	No	Yes	Yes
Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No
No	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No
Yes	Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No
…	…	…	…	…	…	…	…	…	…	…
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	No	Yes	No	No	No	Yes	Yes	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	No[3]	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	Yes
—	—	No	No	No	No	No	—	No	No	No

Table A2.5.3

South-East Asia Region

Additional characteristics of health warnings on other smoked tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] Provisions are not applicable to cigars packed individually.

[2] For bidis only.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Bangladesh	Yes	Yes	No	Yes
Bhutan	Yes	No	No	No
Democratic People's Republic of Korea	Yes	No	No	Yes
India	Yes	Yes	No	Yes
Indonesia	Yes [1]	Yes	No	Yes [1]
Maldives	Yes	Yes	Yes	No
Myanmar	Yes	Yes	No	No
Nepal	Yes [2]	Yes [2]	No	Yes [2]
Sri Lanka	Yes	Yes	No	Yes
Thailand	Yes	Yes	No	Yes
Timor-Leste	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	Yes	No
Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Yes [2]	Yes [2]	Yes [2]	Yes [2]	No	No	Yes [2]	No	No	No	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	Yes	Yes	Yes	No	No	—	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No	No	No	—	No	Yes	No

Table A2.5.4

European Region

Additional characteristics of health warnings on other smoked tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 All tobacco products sold in Andorra follow French or Spanish legislation on health warnings. France has large warnings with all appropriate characteristics since 2016 and Spain since 2017.

2 Legislation enabling plain packaging but Regulations are pending.

3 For roll-your-own and waterpipe tobacco only. No such requirement for other smoked tobacco.

4 The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

5 For roll-your-own tobacco only. No such requirement for other smoked tobacco.

6 Except for cigars and cigarillos.

7 Display of the website address is required on packaging. The website provides the quit line numbers.

8 Except for cigars.

9 For roll-your-own tobacco only.

10 Except for cigars and pipe tobacco sold in tobacconists.

11 All tobacco products sold in Monaco are imported from France and therefore follow French law on health warnings. France has large warnings with all appropriate characteristics since 2016.

12 A website address must appear on the package providing information about smoking cessation.

13 All tobacco products sold in San Marino are imported from Italy and therefore follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

14 The law requires the display of either a quit line number, or a website address providing information about smoking cessation.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Albania	Yes	Yes	No	Yes
Andorra	No[1]	—	—	—
Armenia	Yes	Yes	Yes	Yes
Austria	Yes	Yes[3]	No	Yes
Azerbaijan	Yes	No	No	Yes
Belarus	Yes	Yes	No	Yes
Belgium	Yes	Yes	No	Yes
Bosnia and Herzegovina[4]	No	—	—	—
Bulgaria	Yes	Yes[3]	No	Yes
Croatia	Yes	Yes[3]	No	Yes
Cyprus	Yes	Yes[3]	No	Yes
Czechia	Yes	Yes[3]	No	Yes
Denmark	Yes	Yes[3]	No	Yes
Estonia	Yes	Yes	No	No
Finland	Yes	Yes	No	No
France	Yes	Yes	No	Yes
Georgia	Yes	No	No	Yes
Germany	Yes	Yes[3]	No	Yes
Greece	Yes	Yes[3]	No	Yes
Hungary	Yes	Yes[3]	No	Yes
Iceland	Yes	No	No	Yes
Ireland	Yes	Yes[6]	No	Yes
Israel	Yes	Yes	No	Yes
Italy	Yes	Yes	No	Yes
Kazakhstan	Yes	No	No	Yes
Kyrgyzstan	Yes	No	No	Yes
Latvia	Yes	Yes	No	Yes
Lithuania	Yes	Yes[3]	No	Yes
Luxembourg	Yes	Yes[3]	No	Yes
Malta	Yes	Yes[3]	No	Yes
Monaco	No[11]	—[11]	—[11]	—[11]
Montenegro	Yes	Yes[3]	No	Yes
Netherlands (Kingdom of the)	Yes	Yes[8]	No	Yes
North Macedonia	Yes	No	No	Yes
Norway	Yes	No	No	Yes
Poland	Yes	Yes	No	Yes
Portugal	Yes	Yes[3]	No	Yes
Republic of Moldova	Yes	Yes[3]	No	Yes
Romania	Yes	Yes[3]	No	Yes
Russian Federation	Yes	Yes	No	Yes
San Marino	No[13]	—[13]	—[13]	—[13]
Serbia	Yes	Yes	No	No
Slovakia	Yes	Yes[3]	No	Yes
Slovenia	Yes	Yes	No	Yes
Spain	Yes	Yes[3]	No	Yes
Sweden	Yes	Yes[3]	No	Yes
Switzerland	Yes	No	No	Yes
Tajikistan	Yes	Yes	No	No
Türkiye	Yes	Yes	No	Yes
Turkmenistan	Yes	No	No	Yes
Ukraine	Yes	Yes	No	Yes
United Kingdom	Yes	Yes[6]	No	Yes
Uzbekistan	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	Yes	Yes	Yes	No	No	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No[2]
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes[3]	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes[3]
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[5]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes[3]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	Yes[3]	Yes	Yes[3]
Yes	Yes	Yes	Yes	Yes	Yes	Yes[6]	No	No	No[7]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes[5]	No	Yes[5]	Yes	Yes[5]
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	Yes	Yes[8]
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	Yes[9]	Yes	Yes[9]
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[6]	No	Yes	Yes	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	Yes[10]
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes[3]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
—[11]	—[11]	No[11]	No[11]	No[11]	No[11]	No[11]	—[11]	No[11]	No[11]	No[11]
Yes	Yes	Yes	Yes	Yes	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[8]	No	No	Yes	Yes[5]
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	Yes	No[12]	Yes
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes[3]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No[2]
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No
—[13]	—[13]	No[13]	No[13]	No[13]	No[13]	No[13]	—[13]	No[13]	No[13]	No[13]
Yes	Yes	Yes	Yes	No	No	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes[3]
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	No[14]	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes[3]	No	No	Yes	No
No	Yes	Yes	No	No	Yes	Yes[6]	No	No	Yes	No
No	Yes	Yes	No	Yes	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	Yes
No	No	No	No	No	No	No	—	No	No	No
Yes	No	Yes	No	Yes	Yes	Yes	No	No	No	No
Yes	Yes	Yes	No	Yes	Yes	Yes[6]	No	Yes[5]	No[7]	Yes[5]
Yes	Yes	Yes	Yes	Yes	No	No	—	No	No	No

Table A2.5.5

Eastern Mediterranean Region

Additional characteristics of health warnings on other smoked tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[<] occupied Palestinian territory should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

[1] Not required by the legislation, however implemented according to an Agreement between the Ministry of Health and all tobacco companies.

[2] For Meassel only (waterpipe tobacco), not for other smoked tobacco. Meassel is the most common smoked tobacco available on Jordan's market, after cigarettes.

[3] Except for cigars and waterpipe tobacco products.

Country or territory	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Afghanistan	Yes	No	No	Yes
Bahrain	Yes	No	No	Yes
Djibouti	Yes	Yes	Yes	Yes
Egypt	Yes	No	No	Yes
Iran (Islamic Republic of)	Yes	Yes	No	No
Iraq	Yes	No	No	Yes
Jordan	Yes[2]	No	No	Yes
Kuwait	Yes	No	No	Yes
Lebanon	Yes	No	No	Yes
Libya	Yes	No	No	Yes
Morocco	Yes	No	No	Yes
occupied Palestinian territory <	Yes	No	No	Yes
Oman	Yes	Yes	No	Yes
Pakistan	No	—	—	—
Qatar	Yes	No	No	Yes
Saudi Arabia	Yes	Yes	No	Yes
Somalia	No	—	—	—
Sudan	Yes	Yes	No	Yes
Syrian Arab Republic	Yes	No	No	Yes
Tunisia	Yes	Yes	No	Yes
United Arab Emirates	Yes	No	No	Yes
Yemen	Yes	No	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
No	Yes	Yes	No	No	No	No	—	No	Yes[1]	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	No	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes[3]	Yes	Yes	No	Yes	No	Yes
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	Yes	Yes
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No

Table A2.5.6

Western Pacific Region

Additional characteristics of health warnings on other smoked tobacco products packages, 2024

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Australia	Yes	Yes	No	Yes
Brunei Darussalam	Yes	Yes	No	Yes
Cambodia	Yes	Yes	No	Yes
China	Yes	No	No	Yes
Cook Islands	Yes[1]	Yes	No	Yes
Fiji	Yes	No	No	Yes
Japan	Yes	No	No	Yes
Kiribati	Yes[2]	No	No	Yes[3]
Lao People's Democratic Republic	Yes[5]	No[6]	No	No[6]
Malaysia	Yes	Yes	No	Yes
Marshall Islands	Yes[6]	No	Yes	Yes
Micronesia (Federated States of)	No	—	—	—
Mongolia	Yes[8]	Yes[7]	No	Yes[7]
Nauru	Yes	No	Yes	Yes
New Zealand	Yes	Yes	No	Yes
Niue	Yes[10]	No	No	Yes
Palau	No	—	—	—
Papua New Guinea	Yes	No[6]	Yes	Yes
Philippines	Yes	No	No	Yes
Republic of Korea	Yes	Yes	No	Yes
Samoa	Yes	Yes	Yes	Yes
Singapore	Yes[12]	Yes	No	Yes
Solomon Islands	Yes	Yes	No	Yes
Tonga	Yes	Yes	No	Yes
Tuvalu	Yes[6]	No[6]	Yes	Yes
Vanuatu	Yes	No	No	Yes
Viet Nam	Yes	Yes	No	Yes

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 Health warnings can also comply with the requirements in Australia or New Zealand.

2 Except for nimoko. Implementation delays.

3 Implementation delays.

4 Flavours are banned since 2016. Implementation delays.

5 Health warnings are required on all tobacco products, however so far the regulations only address cigarettes.

6 Regulations are pending.

7 For pipe tobacco only. No such requirement for other smoked tobacco.

8 The law mandates health warnings for all tobacco products however there are currently only standards applicable to pipe tobacco.

9 Except for cigars.

10 The graphic health warnings have not been issued as at 31 December 2024. Tobacco products sold in Niue are imported from Australia and therefore follow Australian law on health warnings.

11 Display of the quit line appears on some packaging by rotation of the health warnings.

12 Except for shisha tobacco which is banned.

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Yes	Yes
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	No	Yes	No	No	No	No	—	No	No	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No[3]	Yes[3]	Yes[3]	No	No[4]	No	Yes[3]	No	No	No	No
No[6]	Yes	Yes	No	No	No	No[6]	—	No	No	No[6]
Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes[7]	Yes[7]	Yes[7]	Yes[7]	No	No	No	—	No	No	No
No	Yes	No	No	Yes	Yes	No	—	Yes	No	No
Yes	Yes	Yes	Yes	No	No	Yes[9]	No	Yes	Yes	Yes
No	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
No[6]	Yes	No[6]	No[6]	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	Yes	No	No	No[11]	No
No	Yes	Yes	No	Yes	No	No	—	No	Yes	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	Yes	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No[6]	No[6]	No	No	No	—	No	No	No
Yes	Yes	No[6]	No[6]	No	No[6]	No[6]	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No

Table A2.6.1

African Region

Additional characteristics of health warnings on smokeless tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 Regulations are pending.

2 Implementation delays.

3 Provision adopted but not yet regulated and implemented by 31 December 2024.

4 For snuff and chewing tobacco only. No such requirement for other smokeless tobacco products.

5 For snuff only. No such requirement for other smokeless tobacco products.

6 The law mandates health warnings for all tobacco products, however so far the regulations do not address smokeless tobacco products.

7 Legislation enabling plain packaging but regulations are pending.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Algeria	Yes[1]	No	No	Yes
Angola	No	—	—	—
Benin	Yes	No	No	Yes
Botswana	No	—	—	—
Burkina Faso	Yes	No	No	Yes
Burundi	Yes[3]	No	No	Yes[3]
Cabo Verde	Yes	Yes	No	Yes
Cameroon	Yes	Yes	No	Yes
Central African Republic	Yes	No	No	No
Chad	Yes	Yes	No	Yes
Comoros	Yes	No	No	Yes
Congo	Yes	No	No	Yes
Côte d'Ivoire	Yes	No	No	Yes
Democratic Republic of the Congo	Yes	No	No	No
Equatorial Guinea	No	—	—	—
Eritrea	Yes	No[1]	Yes	Yes
Eswatini	Yes[3]	No	No	Yes[3]
Ethiopia	Yes	Yes	No	Yes
Gabon	No[1]	—	—	—
Gambia	Sale is banned	—	—	—
Ghana	Yes	No	No	Yes
Guinea	Yes	No	No	Yes
Guinea-Bissau	No	—	—	—
Kenya	Yes	No	No	Yes
Lesotho	No	—	—	—
Liberia	No	—	—	—
Madagascar	Yes[4]	No	No	Yes[4]
Malawi	No	—	—	—
Mali	Yes	No	No	Yes
Mauritania	Yes	Yes	No	Yes
Mauritius	Sale is banned	—	—	—
Mozambique	Yes	No	No	Yes
Namibia	Yes	No	No	Yes
Niger	No[6]	—	—	—
Nigeria	Yes	No	Yes	Yes
Rwanda	Yes	No	No	Yes
Sao Tome and Principe	Yes	No	No	Yes
Senegal	Yes	No	No	Yes
Seychelles	Yes	No	No	Yes
Sierra Leone	Yes	No	No	Yes
South Africa	Yes	Yes	Yes	Yes
South Sudan	No	—	—	—
Togo	Yes	Yes	Yes	Yes
Uganda	Sale is banned	—	—	—
United Republic of Tanzania	Sale is banned	—	—	—
Zambia	Yes	No	No	Yes
Zimbabwe	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[2]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[2]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	No	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes[3]	Yes[3]	Yes [3]	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	Yes	Yes
No	No	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No[1]	Yes	Yes	Yes	No	No	No [1]	—	No	No	No
No	Yes[3]	No	No	No	No	No	—	No	No	No
Yes	No	Yes	Yes	Yes	Yes	No	—	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes[4]	No	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	No	No
—	—	—	—	—	—	—	—	—	—	—
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
—	—	Yes	Yes	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	Yes	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No[7]
No	Yes	No	No	No	No	Yes	No	No	No	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No

Table A2.6.2

Region of the Americas

Additional characteristics of health warnings on smokeless tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[1] Provision adopted but not yet regulated and implemented by 31 December 2024.

[2] Implementation delays.

[3] Regulations are pending.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Antigua and Barbuda	Yes[1]	Yes[1]	No	Yes[1]
Argentina	Yes	No	No	Yes
Bahamas	No	—	—	—
Barbados	Yes[2]	No	No	Yes[2]
Belize	No	—	—	—
Bolivia (Plurinational State of)	Yes	Yes[1]	No	No
Brazil	Yes	No	No	Yes
Canada	Yes	Yes	Yes	Yes
Chile	Yes	No	No	Yes
Colombia	Yes	No	No	Yes
Costa Rica	Yes	No	No	Yes
Cuba	Yes	No	No	No
Dominica	No	—	—	—
Dominican Republic	Yes	No	No	No
Ecuador	Yes	No	No	Yes
El Salvador	Yes	No	No	Yes
Grenada	No	—	—	—
Guatemala	Yes	No	No	Yes
Guyana	Yes	Yes	No	Yes
Haiti	No	—	—	—
Honduras	Yes	No	No	Yes
Jamaica	Yes	Yes	No	Yes
Mexico	Yes	No	No	Yes
Nicaragua	…	…	…	…
Panama	Yes	No	No	Yes
Paraguay	Yes	No	No	Yes
Peru	Yes	No	No	Yes
Saint Kitts and Nevis	No	—	—	—
Saint Lucia	Yes	No	No	Yes
Saint Vincent and the Grenadines	No	—	—	—
Suriname	Yes[1]	No[3]	No	Yes
Trinidad and Tobago	Yes	No	No	Yes
United States	Yes	No	No	Yes
Uruguay	Yes	Yes	No	Yes
Venezuela (Bolivarian Republic of)	No	—	—	—

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes[1]	No	Yes	Yes	Yes	Yes	Yes[1]	No	No	No	No
Yes	Yes	Yes	Yes	Yes	No	No	—	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
Yes[2]	Yes[2]	Yes[2]	No	No	No	Yes[2]	Yes[2]	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	Yes	No	No	Yes	No
Yes	Yes	No	No	No	No	No	—	No	No	Yes
Yes	Yes	Yes	No	No	Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	Yes	No
No	Yes	Yes	Yes	No	No	Yes	No	No	Yes	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	Yes	Yes	Yes	No	No	Yes	No	Yes	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
…	…	…	…	…	…	…	…	…	…	…
Yes	Yes	Yes	Yes	No	Yes	Yes	No	No	No	No
No	Yes	Yes	No	No	No	Yes	No	No	Yes	No
Yes	No	Yes	No	No	No	Yes	Yes	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	Yes	No	Yes	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	No[3]	No	No
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	Yes
—	—	No	No	No	No	No	—	No	No	No

Table A2.6.3

South-East Asia Region

Additional characteristics of health warnings on smokeless tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Bangladesh	Yes	Yes	No	Yes
Bhutan	Yes	No	No	No
Democratic People's Republic of Korea	Sale is banned	—	—	—
India	Yes	Yes	No	Yes
Indonesia	Yes	Yes	No	Yes
Maldives	Yes	Yes	Yes	No
Myanmar	Yes	Yes	No	No
Nepal	Yes	Yes	No	Yes
Sri Lanka	Sale is banned	—	—	—
Thailand	Sale is banned	—	—	—
Timor-Leste	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
Yes	Yes	Yes	No	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	No	No	No	—	No	Yes	No
Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
No	Yes	Yes	Yes	Yes	No	Yes	No	No	No	No
Yes	Yes	Yes	No	No	Yes	Yes	No	Yes	No	Yes
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	No	No	No	—	No	Yes	No

Table A2.6.4

European Region

Additional characteristics of health warnings on smokeless tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 Except for oral tobacco, which is banned (the definition of oral tobacco excludes chewing tobacco).

2 All tobacco products sold in Andorra follow French or Spanish legislation on health warnings.

3 Except for chewing tobacco, which is banned.

4 Legislation enabling plain packaging but Regulations are pending.

5 Except for tobacco for oral use and chewing tobacco, which are banned.

6 The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

7 Except for fine-grained snuff and all oral tobacco which are prohibited (chewing tobacco products are excluded from the ban).

8 Except for tobacco for oral use which is banned.

9 For naswar only. Other sorts of smokeless tobacco products are banned.

10 All tobacco products sold in Monaco are imported from France and therefore follow French law on health warnings. France has large warnings with all appropriate characteristics since 2016.

11 Excepf for tobacco for oral use, chewing tobacco, and nasal tobacco, which are banned.

12 All tobacco products sold in San Marino are imported from Italy and therefore follow the Italian law on health warnings. Italy has large warnings with all appropriate characteristics since 2016.

13 Except for chewing and sucking tobacco, which are banned.

14 A website address must appear on the package providing information about smoking cessation.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Albania	Yes[1]	Yes	No	Yes
Andorra	No[2]	—	—	—
Armenia	No[3]	—	—	—
Austria	Yes[5]	No	No	Yes
Azerbaijan	No	—	—	—
Belarus	No	—	—	—
Belgium	Yes[1]	No	No	Yes
Bosnia and Herzegovina[6]	No	—	—	—
Bulgaria	Yes[1]	No	No	Yes
Croatia	Yes[1]	No	No	Yes
Cyprus	Yes[1]	No	No	Yes
Czechia	Yes[1]	No	No	Yes
Denmark	Yes[1]	No	No	Yes
Estonia	Sale is banned	—	—	—
Finland	Sale is banned	—	—	—
France	Yes[1]	No	No	Yes
Georgia	Yes	No	No	Yes
Germany	Yes[1]	No	No	Yes
Greece	Yes[1]	No	No	Yes
Hungary	Yes[1]	No	No	Yes
Iceland	Yes[7]	No	No	Yes
Ireland	Yes[8]	No	No	Yes
Israel	Yes	Yes	No	Yes
Italy	Yes[1]	No	No	Yes
Kazakhstan	Sale is banned	—	—	—
Kyrgyzstan	Yes[9]	No	No	Yes
Latvia	Sale is banned	—	—	—
Lithuania	Sale is banned	—	—	—
Luxembourg	Yes[1]	No	No	Yes
Malta	Sale is banned	—	—	—
Monaco	No[10]	—	—	—
Montenegro	Yes[1]	No	No	Yes[1]
Netherlands (Kingdom of the)	Yes[1]	No	No	Yes
North Macedonia	No	—	—	—
Norway	Yes	No	No	Yes
Poland	Yes[1]	No	No	Yes
Portugal	Yes[1]	No	No	Yes
Republic of Moldova	Yes[11]	No	No	Yes
Romania	Yes[1]	No	No	Yes
Russian Federation	Yes	Yes	No	Yes
San Marino	No[12]	—	—	—
Serbia	No	—	—	—
Slovakia	Yes[1]	No	No	Yes
Slovenia	Yes[1]	No	No	Yes
Spain	Yes[1]	No	No	Yes
Sweden	Yes	No	No	Yes
Switzerland	Yes	No	No	Yes
Tajikistan	Yes	Yes	No	No
Türkiye	Yes[1]	Yes	No	Yes
Turkmenistan	Yes[13]	No	No	No
Ukraine	Yes[1]	No	No	Yes
United Kingdom	Yes[1]	No	No	Yes
Uzbekistan	Yes[9]	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	Yes	Yes	Yes	No	No	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	Yes	No	No	No	No	—	No	No	No[4]
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	Yes
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	Yes	No	Yes
No	Yes	Yes	Yes	No	No	No	—	No	No	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	No	No	No	Yes	No	No	Yes	No
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes[1]	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
—	—	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No[14]	Yes
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	No	Yes	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No[4]
No	Yes	Yes	Yes	No	No	Yes	No	No	No	No
—	—	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	Yes	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	Yes	No	Yes	No	Yes	No	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	Yes	Yes	Yes[1]
No	No	No	No	No	No	No	—	No	No	No
No	No	Yes	No	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	No	Yes	Yes	No	—	No	No	No
Yes	Yes	Yes	Yes	Yes	No	No	—	No	No	No

Table A2.6.5

Eastern Mediterranean Region

Additional characteristics of health warnings on smokeless tobacco products packages, 2024

Country or territory	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Afghanistan	Yes	No	No	Yes
Bahrain	Sale is banned	—	—	—
Djibouti	Yes	Yes	Yes	Yes
Egypt	Yes	No	No	Yes
Iran (Islamic Republic of)	Sale is banned	—	—	—
Iraq	Yes	No	No	Yes
Jordan	No	—	—	—
Kuwait	Yes	No	No	Yes
Lebanon	Yes	No	No	Yes
Libya	Yes	No	No	Yes
Morocco	Yes	No	No	Yes
occupied Palestinian territory <	Yes	No	No	Yes
Oman	Sale is banned	—	—	—
Pakistan	No	—	—	—
Qatar	Sale is banned	—	—	—
Saudi Arabia	Sale is banned	—	—	—
Somalia	No	—	—	—
Sudan	Yes	Yes	No	Yes
Syrian Arab Republic	Yes	No	No	Yes
Tunisia	Yes	Yes	No	Yes
United Arab Emirates	Yes	No	No	Yes
Yemen	Yes	No	No	Yes

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

[<] occupied Palestinian territory should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

[1] Not required by the legislation, however implemented according to an Agreement between the Ministry of Health and all tobacco companies.

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
No	Yes	No	No	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
Yes	Yes	Yes	Yes	No	No	Yes	No	No	No	No
No	Yes	Yes	No	No	No	No	—	No	Yes[1]	No
—	—	—	—	—	—	—	—	—	—	—
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
Yes	No	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	Yes	No	No	No	—	No	No	No
No	No	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
—	—	No	No	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
—	—	—	—	—	—	—	—	—	—	—
—	—	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	No	—	No	No	No

Table A2.6.6

Western Pacific Region

Additional characteristics of health warnings on smokeless tobacco products packages, 2024

[a] Terms including, but not limited to, "low tar", "light", "ultra light" or "mild", in any language.

1 Except for chewing tobacco which is banned.

2 Health warnings can also comply with the requirements in Australia or New Zealand.

3 Implementation delays.

4 Flavours are banned since 2016. Implementation delays.

5 Health warnings are required on all tobacco products, however so far the regulations only address cigarettes.

6 Regulations are pending.

7 The law mandates health warnings for all tobacco products however there are currently no standards applicable to smokeless tobacco products.

8 Except for tobacco for oral use, which is banned (including chewing tobacco).

9 Except for oral tobacco, which is banned.

10 Provision adopted but not yet regulated and implemented by 31 December 2024.

Country	Health warnings are mandated	Other requirements for health warnings on packages		
		Warning must be placed at the top of the principle display area	Warnings must not remove or diminish the liability of the tobacco industry	Law applies to products whether manufactured domestically, imported, and for duty-free sale
Australia	Sale is banned	—	—	—
Brunei Darussalam	Yes[1]	Yes	No	Yes
Cambodia	Yes	Yes	No	Yes
China	No	—	—	—
Cook Islands	Yes[2]	Yes	No	Yes
Fiji	Sale is banned	—	—	—
Japan	Yes	No	No	Yes
Kiribati	Yes[3]	No	No	Yes[3]
Lao People's Democratic Republic	Yes[5]	No[6]	No	No[6]
Malaysia	Yes	Yes	No	Yes
Marshall Islands	Yes[6]	No	Yes	Yes
Micronesia (Federated States of)	No	—	—	—
Mongolia	Yes[7]	No[6]	No	Yes[3]
Nauru	Yes	No	Yes	Yes
New Zealand	Yes[8]	Yes	No	Yes
Niue	Sale is banned	—	—	—
Palau	No	—	—	—
Papua New Guinea	Yes[9]	No[6]	Yes	Yes[9]
Philippines	Yes	No	No	Yes
Republic of Korea	Yes	Yes	No	Yes
Samoa	Yes[9]	No	Yes	Yes
Singapore	Sale is banned	—	—	—
Solomon Islands	Yes[10]	No	No	Yes
Tonga	Yes	Yes	No	Yes
Tuvalu	Yes[6]	No[6]	Yes	Yes
Vanuatu	Sale is banned	—	—	—
Viet Nam	Yes	Yes	No	Yes

Other requirements for health warnings on packages		Other restrictions regarding packaging								
Warnings must not be obscured in any way, including by required markings such as tax stamps	Law requires or establishes fines for violations against the health warnings law	Ban on misleading terms which imply the product is less harmful than other similar products[a]	Ban on use of figurative or other signs, including colours or numbers as substitutes for prohibited misleading terms[a]	Ban on packaging and labelling using descriptors depicting flavours	Ban on display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide)	Requirement to display qualitative information on relevant constituents or emissions of tobacco products	Qualitative information (on relevant constituents or emissions) must be displayed on one or more principle display areas of the packaging	Ban on the display of expiry dates	Quit line number required to appear on all packaging or labelling	The law mandates plain packaging
—	—	—	—	—	—	—	—	—	—	—
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes	Yes	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No	Yes	Yes	Yes	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
No	Yes	No	No	No	No	No	—	No	No	No
No	Yes[3]	Yes[3]	No	No[4]	No	Yes[3]	No	No	No	No
No[6]	Yes	Yes	No	No	No	No[6]	—	No	No	No[6]
Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
—	—	No	No	No	No	No	—	No	No	No
No[6]	Yes[3]	Yes	No	No	No	No	—	No	No	No
No	Yes	No	No	Yes	Yes	No	—	Yes	No	No
Yes	Yes	Yes	Yes	No	Yes	No	—	Yes	Yes	Yes
—	—	—	—	—	—	—	—	—	—	—
—	—	No	No	No	No	No	—	No	No	No
No[6]	Yes	No[6]	No[6]	No	No	No	—	No	No	No
Yes	Yes	Yes	No	No	No	Yes	No	No	No	No
No	Yes	Yes	No	Yes	No	No	—	No	Yes	No
No	Yes	Yes	No	No	No	Yes	No	No	No	No
—	—	—	—	—	—	—	—	—	—	—
No	Yes	Yes	Yes	No	No	No	—	No	No	No
No	Yes	No	No	No	No	No	—	No	No	No
Yes	Yes	No	No	No	No	No	—	No	No	No
—	—	—	—	—	—	—	—	—	—	—
No	Yes	No	No	No	No	No	—	No	No	No

Table A2.7.1

African Region

Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages, 2024

Country	Heated tobacco products (HTPs)	
	The sale of HTPs is banned	Health warnings are mandated on packages of tobacco inserts for HTPs
Algeria	No	None
Angola	No	None
Benin	No	None
Botswana	No	None
Burkina Faso	No	None
Burundi	No	None
Cabo Verde	No	None
Cameroon	No	None
Central African Republic	No	None
Chad	No	None
Comoros	No	None
Congo	No	None
Côte d'Ivoire	No	None
Democratic Republic of the Congo	No	None
Equatorial Guinea	No	None
Eritrea	No	None
Eswatini	No	None
Ethiopia	Yes	—
Gabon	No	None
Gambia	No	None
Ghana	No	None
Guinea	No	None
Guinea-Bissau	No	None
Kenya	No	None
Lesotho	No	None
Liberia	No	None
Madagascar	No	None
Malawi	No	None
Mali	No	None
Mauritania	No	None
Mauritius	Yes	—
Mozambique	No	None
Namibia	No	None
Niger	No	None
Nigeria	No	None
Rwanda	No	None
Sao Tome and Principe	No	None
Senegal	No	None
Seychelles	No	None
Sierra Leone	No	None
South Africa	No	None
South Sudan	No	None
Togo	No	None
Uganda	No	None
United Republic of Tanzania	No	None
Zambia	No	None
Zimbabwe	No	None

Electronic nicotine delivery systems (ENDS)			Electronic non-nicotine delivery systems (ENNDS)		
The sale of ENDS is banned	Health warnings are mandated on packages of ENDS	Health warnings are mandated on packages of e-liquids with nicotine	The sale of ENNDS is banned	Health warnings are mandated on packages of ENNDS	Health warnings are mandated on packages of e-liquids with no nicotine
No	None	Text	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	Pictorial	None	No	Pictorial	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	Pictorial	Pictorial	No	Pictorial	Pictorial
No	None	None	No	None	None
No	None	None	No	None	None
No	Text	Text	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None

Table A2.7.2

Region of the Americas

Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages, 2024

Country	Heated tobacco products (HTPs)	
	The sale of HTPs is banned	Health warnings are mandated on packages of tobacco inserts for HTPs
Antigua and Barbuda	No	None
Argentina	Yes	—
Bahamas	No	None
Barbados	No	None
Belize	No	None
Bolivia (Plurinational State of)	No	None
Brazil	Yes	—
Canada	No	Pictorial
Chile	No	Pictorial
Colombia	No	Pictorial
Costa Rica	No	Pictorial
Cuba	No	None
Dominica	No	None
Dominican Republic	No	Text
Ecuador	No	None
El Salvador	No	Pictorial
Grenada	No	None
Guatemala	No	None
Guyana	No	Pictorial
Haiti	No	None
Honduras	No	None
Jamaica	No	Pictorial
Mexico	Yes	—
Nicaragua	…	…
Panama	No	None
Paraguay	No	Pictorial
Peru	No	None
Saint Kitts and Nevis	No	None
Saint Lucia	No	Pictorial
Saint Vincent and the Grenadines	No	None
Suriname	No	None
Trinidad and Tobago	No	Pictorial
United States	No	Text
Uruguay	No	Pictorial
Venezuela (Bolivarian Republic of)	Yes	—

Electronic nicotine delivery systems (ENDS)			Electronic non-nicotine delivery systems (ENNDS)		
The sale of ENDS is banned	Health warnings are mandated on packages of ENDS	Health warnings are mandated on packages of e-liquids with nicotine	The sale of ENNDS is banned	Health warnings are mandated on packages of ENNDS	Health warnings are mandated on packages of e-liquids with no nicotine
No	None	None	No	None	None
Yes	—	—	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Pictorial	Pictorial	No	Pictorial	Pictorial
No[1]	Pictorial	Pictorial	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	Pictorial	Pictorial	No	None	None
No	Pictorial	Pictorial	No	Pictorial	Pictorial
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	Pictorial	Pictorial	No	Pictorial	Pictorial
No	None	None	No	None	None
Yes	—	—	Yes	—	—
…	…	…	…	…	…
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
No	Pictorial	Pictorial	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	Text	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—

Table A2.7.3

South-East Asia Region

Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages, 2024

Country	Heated tobacco products (HTPs)	
	The sale of HTPs is banned	Health warnings are mandated on packages of tobacco inserts for HTPs
Bangladesh	No	None
Bhutan	No	None
Democratic People's Republic of Korea	Yes	—
India	Yes	—
Indonesia	No	None
Maldives	No	Pictorial
Myanmar	No	None
Nepal	No	None
Sri Lanka	Yes	—
Thailand	Yes	—
Timor-Leste	Yes	—

1 Ban on manufacture, import, sale, distribution, promotion and advertisement of electronic cigarettes in public places and public transport.

Electronic nicotine delivery systems (ENDS)			Electronic non-nicotine delivery systems (ENNDS)		
The sale of ENDS is banned	Health warnings are mandated on packages of ENDS	Health warnings are mandated on packages of e-liquids with nicotine	The sale of ENNDS is banned	Health warnings are mandated on packages of ENNDS	Health warnings are mandated on packages of e-liquids with no nicotine
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—
No	Pictorial	Pictorial	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No[1]	None	None	No[1]	None	None
Yes	—	—	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—

Table A2.7.4

European Region

Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages, 2024

Country	Heated tobacco products (HTPs)	
	The sale of HTPs is banned	Health warnings are mandated on packages of tobacco inserts for HTPs
Albania	No	Text
Andorra	No	None
Armenia	No	Pictorial
Austria	No	Pictorial or text
Azerbaijan	No	None
Belarus	No	Pictorial or text
Belgium	No	Pictorial or text
Bosnia and Herzegovina[1]	No	None
Bulgaria	No	Pictorial
Croatia	No	Pictorial or text
Cyprus	No	Pictorial
Czechia	No	Pictorial or text
Denmark	No	Pictorial
Estonia	No	Text
Finland	No	Pictorial or text
France	No	Pictorial
Georgia	No	Text
Germany	No	Pictorial
Greece	No	Pictorial
Hungary	No	Text
Iceland	No	None
Ireland	No	Pictorial or text
Israel	No	Text
Italy	No	Pictorial
Kazakhstan	No	Pictorial
Kyrgyzstan	No	None
Latvia	No	Pictorial
Lithuania	No	Pictorial or text
Luxembourg	No	Text
Malta	Yes[3]	—
Monaco	No	None
Montenegro	No	Text
Netherlands (Kingdom of the)	No	Pictorial or text
North Macedonia	No	Text
Norway	Yes[4]	Pictorial
Poland	No	Pictorial or text
Portugal	No	Pictorial
Republic of Moldova	No	Text
Romania	No	Pictorial
Russian Federation	No	Text
San Marino	Yes	—
Serbia	No	Text
Slovakia	No	Pictorial
Slovenia	No	Pictorial
Spain	No	Pictorial
Sweden	No	Pictorial or text
Switzerland	No	Text
Tajikistan	No	Pictorial
Türkiye	Yes[6]	—
Turkmenistan	No	None
Ukraine	No	Text
United Kingdom	No	Text
Uzbekistan	No	Pictorial

1 The three jurisdictions in the country (Federation of Bosnia and Herzegovina, Republika Srpska and Brcko District of Bosnia and Herzegovina) adopted separate tobacco control legislation with several differences. There is no tobacco control legislation at level of Bosnia and Herzegovina.

2 Sale of disposable e-cigarettes is banned.

3 Applicable to heated tobacco products registered as smokeless tobacco products. In addition, to date no heated tobacco products has been registered as smoked tobacco products. This combination is interpreted as a ban applicable to heated tobacco products.

4 Only products approved by the Norwegian Directorate of Health are allowed. As of 31 December 2024, none have been approved.

5 Sale of disposable e-cigarettes with nicotine is banned.

6 The law bans the import of these products. To date no approval for domestic production of these products has been granted in the country. The combination of the import ban and the production ban is interpreted as a ban on the sale of these products.

7 Sale of disposable e-cigarettes is banned. Ban/measure is in effect in all subnational jurisdictions.

Electronic nicotine delivery systems (ENDS)			Electronic non-nicotine delivery systems (ENNDS)		
The sale of ENDS is banned	Health warnings are mandated on packages of ENDS	Health warnings are mandated on packages of e-liquids with nicotine	The sale of ENNDS is banned	Health warnings are mandated on packages of ENNDS	Health warnings are mandated on packages of e-liquids with no nicotine
No	None	None	No	None	None
No	None	None	No	None	None
No	Pictorial	Pictorial	No	Pictorial	Pictorial
No	Text	Text	No	None	Text
No	None	None	No	None	None
No	Text	Text	No	None	None
No[2]	Text	Text	No[2]	Text	Text
No	None	None	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	None	Text	No	None	None
No	Text	Text	No	None	None
No	None	None	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	Text	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	Text	None
No	Text	Text	No	Text	Text
No	Text	Text	No	None	None
No	None	None	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	Text	Text
No	Text	Text	No	None	None
Yes	—	—	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	Text	Text
No	Text	Text	No	Text	Text
No	None	Text	No	None	None
No	None	None	No	None	None
No	None	Text	No	None	Text
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	Text	Text	No	None	None
No	None	Text	No	None	None
No[5]	None	None	No	None	None
Yes[6]	—	—	Yes[6]	—	—
Yes	—	—	Yes	—	—
No	Text	Text	No	None	None
No[7]	Text	Text	No[7]	None	None
No	Pictorial	Pictorial	No	None	None

Table A2.7.5

Eastern Mediterranean Region

Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages, 2024

[<] occupied Palestinian territory should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

[1] According to the Jordanian Public Health Law No. (47) of 2008, production, import, distribution and sale of electronic cigarettes is banned. However under tax regulations an excise on these products is applicable.

Country or territory	Heated tobacco products (HTPs)	
	The sale of HTPs is banned	Health warnings are mandated on packages of tobacco inserts for HTPs
Afghanistan	No	None
Bahrain	No	Text
Djibouti	No	None
Egypt	No	Pictorial
Iran (Islamic Republic of)	Yes	—
Iraq	No	None
Jordan	No	Text
Kuwait	No	None
Lebanon	No	None
Libya	No	None
Morocco	No	None
occupied Palestinian territory <	No	None
Oman	No	None
Pakistan	No	Text
Qatar	Yes	—
Saudi Arabia	No	Text
Somalia	No	None
Sudan	No	None
Syrian Arab Republic	Yes	—
Tunisia	No	None
United Arab Emirates	No	Text
Yemen	No	None

Electronic nicotine delivery systems (ENDS)			Electronic non-nicotine delivery systems (ENNDS)		
The sale of ENDS is banned	Health warnings are mandated on packages of ENDS	Health warnings are mandated on packages of e-liquids with nicotine	The sale of ENNDS is banned	Health warnings are mandated on packages of ENNDS	Health warnings are mandated on packages of e-liquids with no nicotine
No	None	None	No	None	None
No	Text	Text	No	None	None
No	None	None	No	None	None
No	Text	None	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—
Yes[1]	—	—	Yes[1]	—	—
No	Text	Text	No	None	None
No	Text	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	Text	Text	No	None	Text
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	Text	Text	No	None	None
No	None	None	No	None	None

Table A2.7.6

Western Pacific Region

Characteristics of health warnings on selected new and emerging nicotine and tobacco product packages, 2024

Country	Heated tobacco products (HTPs)	
	The sale of HTPs is banned	Health warnings are mandated on packages of tobacco inserts for HTPs
Australia	Yes[1]	—
Brunei Darussalam	No	None
Cambodia	Yes	—
China	No	Text
Cook Islands	Yes	—
Fiji	No	Pictorial
Japan	No	Text
Kiribati	No	None
Lao People's Democratic Republic	Yes	—
Malaysia	No	Pictorial
Marshall Islands	No	None
Micronesia (Federated States of)	No	None
Mongolia	No	None
Nauru	No	Text
New Zealand	No	Pictorial
Niue	No	None
Palau	No	None
Papua New Guinea	No	None
Philippines	No	Pictorial
Republic of Korea	No	Pictorial
Samoa	No	None
Singapore	Yes	—
Solomon Islands	No	None
Tonga	No	None
Tuvalu	No	None
Vanuatu	Yes	—
Viet Nam	Yes	—

1 Although there are no specific laws pertaining to heated tobacco products, products that contain nicotine and/or tobacco are regulated by a number of existing laws which effectively prohibit the sales of heated tobacco products.

2 Sale only allowed in pharmacies. Sale of disposable single use e-cigarettes is banned.

3 Sale of disposable e-cigarettes is banned.

Electronic nicotine delivery systems (ENDS)			Electronic non-nicotine delivery systems (ENNDS)		
The sale of ENDS is banned	Health warnings are mandated on packages of ENDS	Health warnings are mandated on packages of e-liquids with nicotine	The sale of ENNDS is banned	Health warnings are mandated on packages of ENNDS	Health warnings are mandated on packages of e-liquids with no nicotine
No[2]	None	None	No[2]	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—
No	Text	Text	No	Text	Text
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	Pictorial	No	None	Pictorial
Yes	—	—	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No[3]	Text	Text	No[3]	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	Pictorial	No	None	Pictorial
No	None	Pictorial	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
No	None	None	No	None	None
No	None	None	No	None	None
No	None	None	No	None	None
Yes	—	—	Yes	—	—
Yes	—	—	Yes	—	—

Table A2.8

Anti-tobacco mass media campaigns, globally

* A campaign is a communication activity lasting at least one three-week period between July 2022 and June 2024, which utilizes mass media (TV, radio, print, outdoor billboards, Internet) to inform and educate the public about the harms of tobacco use and second-hand smoke exposure, to increase support for tobacco control policies or laws, to encourage tobacco users to quit and/or to challenge tobacco industry practices.

… Data not reported/not available.

< "occupied Palestinian territory" should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

Country or territory	The country conducted at least one national mass media campaign*	Evidence—based planning		
		Campaign was part of a comprehensive tobacco control programme	Campaign was pre-tested with the target audience	Research about the target audience was conducted
African Region				
Algeria	Yes	Yes	Yes	Yes
Cabo Verde	Yes	Yes	No	Yes
Cameroon	Yes	Yes	No	Yes
Côte d'Ivoire	Yes	Yes	Yes	Yes
Ethiopia	Yes	Yes	Yes	Yes
Gabon	Yes	Yes	No	No
Gambia	Yes	Yes	Yes	Yes
Ghana	Yes	Yes	Yes	No
Nigeria	Yes	Yes	No	No
Rwanda	Yes	Yes	Yes	No
Senegal	Yes	No	No	Yes
Seychelles	Yes	Yes	Yes	Yes
South Africa	Yes	Yes	Yes	Yes
Eswatini	Yes	Yes	Yes	Yes
United Republic of Tanzania	Yes	Yes	Yes	Yes
Zambia	Yes	Yes	No	No
Region of the Americas				
Brazil	Yes	Yes	No	Yes
Canada	Yes	Yes	No	Yes
Chile	Yes	No	Yes	Yes
Cuba	Yes	Yes	Yes	Yes
Ecuador	Yes	No	No	Yes
El Salvador	Yes	Yes	Yes	Yes
Mexico	Yes	Yes	Yes	Yes
Panama	Yes	Yes	No	Yes
Peru	Yes	No	Yes	No
Trinidad and Tobago	Yes	No	No	No
United States	Yes	Yes	Yes	Yes
Uruguay	Yes	Yes	No	Yes
Eastern Mediterranean Region				
Bahrain	Yes	Yes	Yes	Yes
Iran (Islamic Republic of)	Yes	Yes	No	Yes
Iraq	Yes	Yes	Yes	No
Jordan	Yes	Yes	Yes	Yes
Qatar	Yes	Yes	Yes	Yes
Saudi Arabia	Yes	Yes	Yes	No
Sudan	Yes	No	Yes	Yes
occupied Palestinian territory <	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	No	No
European Region				
Armenia	Yes	No	No	No
Belarus	Yes	Yes	No	Yes
Cyprus	Yes	Yes	No	Yes
Czechia	Yes	Yes	No	Yes
Estonia	Yes	Yes	No	Yes
Finland	Yes	No	Yes	Yes
France	Yes	Yes	Yes	Yes
Germany	Yes	Yes	No	Yes
Hungary	Yes	No	No	No
Ireland	Yes	Yes	Yes	Yes
Israel	Yes	No	No	Yes
Lithuania	Yes	Yes	No	No
Luxembourg	Yes	No	No	No
Malta	Yes	Yes	Yes	Yes

Implementation			Implementation evaluation	
Campaign was aired on television and/or radio	Campaign utilized media planning	Earned media/public relations were used to promote the campaign	Process evaluation was employed to assess implementation	Outcome evaluation was employed to assess effectiveness
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No
No	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	No
No	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	. . .
Yes	Yes	Yes	Yes	No
Yes	Yes	No	Yes	No
No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	No
No	Yes	Yes	Yes	Yes
No	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
No	Yes	No	Yes	. . .
Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	No
No	Yes	Yes	No	No
Yes	Yes	Yes	. . .	Yes
Yes	Yes	No	Yes	Yes
No	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	No
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	. . .	No
No	Yes	No	Yes	Yes
No	Yes	Yes	No	Yes
No	Yes	Yes	Yes	No
No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
No	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	. . .	Yes
Yes	Yes	Yes	Yes	No
No	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes

Table A2.8 (continued)

Anti-tobacco mass media campaigns, globally

* A campaign is a communication activity lasting at least one three-week period between July 2022 and June 2024, which utilizes mass media (TV, radio, print, outdoor billboards, Internet) to inform and educate the public about the harms of tobacco use and second-hand smoke exposure, to increase support for tobacco control policies or laws, to encourage tobacco users to quit, and/or to challenge tobacco industry practices.

… Data not reported/not available.

Country	The country conducted at least one national mass media campaign*	Evidence—based planning		
		Campaign was part of a comprehensive tobacco control programme	Campaign was pre-tested with the target audience	Research about the target audience was conducted
Monaco	Yes	Yes	Yes	Yes
Netherlands (Kingdom of the)	Yes	Yes	Yes	Yes
Norway	Yes	Yes	Yes	Yes
Poland	Yes	No	Yes	Yes
Russian Federation	Yes	No	No	Yes
Slovenia	Yes	Yes	No	Yes
Spain	Yes	Yes	No	Yes
Türkiye	Yes	Yes	No	Yes
Turkmenistan	Yes	Yes	Yes	Yes
United Kingdom	Yes	Yes	Yes	Yes
South-East Asia Region				
Bangladesh	Yes	Yes	No	Yes
Bhutan	Yes	Yes	No	Yes
Democratic People's Republic of Korea	Yes	Yes	Yes	Yes
India	Yes	Yes	Yes	Yes
Myanmar	Yes	No	No	No
Nepal	Yes	Yes	No	Yes
Sri Lanka	Yes	Yes	…	No
Thailand	Yes	No	Yes	Yes
Western Pacific Region				
Australia	Yes	Yes	Yes	Yes
Brunei Darussalam	Yes	No	Yes	Yes
Cambodia	Yes	Yes	Yes	No
China	Yes	Yes	No	Yes
Japan	Yes	Yes	Yes	Yes
Malaysia	Yes	Yes	Yes	Yes
Nauru	Yes	Yes	No	No
New Zealand	Yes	Yes	Yes	Yes
Palau	Yes	Yes	No	Yes
Philippines	Yes	No	Yes	Yes
Republic of Korea	Yes	Yes	Yes	Yes
Samoa	Yes	Yes	Yes	Yes
Singapore	Yes	Yes	Yes	Yes
Tonga	Yes	No	No	Yes
Viet Nam	Yes	Yes	No	Yes

Implementation			Implementation evaluation	
Campaign was aired on television and/or radio	Campaign utilized media planning	Earned media/public relations were used to promote the campaign	Process evaluation was employed to assess implementation	Outcome evaluation was employed to assess effectiveness
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	. . .	Yes
Yes	Yes	. . .	Yes	Yes
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	No
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	Yes
No	Yes	No	Yes	Yes
Yes	Yes	No	Yes	No
Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
No	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	No
Yes	Yes	No	Yes	Yes
Yes	Yes	No	Yes	No
Yes	Yes	No	Yes	No
Yes	Yes	Yes	Yes	Yes
Yes	Yes	No	Yes	Yes
No	Yes	Yes	Yes	Yes
No	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes

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Annex 3

Year of highest level of achievement in selected tobacco control measures

Annex 3 provides information on the year in which respective countries attained the highest level of achievement for five of the MPOWER measures. Data are shown separately for each WHO region.

For Monitoring tobacco use the earliest year assessed is 2007. However, it is possible that while 2007 is reported as the year of highest achievement for some countries, they actually may have reached this level earlier.

Years of highest level achievement of the MPOWER measure Raise taxes on tobacco are not included in this Annex. The share of taxes in product price depends both on tax policy and on demand and supply factors that affect manufacturing and retail prices. Countries with tax increases might have seen the share of tax remain unchanged or even decline if the non-tax share of price rose at the same, or a higher rate, complicating the interpretation of the year of highest level of achievement.

See Technical Note III for details on the calculation of tax shares.

For other measures, the year shown is the year the measure was adopted at best-practice level, whether in its entirety or just the final provision required to attain best practice.

Table A3.1

African Region

Year of highest level of achievement in selected tobacco control measures

Note: an empty cell indicates that the population is not covered by the measure at the highest level of achievement.

Country
Algeria
Angola
Benin
Botswana
Burkina Faso
Burundi
Cabo Verde
Cameroon
Central African Republic
Chad
Comoros
Congo
Côte d'Ivoire
Democratic Republic of the Congo
Equatorial Guinea
Eritrea
Eswatini
Ethiopia
Gabon
Gambia
Ghana
Guinea
Guinea-Bissau
Kenya
Lesotho
Liberia
Madagascar
Malawi
Mali
Mauritania
Mauritius
Mozambique
Namibia
Niger
Nigeria
Rwanda
Sao Tome and Principe
Senegal
Seychelles
Sierra Leone
South Africa
South Sudan
Togo
Uganda
United Republic of Tanzania
Zambia
Zimbabwe

Year the highest level of achievement was attained				
Monitor tobacco use	Protect people from tobacco smoke	Offer help to quit tobacco use	Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship
				2018
	2017		2021	2017
	2010		2015	
	2018			
				2022
			2018	
	2010		2015	2010
	2012			2018
			2024	2019
	2022			2018
				2004
	2019	2022	2019	2019
	2016		2019	2016
			2018	2012
				2012
				2007
	2013		2012	2003
			2020	2018
	2022	2022	2008	2008
	2010		2013	
			2019	2006
			2019	2015
			2016	2016
	2009		2012	2009
	2023		2023	
				2012
	2015			2015
		2022		

Table A3.2

Region of the Americas

Year of highest level of achievement in selected tobacco control measures

Note: an empty cell indicates that the population is not covered by the measure at the highest level of achievement.

* or earlier year

Country
Antigua and Barbuda
Argentina
Bahamas
Barbados
Belize
Bolivia (Plurinational State of)
Brazil
Canada
Chile
Colombia
Costa Rica
Cuba
Dominica
Dominican Republic
Ecuador
El Salvador
Grenada
Guatemala
Guyana
Haiti
Honduras
Jamaica
Mexico
Nicaragua
Panama
Paraguay
Peru
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Suriname
Trinidad and Tobago
United States
Uruguay
Venezuela (Bolivarian Republic of)

Year the highest level of achievement was attained				
Monitor tobacco use	Protect people from tobacco smoke	Offer help to quit tobacco use	Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship
	2018			2018
	2011		2012	
	2010		2017	
	2020		2009	
2012	2011	2002	2003	2011
2007*	2007	2008	2011	
2007*	2013		2006	
2012	2008			2009
2009	2012	2018	2013	
	2011		2012	
2020	2015	2024	2011	
	2008			
	2017		2018	2017
	2010		2017	
	2013	2016	2013	
	2021	2014	2009	2021
	2008		2005	2008
	2020			
2010	2010		2011	
	2020		2017	
	2013		2016	2013
	2009		2013	
2007*		2008		
2007*	2005		2005	2014
	2011		2004	2019

Table A3.3

South-East Asia Region

Year of highest level of achievement in selected tobacco control measures

Note: an empty cell indicates that the population is not covered by the measure at the highest level of achievement.

◹ Policy adopted but not implemented by 31 December 2024.

Country
Bangladesh
Bhutan
Democratic People's Republic of Korea
India
Indonesia
Maldives
Myanmar
Nepal
Sri Lanka
Thailand
Timor-Leste

Year the highest level of achievement was attained				
Monitor tobacco use	Protect people from tobacco smoke	Offer help to quit tobacco use	Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship
			2015	
2014				
		2016	2016	
2015	2024		2024	
				2010
			2021	
	2011		2011	2014
			2012	
2008	2010		2005	
			2018	

Table A3.4

European Region

Year of highest level of achievement in selected tobacco control measures

Note: an empty cell indicates that the population is not covered by the measure at the highest level of achievement.

* or earlier year

◹ Policy adopted but not implemented by 31 December 2024.

Country
Albania
Andorra
Armenia
Austria
Azerbaijan
Belarus
Belgium
Bosnia and Herzegovina
Bulgaria
Croatia
Cyprus
Czechia
Denmark
Estonia
Finland
France
Georgia
Germany
Greece
Hungary
Iceland
Ireland
Israel
Italy
Kazakhstan
Kyrgyzstan
Latvia
Lithuania
Luxembourg
Malta
Monaco
Montenegro
Netherlands (Kingdom of the)
North Macedonia
Norway
Poland
Portugal
Republic of Moldova
Romania
Russian Federation
San Marino
Serbia
Slovakia
Slovenia
Spain
Sweden
Switzerland
Tajikistan
Türkiye
Turkmenistan
Ukraine
United Kingdom
Uzbekistan

Year the highest level of achievement was attained				
Monitor tobacco use	Protect people from tobacco smoke	Offer help to quit tobacco use	Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship
	2006		2020	2006
2009		2022	2016	2020
2007*		2020	2016	
2016				2017
2020			2016	
2007*			2016	
2008	2012		2016	
2012			2017	
2015			2017	
2007*		2018	2016	
2007*		2011	2016	
2007*			2016	
2007*			2016	2016
2007*			2016	
2014			2018	
2007*			2016	
2007*	2010		2016	
2012			2016	
2007*				2006
2007*	2004	2003	2016	
		2022		
2007*			2016	
2009			2014	
			2014	2021
2007*			2016	
2007*		2024	2016	
2010		2016	2017	
2007*	2010		2016	
2015			2019	
2007*	2021	2014	2016	2021
2019	2008			
2007*	2013			
2007*			2016	
2007*			2015	
2012	2015		2015	2015
2007*	2015	2022	2016	
2007*	2013		2014	2013
2010				
2007*		2018	2016	
2007*	2024		2017	2017
2007*	2010		2017	2010
2007*		2018	2016	
2007*				
			2018	
	2008	2010	2012	2012
	2000		2014	
2007*	2021		2009	2021
2007*	2006		2016	
	2023		2024	

Table A3.5

Eastern Mediterranean Region

Year of highest level of achievement in selected tobacco control measures

Note: an empty cell indicates that the population is not covered by the measure at the highest level of achievement.

< "occupied Palestinian territory" should be understood to refer to the "occupied Palestinian territory, including East Jerusalem".

◹ Policy adopted but not implemented by 31 December 2024.

Country or territory
Afghanistan
Bahrain
Djibouti
Egypt
Iran (Islamic Republic of)
Iraq
Jordan
Kuwait
Lebanon
Libya
Morocco
occupied Palestinian territory <
Oman
Pakistan
Qatar
Saudi Arabia
Somalia
Sudan
Syrian Arab Republic
Tunisia
United Arab Emirates
Yemen

Year the highest level of achievement was attained				
Monitor tobacco use	Protect people from tobacco smoke	Offer help to quit tobacco use	Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship
	2015			2015
				2011
			2008	2007
	2010		2008	
	2007		2008	2007
	2014		2024	2020
	2020	2020		2020
		2012		2016
	2011			
	2009			2009
				2023
	2011			2011
			2023	
	2009		2017	
			2019	2016
		2018	2017	2017
				2021
			2022	
		2008		2013
				2013

Table A3.6

Western Pacific Region

Year of highest level of achievement in selected tobacco control measures

Note: an empty cell indicates that the population is not covered by the measure at the highest level of achievement.

* or earlier year.

Country
Australia
Brunei Darussalam
Cambodia
China
Cook Islands
Fiji
Japan
Kiribati
Lao People's Democratic Republic
Malaysia
Marshall Islands
Micronesia (Federated States of)
Mongolia
Nauru
New Zealand
Niue
Palau
Papua New Guinea
Philippines
Republic of Korea
Samoa
Singapore
Solomon Islands
Tonga
Tuvalu
Vanuatu
Viet Nam

Year the highest level of achievement was attained				
Monitor tobacco use	Protect people from tobacco smoke	Offer help to quit tobacco use	Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship
2008	2005		2004	
2015	2012		2007	
2013	2016		2016	
2019				
	2024			2024
			2013	
2007*				
				2013
	2016		2016	2021
2012	2024		2008	
2023	2006			
2009			2012	2012
	2009			
2007*	2003	2000	2007	
	2018			2018
2012				
	2012			
2007*			2014	
2007*		2006		
			2013	
		1999	2012	
			2013	
		2020		
				2008
			2013	2008
2014			2013	

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Annex 4

Highest level of achievement in selected tobacco control measures in the 100 biggest cities in the world

Annex 4 provides information on whether the populations of the world's 100 biggest cities are covered by selected tobacco control measures at the highest level of achievement.

Cities are listed alphabetically. There are many ways to define geographically and measure the size of "a city". For the purposes of this report, we focused on the jurisdictional boundaries of cities, since subnational laws will apply to populations within jurisdictions.

Where a large "city" includes several jurisdictions or parts of jurisdictions, it is possible that not everyone in the entire "city" is covered by the same laws. We therefore use the list of cities and their populations published in the United Nations Statistics Division Demographic Yearbook, since these are defined jurisdictionally. Please refer to https://unstats.un.org/unsd/demographic-social/products/dyb/dyb_2023/ for the source data.

Refer to Technical Note I for definitions of highest level of achievement.

Table A4
Highest level of achievement in selected tobacco control measures in the 100 biggest cities* in the world

* Only cities that appear among the top 100 cities globally, sorted by population size, according to the United Nations Statistics Division Demographic Yearbook 2023 (available at: https://unstats.un.org/unsd/demographic-social/products/dyb/dyb_2023/).

◹ Policy adopted but not implemented by 31 December 2024.

N	City's population is covered by national legislation or policy at the highest level of achievement
S	City's population is covered by state-level legislation or policy at the highest level of achievement
C	City's population is covered by city-level legislation or policy at the highest level of achievement

Note: An empty cell indicates that the population in the respective city is not covered by the measure at the highest level of achievement.
Refer to Technical Note I for definitions of highest level of achievement of the respective measure.

City	Population	Coverage at the highest level of achievement	
		Protect people from tobacco smoke	Offering help to quit tobacco use
Abidjan	5 616 633		
Addis Ababa	3 860 000	N	N
Ahmadabad	5 633 927		N
Aleppo	4 450 000		
Alexandria	5 163 750	N	
Algiers	2 712 944		
Almaty	2 195 290		
Amman	4 164 854	N	N
Ankara	5 747 325	N	N
Antalya	2 619 832	N	N
Baku	2 340 700		
Bandung	2 444 160	N	
Bangkok	8 444 147	N	
Beijing	18 796 000	C	
Belo Horizonte	2 315 560	N	N
Bengaluru	8 495 492		N
Berlin	3 644 826		
Bogotá	7 907 281	N	
Brasília	2 817 381	N	N
Buenos Aires	15 716 718	N	
Bursa	3 147 818	N	N
Busan	3 299 396		N
Cairo	9 539 673	N	
Cali	2 280 522	N	
Casablanca (Dar-el-Beida)	3 566 020		
Chattogram	3 230 507		
Chennai	4 646 732		N
Chicago	2 664 452		N
Daegu	2 363 420		N
Damasus Rural (Rif Dimashq)	2 529 000		
Dar es Salaam	5 147 070		
Delhi	11 034 555		N
Dhaka	10 295 786		
Douala	3 416 481		
Faisalabad	3 203 846	N	
Fortaleza	2 428 708	N	N
Gazipur	2 677 715		
Guadalajara	5 353 657	N	N
Guayaquil	2 652 684	N	
Hanoi	8 587 081		
Ho Chi Minh City	9 456 661		
Hong Kong SAR	7 536 100	C	C
Houston	2 314 157		N
Hyderabad	6 993 262	S	N
Incheon	2 960 685		N
Istanbul	15 840 900	N	N
Izmir	4 425 789	N	N
Jaipur	3 046 163		N
Jakarta	10 562 088	N	
Jiddah	3 712 917		N
Kabul	4 775 074	N	
Kanpur	2 768 057		N
Karachi	14 910 352	N	

Coverage at the highest level of achievement			Country
Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship	Raise taxes on tobacco	
N	N		Côte d'Ivoire
N	N		Ethiopia
N			India
			Syrian Arab Republic
N			Egypt
	N		Algeria
N			Kazakhstan
	N	N	Jordan
N	N	N	Türkiye
N	N	N	Türkiye
	N		Azerbaijan
N		N	Indonesia
N		N	Thailand
			China
N	N	N	Brazil
N			India
N			Germany
	N		Colombia
N	N	N	Brazil
N		N	Argentina
N	N	N	Türkiye
			Republic of Korea
N			Egypt
	N		Colombia
	N	N	Morocco
N			Bangladesh
N			India
			United States
			Republic of Korea
			Syrian Arab Republic
			United Republic of Tanzania
N			India
N			Bangladesh
N			Cameroon
N			Pakistan
N	N	N	Brazil
N			Bangladesh
N	N		Mexico
N			Ecuador
N			Viet Nam
N			Viet Nam
C			China, Hong Kong SAR
			United States
N			India
			Republic of Korea
N	N	N	Türkiye
N	N	N	Türkiye
N			India
N		N	Indonesia
N	N		Saudi Arabia
	N		Afghanistan
N			India
N			Pakistan

Table A4 (continued)
Highest level of achievement in selected tobacco control measures in the 100 biggest cities* in the world

* Only cities that appear among the top 100 cities globally, sorted by population size, according to the United Nations Statistics Division Demographic Yearbook 2023 (available at: https://unstats.un.org/unsd/demographic-social/products/dyb/dyb_2023/).

◹ Policy adopted but not implemented by 31 December 2024.

N	City's population is covered by national legislation or policy at the highest level of achievement
S	City's population is covered by state-level legislation or policy at the highest level of achievement
C	City's population is covered by city-level legislation or policy at the highest level of achievement

Note: An empty cell indicates that the population in the respective city is not covered by the measure at the highest level of achievement.
Refer to Technical Note I for definitions of highest level of achievement of the respective measure.

City	Population	Coverage at the highest level of achievement	
		Protect people from tobacco smoke	Offering help to quit tobacco use
Kolkata	4 496 694		N
Kyiv	2 910 994	N	
Lahore	11 126 285	N	
Lima	11 263 385	N	
London	8 135 667	N	C
Los Angeles	3 820 914	S	N
Lucknow	2 817 105		N
Madrid	3 277 451	N	
Makkah	2 385 509		N
Mashhad	3 001 184	N	
Medan	2 435 252	N	
Medellín	2 595 300	N	
Mexico City	21 977 188	N	N
Monterrey	5 721 219	N	N
Moscow	11 918 057	N	
Mumbai	12 442 373		N
Nagoya	2 332 176		
Nagpur	2 405 665		N
Nairobi	4 395 749		
Nakhon Ratchasima	2 467 383	N	
New York	8 258 035	S	N
Osaka	2 752 412		
Ouagadougou	2 415 266	N	
Paris	2 206 488		
Phnom Penh	2 507 803	N	
Puebla-Tlaxcala	2 914 767	N	N
Pune	3 124 458		N
Pyongyang	2 581 076		
Quezon City	2 960 048		
Rio De Janeiro	6 211 223	N	N
Riyadh	6 924 566		N
Rome	2 759 629		
Saint Petersburg	4 990 602	N	
Salvador	2 417 678	N	N
São Paulo	11 451 999	N	N
Seoul	9 411 443		N
Singapore	5 917 648		N
Surabaya	2 874 314	N	
Surat	4 501 610		N
Tashkent	2 956 384	N	
Tehran	8 693 706	N	
Tokyo	9 733 276		
Toluca	2 469 504	N	N
Toronto	3 025 647	S	N
Yangon	5 211 431		
Yaounde	3 351 466		
Yokohama	3 777 491		

Coverage at the highest level of achievement			Country
Warn about the dangers of tobacco	Enforce bans on tobacco advertising, promotion and sponsorship	Raise taxes on tobacco	
N			India
N	N		Ukraine
N			Pakistan
N			Peru
N		N	United Kingdom
			United States
N			India
N	N	N	Spain
N	N		Saudi Arabia
N	N		Iran (Islamic Republic of)
N		N	Indonesia
	N		Colombia
N	N		Mexico
N	N		Mexico
N	N		Russian Federation
N			India
			Japan
N			India
	N		Kenya
N		N	Thailand
			United States
			Japan
N			Burkina Faso
N		N	France
N			Cambodia
N	N		Mexico
N			India
			Democratic People's Republic of Korea
N			Philippines
N	N	N	Brazil
N	N		Saudi Arabia
N		N	Italy
N	N		Russian Federation
N	N	N	Brazil
N	N	N	Brazil
			Republic of Korea
N			Singapore
N		N	Indonesia
N			India
N			Uzbekistan
N	N		Iran (Islamic Republic of)
			Japan
N	N		Mexico
N			Canada
N			Myanmar
N			Cameroon
			Japan

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Annex 5

Status of the WHO Framework Convention on Tobacco Control and of the Protocol to Eliminate Illicit Trade in Tobacco Products

Annex 5 shows the status of the **WHO Framework Convention on Tobacco Control (WHO FCTC)** and of the **Protocol to Eliminate Illicit Trade in Tobacco Products.**

Ratification is the international act by which countries that have already signed a convention formally state their consent to be bound by it. Accession is the international act by which countries that have not signed a treaty/convention formally state their consent to be bound by it. Acceptance and approval are the legal equivalent to ratification.

Signature of a convention indicates that a country is not legally bound by the treaty but is committed not to undermine its provisions.

The WHO FCTC entered into force on 27 February 2005. The treaty remains open for ratification, acceptance, approval, formal confirmation and accession indefinitely for States and eligible regional economic integration organizations wishing to become Parties to it.

The Protocol to Eliminate Illicit Trade in Tobacco Products entered into force on 25 September 2018. It is subject to ratification, acceptance, approval or accession by States and to formal confirmation or accession by regional economic integration organizations that are Party to the WHO Framework Convention on Tobacco Control.

Table A5
Status of WHO Member States with regard to the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products as at 1 June 2025

* Ratification is the international act by which countries that have already signed a treaty or convention formally state their consent to be bound by it.

a Accession is the international act by which countries that have not signed a treaty/convention formally state their consent to be bound by it.

A Acceptance is the international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

AA Approval is the international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

c Formal confirmation is the international act corresponding to ratification by a State, whereby an international organization (in the case of the WHO FCTC, competent regional economic integration organizations) formally state their consent to be bound by a treaty/convention.

d Succession is the international act, however phrased or named, by which successor States formally state their consent to be bound by treaties/conventions originally entered.

Country
Afghanistan
Albania
Algeria
Andorra
Angola
Antigua and Barbuda
Argentina
Armenia
Australia
Austria
Azerbaijan
Bahamas
Bahrain
Bangladesh
Barbados
Belarus
Belgium
Belize
Benin
Bhutan
Bolivia (Plurinational State of)
Bosnia and Herzegovina
Botswana
Brazil
Brunei Darussalam
Bulgaria
Burkina Faso
Burundi
Cabo Verde
Cambodia
Cameroon
Canada
Central African Republic
Chad
Chile
China
Colombia
Comoros
Congo
Cook Islands
Costa Rica
Côte d'Ivoire
Croatia
Cuba
Cyprus
Czechia
Democratic People's Republic of Korea
Democratic Republic of the Congo
Denmark
Djibouti
Dominica
Dominican Republic
Ecuador
Egypt

WHO Framework Convention on Tobacco Control		Protocol to Eliminate Illicit Trade in Tobacco Products	
Date of signature	Date of ratification* (or legal equivalent)	Date of signature	Date of ratification* (or legal equivalent)
29 Jun 2004	13 Aug 2010		
29 Jun 2004	26 Apr 2006		
20 Jun 2003	30 Jun 2006		
	11 May 2020 a		
29 Jun 2004	20 Sep 2007		
28 Jun 2004	5 Jun 2006		
25 Sep 2003			
	29 Nov 2004 a		
5 Dec 2003	27 Oct 2004		
28 Aug 2003	15 Sep 2005	9 Jan 2014	28 Oct 2014
	1 Nov 2005 a		
29 Jun 2004	3 Nov 2009		
	20 Mar 2007 a		
16 Jun 2003	14 Jun 2004		
28 Jun 2004	3 Nov 2005		
17 Jun 2004	8 Sep 2005		
22 Jan 2004	1 Nov 2005	17 May 2013	22 Feb 2019
26 Sep 2003	15 Dec 2005		
18 Jun 2004	3 Nov 2005	24 Sep 2013	6 Jul 2018
9 Dec 2003	23 Aug 2004		
27 Feb 2004	15 Sep 2005		
	10 Jul 2009 a		
16 Jun 2003	31 Jan 2005	1 Oct 2013	
16 Jun 2003	3 Nov 2005		14 Jun 2018 a
3 Jun 2004	3 Jun 2004		
22 Dec 2003	7 Nov 2005		
22 Dec 2003	31 Jul 2006	8 Mar 2013	30 Mar 2016
16 Jun 2003	22 Nov 2005		
17 Feb 2004	4 Oct 2005		16 Oct 2019 a
25 May 2004	15 Nov 2005		
13 May 2004	3 Feb 2006		
15 Jul 2003	26 Nov 2004		
29 Dec 2003	7 Nov 2005		
22 Jun 2004	30 Jan 2006		13 Jun 2018 a
25 Sep 2003	13 Jun 2005		
10 Nov 2003	11 Oct 2005	10 Jan 2013	
	10 Apr 2008 a	21 Feb 2013	
27 Feb 2004	24 Jan 2006		14 Oct 2016 a
23 Mar 2004	6 Feb 2007		14 May 2015 a
14 May 2004	14 May 2004		
3 Jul 2003	21 Aug 2008	21 Mar 2013	7 Mar 2017
24 Jul 2003	13 Aug 2010	24 Sep 2013	25 May 2016
2 Jun 2004	14 Jul 2008		10 Jun 2019 a
29 Jun 2004			
24 May 2004	26 Oct 2005	23 Oct 2013	29 Aug 2017
16 Jun 2003	1 Jun 2012		12 Jul 2019 a
17 Jun 2003	27 Apr 2005		
28 Jun 2004	28 Oct 2005	9 Dec 2013	
16 Jun 2003	16 Dec 2004	7 Jan 2014	
13 May 2004	31 Jul 2005		
29 Jun 2004	24 Jul 2006		
22 Mar 2004	25 Jul 2006	25 Sep 2013	15 Oct 2015
17 Jun 2003	25 Feb 2005		10 Sep 2020 a

Table A5 (continued)
Status of WHO Member States with regard to the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products as at 1 June 2025

* Ratification is the international act by which countries that have already signed a treaty or convention formally state their consent to be bound by it.

a Accession is the international act by which countries that have not signed a treaty/convention formally state their consent to be bound by it.

A Acceptance is the international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

AA Approval is the international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

c Formal confirmation is the international act corresponding to ratification by a State, whereby an international organization (in the case of the WHO FCTC, competent regional economic integration organizations) formally state their consent to be bound by a treaty/convention.

d Succession is the international act, however phrased or named, by which successor States formally state their consent to be bound by treaties/conventions originally entered.

Country
El Salvador
Equatorial Guinea
Eritrea
Estonia
Eswatini
Ethiopia
Fiji
Finland
France
Gabon
Gambia
Georgia
Germany
Ghana
Greece
Grenada
Guatemala
Guinea
Guinea-Bissau
Guyana
Haiti
Honduras
Hungary
Iceland
India
Indonesia
Iran (Islamic Republic of)
Iraq
Ireland
Israel
Italy
Jamaica
Japan
Jordan
Kazakhstan
Kenya
Kiribati
Kuwait
Kyrgyzstan
Lao People's Democratic Republic
Latvia
Lebanon
Lesotho
Liberia
Libya
Lithuania
Luxembourg
Madagascar
Malawi
Malaysia
Maldives
Mali
Malta
Marshall Islands

WHO Framework Convention on Tobacco Control		Protocol to Eliminate Illicit Trade in Tobacco Products	
Date of signature	Date of ratification* (or legal equivalent)	Date of signature	Date of ratification* (or legal equivalent)
18 Mar 2004	21 Jul 2014		
	17 Sep 2005 a		
8 Jun 2004	27 Jul 2005		
29 Jun 2004	13 Jan 2006		21 Sep 2016 a
25 Feb 2004	25 Mar 2014		
3 Oct 2003	3 Oct 2003	11 Jul 2013	24 Apr 2019
16 Jun 2003	24 Jan 2005	25 Sep 2013	
16 Jun 2003	19 Oct 2004 AA	10 Jan 2013	30 Nov 2015
22 Aug 2003	20 Feb 2009	10 Jan 2013	1 Oct 2014 A
16 Jun 2003	18 Sep 2007		26 Sep 2016 a
20 Feb 2004	14 Feb 2006		
24 Oct 2003	16 Dec 2004	1 Oct 2013	31 Oct 2017
20 Jun 2003	29 Nov 2004	24 Sep 2013	22 Oct 2021
16 Jun 2003	27 Jan 2006	9 Jul 2013	24 May 2021
29 Jun 2004	14 Aug 2007		
25 Sep 2003	16 Nov 2005		
1 Apr 2004	7 Nov 2007		9 May 2017 a
	7 Nov 2008 a	24 Sep 2013	
	15 Sep 2005 a		
23 Jul 2003			
18 Jun 2004	16 Feb 2005		
16 Jun 2003	7 Apr 2004		23 Jun 2020 a
16 Jun 2003	14 Jun 2004		
10 Sep 2003	5 Feb 2004		5 Jun 2018 a
16 Jun 2003	6 Nov 2005	7 Jan 2014	27 Aug 2018
29 Jun 2004	17 Mar 2008		2 Dec 2015 a
16 Sep 2003	7 Nov 2005	20 Dec 2013	
20 Jun 2003	24 Aug 2005	23 Dec 2013	
16 Jun 2003	2 Jul 2008		
24 Sep 2003	7 Jul 2005		
9 Mar 2004	8 Jun 2004 A		
28 May 2004	19 Aug 2004		25 Jul 2024 a
21 Jun 2004	22 Jan 2007		
25 Jun 2004	25 Jun 2004	29 May 2013	4 May 2020
27 Apr 2004	15 Sep 2005		
16 Jun 2003	12 May 2006	11 Nov 2013	21 Feb 2019
18 Feb 2004	25 May 2006		
29 Jun 2004	6 Sep 2006		
10 May 2004	10 Feb 2005		4 Feb 2016 a
4 Mar 2004	7 Dec 2005		
23 Jun 2004	14 Jan 2005		
25 Jun 2004	15 Sep 2009		
18 Jun 2004	7 Jun 2005	10 Jan 2013	
22 Sep 2003	16 Dec 2004	6 Sep 2013	14 Dec 2016
16 Jun 2003	30 Jun 2005		25 Jul 2019 a
24 Sep 2003	22 Sep 2004	25 Sep 2013	21 Sep 2017
	18 Aug 2023 a		
23 Sep 2003	16 Sep 2005		
17 May 2004	20 May 2004		
23 Sep 2003	19 Oct 2005	8 Jan 2014	17 Jun 2016
16 Jun 2003	24 Sep 2003		2 Aug 2018 a
16 Jun 2003	8 Dec 2004		

Table A5 (continued)
Status of WHO Member States with regard to the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products as at 1 June 2025

* Ratification is the international act by which countries that have already signed a treaty or convention formally state their consent to be bound by it.

a Accession is the international act by which countries that have not signed a treaty/convention formally state their consent to be bound by it.

A Acceptance is the international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

AA Approval is the international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

c Formal confirmation is the international act corresponding to ratification by a State, whereby an international organization (in the case of the WHO FCTC, competent regional economic integration organizations) formally state their consent to be bound by a treaty/convention.

d Succession is the international act, however phrased or named, by which successor States formally state their consent to be bound by treaties/conventions originally entered.

Country
Mauritania
Mauritius
Mexico
Micronesia (Federated States of)
Monaco
Mongolia
Montenegro
Morocco
Mozambique
Myanmar
Namibia
Nauru
Nepal
Netherlands (Kingdom of the)
New Zealand
Nicaragua
Niger
Nigeria
Niue
North Macedonia
Norway
Oman
Pakistan
Palau
Panama
Papua New Guinea
Paraguay
Peru
Philippines
Poland
Portugal
Qatar
Republic of Korea
Republic of Moldova
Romania
Russian Federation
Rwanda
Saint Kitts and Nevis
Saint Lucia
Saint Vincent and the Grenadines
Samoa
San Marino
Sao Tome and Principe
Saudi Arabia
Senegal
Serbia
Seychelles
Sierra Leone
Singapore
Slovakia
Slovenia
Solomon Islands
Somalia
South Africa

WHO Framework Convention on Tobacco Control		Protocol to Eliminate Illicit Trade in Tobacco Products	
Date of signature	Date of ratification* (or legal equivalent)	Date of signature	Date of ratification* (or legal equivalent)
24 Jun 2004	28 Oct 2005		
17 Jun 2003	17 May 2004		26 Jun 2018 a
12 Aug 2003	28 May 2004		
28 Jun 2004	18 Mar 2005		
16 Jun 2003	27 Jan 2004	1 Nov 2013	8 Oct 2014
	23 Oct 2006 d	1 Jul 2013	11 Oct 2017
16 Apr 2004			
18 Jun 2003	14 Jul 2017		
23 Oct 2003	21 Apr 2004	10 Jan 2013	
29 Jan 2004	7 Nov 2005		
	29 Jun 2004 a		
3 Dec 2003	7 Nov 2006		
16 Jun 2003	27 Jan 2005 A	6 Jan 2014	3 Jul 2020 A
16 Jun 2003	27 Jan 2004		
7 Jun 2004	9 Apr 2008	10 Jan 2013	20 Dec 2013
28 Jun 2004	25 Aug 2005		12 Jul 2017 a
28 Jun 2004	20 Oct 2005		8 Mar 2019 a
18 Jun 2004	3 Jun 2005		
	30 Jun 2006 a	8 Jan 2014	19 Mar 2025
16 Jun 2003	16 Jun 2003 AA	16 Oct 2013	29 Jun 2018
	9 Mar 2005 a		
18 May 2004	3 Nov 2004		29 Jun 2018 a
16 Jun 2003	12 Feb 2004		
26 Sep 2003	16 Aug 2004	10 Jan 2013	23 Sep 2016
22 Jun 2004	25 May 2006		
16 Jun 2003	26 Sep 2006		27 Sep 2022 a
21 Apr 2004	30 Nov 2004		
23 Sep 2003	6 Jun 2005		
14 Jun 2004	15 Sep 2006		22 Sep 2023 a
9 Jan 2004	8 Nov 2005 AA	8 Jan 2014	22 Jul 2015
17 Jun 2003	23 Jul 2004	18 Jun 2014	2 Jul 2018
21 Jul 2003	16 May 2005	10 Jan 2013	
29 Jun 2004	3 Feb 2009		10 May 2022 a
25 Jun 2004	27 Jan 2006		
	3 Jun 2008 a		
2 Jun 2004	19 Oct 2005		19 May 2023 a
29 Jun 2004	21 Jun 2011		
29 Jun 2004	7 Nov 2005		
14 Jun 2004	29 Oct 2010		
25 Sep 2003	3 Nov 2005		29 Jun 2018 a
26 Sep 2003	7 Jul 2004		
18 Jun 2004	12 Apr 2006		
24 Jun 2004	9 May 2005		9 Oct 2015 a
19 Jun 2003	27 Jan 2005		31 Aug 2016 a
28 Jun 2004	8 Feb 2006		30 Jun 2017 a
11 Sep 2003	12 Nov 2003		7 Jan 2020 a
	22 May 2009 a		
29 Dec 2003	14 May 2004		
19 Dec 2003	4 May 2004		25 Sep 2017 a
25 Sep 2003	15 Mar 2005	6 Jan 2014	
18 Jun 2004	10 Aug 2004		
16 Jun 2003	19 Apr 2005	10 Jan 2013	

Table A5 (continued)
Status of WHO Member States with regard to the WHO Framework Convention on Tobacco Control and the Protocol to Eliminate Illicit Trade in Tobacco Products as at 1 June 2025

* Ratification is the international act by which countries that have already signed a treaty or convention formally state their consent to be bound by it.

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d Succession is the international act, however phrased or named, by which successor States formally state their consent to be bound by treaties/conventions originally entered.

Country
South Sudan
Spain
Sri Lanka
Sudan
Suriname
Sweden
Switzerland
Syrian Arab Republic
Tajikistan
Thailand
Timor-Leste
Togo
Tonga
Trinidad and Tobago
Tunisia
Türkiye
Turkmenistan
Tuvalu
Uganda
Ukraine
United Arab Emirates
United Kingdom
United Republic of Tanzania
United States
Uruguay
Uzbekistan
Vanuatu
Venezuela (Bolivarian Republic of)
Viet Nam
Yemen
Zambia
Zimbabwe

WHO Framework Convention on Tobacco Control		Protocol to Eliminate Illicit Trade in Tobacco Products	
Date of signature	Date of ratification* (or legal equivalent)	Date of signature	Date of ratification* (or legal equivalent)
16 Jun 2003	11 Jan 2005		23 Dec 2014 a
23 Sep 2003	11 Nov 2003		8 Feb 2016 a
10 Jun 2004	31 Oct 2005	30 Sep 2013	
24 Jun 2004	16 Dec 2008		
16 Jun 2003	7 Jul 2005	6 Jan 2014	9 Jul 2019
25 Jun 2004			
11 Jul 2003	22 Nov 2004	10 Jan 2013	
	21 Jun 2013 a		
20 Jun 2003	8 Nov 2004		
25 May 2004	22 Dec 2004		
12 May 2004	15 Nov 2005	9 Jan 2014	31 Jan 2018
25 Sep 2003	8 Apr 2005		
27 Aug 2003	19 Aug 2004		
22 Aug 2003	7 Jun 2010	11 Jan 2013	
28 Apr 2004	31 Dec 2004	10 Jan 2013	26 Apr 2018
	13 May 2011 a		30 Mar 2015 a
10 Jun 2004	26 Sep 2005		
5 Mar 2004	20 Jun 2007		
25 Jun 2004	6 Jun 2006		
24 Jun 2004	7 Nov 2005		
16 Jun 2003	16 Dec 2004	17 Dec 2013	27 Jun 2018
27 Jan 2004	30 Apr 2007	24 Sep 2013	
10 May 2004			
19 Jun 2003	9 Sep 2004	10 Jan 2013	24 Sep 2014
	15 May 2012 a		
22 Apr 2004	16 Sep 2005		
22 Sep 2003	27 Jun 2006		
3 Sep 2003	17 Dec 2004		
20 Jun 2003	22 Feb 2007	7 Jan 2014	
	23 May 2008 a		
	4 Dec 2014 a		

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