# INDEX OF TOBACCO CONTROL SUSTAINABILITY (ITCS):

## REPORT

**A TOOL TO MEASURE THE SUSTAINABILITY OF NATIONAL TOBACCO CONTROL PROGRAMMES**

**ITCS ASSESSMENTS FROM 24 COUNTRIES WITH THE WORLD'S HIGHEST TOBACCO BURDEN**

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## ACKNOWLEDGEMENTS:

For the last ten years we have been working with governments and civil society around the globe providing technical assistance to help introduce and implement policies that are proven to reduce tobacco use—and the disease and poverty it causes.

Since 2007 we have worked in more than 50 countries, impacting two-thirds of the world's smokers.

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# REPORT

# FOREWORD

Ten years ago the WHO FCTC came into force. It was the result of many governments' commitment to curbing the tobacco epidemic. It is seen as the only international, legally-binding health treaty of the 21st century.

With 180 Parties as of 2016, it is also the most swiftly adopted UN treaty of all time. Much has been achieved during the last decade – smoke-free laws, increased tobacco taxes, graphic health warnings and plain tobacco packaging now protect many people around the world. The Protocol to Eliminate Illicit Trade in Tobacco Products was adopted and is now gaining momentum to become a treaty in its own right.

Nevertheless, as the Framework Convention enters its second decade, many Parties still face high rates of tobacco use and high mortality from tobacco-related diseases. It is also clear however, that those Parties that comprehensively implement the WHO FCTC are seeing the great health gains envisaged in the treaty.

The reports Parties are required to submit to the Conference of the Parties 2016, show that their initial efforts and successes in tobacco control need further reinforcement – much remains to be done. Tackling the tobacco epidemic, and the industry that drives it, are long-term challenges.

Parties to the Convention and all countries that have not yet ratified the WHO FCTC but agree with its principles and act accordingly, must, as a priority, ensure that their tobacco control programmes are built on the solid foundations promoted by the Convention. They must continue to be strong, visionary, effective and, as public health continues to be underfunded – financially sustainable.

The Union's new *Index of Tobacco Control Sustainability* is a commendable initiative that assists countries to identify which building blocks they have in place for sustainable tobacco control, and also to identify infrastructural gaps.

This Index works hand-in-hand with the WHO FCTC Secretariat's mandate – to support and prioritise the life-saving measures laid down in the Convention that are designed to reduce tobacco use in all its forms and protect people from second-hand smoke. Its aim is to curb the tobacco epidemic with all its consequences for health, economies, societies and the environment.

As we engage in implementing Goal 3 of the new UN Sustainable Development Goals in alliance with the Observers to the WHO FCTC Conference of the Parties, we see the Union as a major partner in this true public health crusade. I urge countries to consider the Union's Index as a useful tool in their implementation process, and to wholeheartedly take up the challenges it will help pinpoint.

Encouragingly, the two countries identified as having 'sustainable' tobacco control programmes in the report section of this document, have low and middle income status. This should inspire us all, as it shows that where prioritised, sustainable tobacco control programmes can be built, even with limited resources – and that lives will be saved as a result.

## VERA LUIZA DA COSTA E SILVA

Head of the World Health Organization Framework Convention on Tobacco Control Secretariat (WHO FCTC)

The start of 2016 saw the launch of the Sustainable Development Goals – a plan endorsed by countries around the world as a 'blueprint to wipe out poverty and fight inequality.' Goal 3 aims to reduce non-communicable diseases (NCDs) by one third by 2030, as well as to strengthen implementation of the Framework Convention on Tobacco Control. The former cannot be achieved without the latter; NCDs are on the rise and tobacco use is a leading risk factor for these diseases.

We hope that the Index of Tobacco Control Sustainability will prove a timely and powerful tool for countries that are earnestly pursuing this goal. It can guide countries to develop comprehensive, effective and sustainable programmes to reduce tobacco use. In this way the Index can help drive us toward greater sustainable development with individuals, communities and countries protected from the devastation caused by tobacco use.

The report section of this document shines a light on a serious challenge for us all – building effective protection against the powerful and insidious influence of the tobacco industry on policymakers, and the public at large. Government ministries are not yet insulated from the pressure of tobacco industry lobbyists, and public opinion is still prone to the confusion caused by corporate social responsibility programmes that seem to benefit communities. Until tobacco industry interference is tackled head on by a united global community, those working for public health will find this large and well-funded obstacle in their path, time and again.

We encourage countries to use this Index and to proactively address the issues it will raise, taking strong and practical steps towards our Sustainable Development Goals.

## JOSÉ LUIS CASTRO

Executive Director

International Union Against Tuberculosis and Lung Disease

*The Index of Tobacco Control Sustainability (ITCS) is a tool to assess and guide national tobacco control programmes to become sustainable*

## THE CONCEPT

The Index of Tobacco Control Sustainability (ITCS) is a tool to assess and guide national tobacco control programmes to become sustainable. It comprises a series of 31 indicators that have a critical influence on national capacity to deliver effective and sustainable tobacco control into the future. The ITCS identifies the structures, policies and resources that a country already has in place, and thus its progress towards establishing a sustainable national tobacco control programme.

Importantly the ITCS also identifies gaps in structures, policies and resources that are required to sustain a national tobacco control programme. The greater the number of indicators a country has in place, the greater its ITCS score. The higher the score the more likely a country is to have a sustainable tobacco control programme.

The ITCS assessment is only the start of the process; the critical work then begins – planning how to fill the system gaps identified and then working to achieve this. The ITCS does not assess the effectiveness of the structures, policies and resources a country may have in place. Rather it is designed to identify and enable the development of these key building blocks. For these components to deliver effectively and reduce tobacco consumption it is essential that they are well implemented – the World Health Organization's Framework Convention on Tobacco Control (WHO FCTC) has an international monitoring process that supports countries to achieve this. The ITCS is a complementary tool to be used in association with the existing WHO FCTC supports and processes.

## THE CONTEXT

The ITCS was developed at the start of The Union's second decade working in international tobacco control. As a partner in the Bloomberg Initiative to Reduce Tobacco Use we work with governments and civil society in low and middle income countries to help introduce and implement policies proven to reduce tobacco use – namely the WHO FCTC's MPOWER measures. The MPOWER package is a range of six practical measures designed to help countries implement effective tobacco control. Implementation of the highest-level MPOWER policies adopted between 2007 and 2010 is predicted to avert nearly 7.5 million smoking attributed deaths by the year 2050.

Globally much progress has been made to reduce tobacco use since the WHO FCTC came into force in 2005. It remains the only legally-binding international health treaty

### MPOWER MEASURES

**M**onitor tobacco use and prevention policies

**P**rotect people from tobacco smoke

**O**ffer to help quit tobacco use

**W**arn about the dangers of tobacco

**E**nforce bans on tobacco advertising, promotion and sponsorship

**R**aise taxes on tobacco

(World Health Organization, 2003). There are now 180 Parties to the WHO FCTC. Many of these countries have developed or strengthened tobacco control laws and policies to make these compliant to the treaty. A major boost for this work in low and middle income countries has been funding from Bloomberg Philanthropies and the Gates Foundation (Ross et al, 2012).

Despite this good progress, the work is far from complete. Tobacco use remains the greatest preventable cause of premature death worldwide: it kills more than six million people each year, two-thirds of whom live in low and middle income countries (Eriksen et al, 2015). And even as tobacco control policies take effect, the tobacco industry develops new tactics to counter these trends and recruits new, young users. Adoption and implementation of the most effective tobacco control policies vary considerably between countries. The uptake of certain impactful policies, such as tobacco taxation reform and preventing tobacco industry interference in public health policymaking, is slow.

With the specific inclusion of tobacco control in the United Nations' Sustainable Development Goals (the WHO FCTC is cited in Goal 3 as a measure for reducing non-communicable diseases) this important part of public health policy is firmly on the agenda (United Nations). In this context the ITCS was developed – to assist governments and civil society to sustain tobacco control into the future. Our work has always had a view to establishing effective, robust public health systems after the initial period of donor funding and technical support has ended. Having worked in more than 50 countries over the last ten years, the need for sustainability in tobacco control programmes has become increasingly clear. And we have found that this sustainability is multi-factorial; it is not solely dependent upon financial resources.

## The Index of Tobacco Control Sustainability (ITCS) and how it works

The ITCS is a set of 31 indicators: policies, structures and resources that were confirmed as critical or important factors for a sustainable national tobacco control programme. The indicators are weighted and listed in descending order based upon their relative importance. The methodology for developing the ITCS, is set out in full in the paper: Index of Tobacco Control Sustainability (ITCS): A Tool to Measure the Sustainability of National Tobacco Control Programmes (Jackson-Morris & Latif, 2016).

- Using the indicator definitions assessors discuss whether the particular indicator is present or absent in their country

- When an indicator is present the points allocation for that indicator are given; if the indicator is absent then it scores zero

- The points for all of the separate indicators are added together to provide a total score

*Note: Please keep in mind that it is not within the scope of the ITCS to assess the qualitative aspects of the measures in place. Therefore even if the structure, law, or policy exists and is not well implemented or is judged to be at a weak level, for the purposes of this report this is still considered present. The ITCS assesses whether the fundamental structures are in place to provide sustainability to tobacco control efforts in a country, even if the level / application needs to be improved.*

### THE ITCS:

- Provides a snapshot in time of a country's national tobacco control sustainability, and can show the development of tobacco control over time

- Identifies the presence or absence of key structures, policies and resources that are critical indicators of tobacco control sustainability

- Identifies the overall level of national tobacco control sustainability

### THE ITCS DOES NOT:

- Indicate the strength or quality of implementation of the policies and structures in place or the work that is required to ensure these are effective and that a country meets its WHO FCTC obligations

*Figure 1: Index of Tobacco Control Sustainability*

| | INDICATORS | Present (P) / Absent (A) | Weighted Score | Country Score |
|---|---|---|---|---|
| 1. | Pre-requisite Indicator: >4 MPOWER policies in place | | 9 | |
| 2. | National tobacco control budget (annual) | | 7 | |
| 3. | National tobacco control law | | 6 | |
| 4. | National budget allocation for tobacco control capacity-building | | 6 | |
| 5. | Tobacco taxation >75% of retail sales price | | 6 | |
| 6. | Tobacco taxation increases faster than inflation plus gross domestic product growth | | 6 | |
| 7. | National tobacco control unit | | 5 | |
| 8. | Civil society tobacco control network | | 5 | |
| 9. | Civil society representation in national tobacco control advisory committees | | 5 | |
| 10. | Health promotion fund for, or including, tobacco control | | 5 | |
| 11. | National policy against tobacco industry corporate social responsibility | | 5 | |
| 12. | Tobacco-related mortality and morbidity recording system | | 5 | |
| 13. | National evaluation framework in place | | 5 | |
| 14. | Evaluation built into all major policy implementation plans | | 5 | |
| 15. | National tobacco control strategy | | 4 | |
| 16. | Tobacco control and non-communicable diseases form part of national health policy | | 4 | |
| 17. | Tobacco control forms part of national development plan | | 4 | |
| 18. | Human resource for implementation (national) | | 4 | |
| 19. | Global Tobacco Surveillance System surveys | | 4 | |
| 20. | Inter-governmental co-ordination mechanism | | 3 | |
| 21. | Capacity-building plan for tobacco control personnel | | 3 | |
| 22. | Developmental assistance funding includes tobacco control | | 3 | |
| 23. | Code of conduct for government officials and staff | | 3 | |
| 24. | Ministry of health WHO FCTC Article 5.3 policy | | 3 | |
| 25. | WHO FCTC Article 5.3 policy across all ministries | | 3 | |
| 26. | Economic and social tobacco costs data | | 3 | |
| 27. | National focal point post | | 3 | |
| 28. | National advisory committee | | 2 | |
| 29. | Capacity-building plans on research and evaluation | | 2 | |
| 30. | Mass media campaigns funded | | 1 | |
| 31. | Capacity-building plan for non tobacco control specific personnel | | 1 | |
| **Total Score** | | | **130** | |

## 1. >4 MPOWER POLICIES IN PLACE

A country has any four, or more, of the six MPOWER policies in place nationally, secured by law. To qualify, these policies must be compliant with WHO FCTC recommended levels, but levels of implementation or enforcement are **not** a consideration for scoring.

*Note: From the perspective of sustaining tobacco control and the purpose of the ITCS, the crucial feature is having the legal basis for more than four of the six critical, evidence-based strategies to reduce tobacco consumption (World Health Organization, 2008). If these policies exist, then stakeholders can ensure these laws are enacted effectively. This indicator has the highest individual ITCS score. It is also the only pre-requisite factor – meaning that without this, countries cannot have sustainable tobacco control, no matter what their ITCS score. Without a minimum of four MPOWER policies a country does not have the core-evidence based strategies needed to reduce tobacco use.*

## 2. NATIONAL TOBACCO CONTROL BUDGET (ANNUAL)

An annual allocation of funds within the government budget, set as an amount per capita and proportionate to the size of the population, based on the recommended level of US $ 0.11 per capita (Eriksen et al, 2015, p76). This level should be considered a lower threshold for middle income countries and a minimum for high income countries.

*Note: It is recognised that countries with very large populations may currently be making a substantial allocation to a national tobacco control budget, but not yet meeting recommended levels. Targets to progress towards this level over time should be set and can be boosted by mechanisms such as health promotion funds or similar, as outlined by indicator 10.*

## 3. NATIONAL TOBACCO CONTROL LAW

National legislation on tobacco control, enforceable across the whole country. This law may include **either** multiple areas of tobacco control or just a single area.

*Note: A law regulating multiple aspects of tobacco control is preferable and should be a national goal, however the ITCS is assessing whether having a legal framework in place establishes the legal principle of protecting public health by regulating tobacco. This may then be built upon with amendments and supplementary laws.*

## 4. NATIONAL BUDGET ALLOCATION FOR TOBACCO CONTROL CAPACITY-BUILDING

A specific amount of the national tobacco control budget is earmarked for capacity-building in tobacco control.

*Note: For ITCS purposes 'capacity-building' is defined as the process by which awareness, knowledge and skills in relation to tobacco control are provided to stakeholders. This capacity-building goes beyond clinical training in cessation, and must encompass wider aspects of MPOWER.*

## 5. TOBACCO TAXATION >75% OF RETAIL SALES PRICE

Tobacco taxation is one of the most powerful of the policies for reducing tobacco consumption (World Health Organization, 2015). Indicators 5 and 6 are complementary; each is a crucial mechanism for ensuring tobacco taxation is set, and remains at an appropriate level. The first: *tobacco taxation more than 75 percent of retail sales price*, is to ensure that tobacco tax, and price paid per packet, increases faster than prices for other goods so that tobacco remains relatively more expensive as compared to other items.

The 2015 WHO FCTC report recommends that tobacco taxation should be greater than 75 percent of the retail sales price. This may be increased in future if the WHO recommendation changes (World Health Organization, 2015). An example of the calculation can be found in the technical notes of the WHO Global Report for 2015 (World Health Organization, 2015b). One method is to use an average price across all tobacco brands sold in a country. Alternatively the price of the most sold brand can be used. This data is often collected by ministries of health and finance and reported to the WHO (World Health Organization, 2015, 2013b, 2011, 2009, 2008).

Table A in the appendix, p46, shows the calculations for each of the 24 countries that feature in the report section of this document for indicators 5 and 6.

## 6. TOBACCO TAXATION INCREASES FASTER THAN INFLATION PLUS GROSS DOMESTIC PRODUCT GROWTH

The second tax indicator ensures that tobacco taxation increases at a pace to keep ahead of income growth and inflation; if people have more income they can spend more on all goods, including tobacco. Tobacco taxes should increase faster than inflation to make tobacco more expensive compared to other goods.

Gross domestic product is used as an effective income proxy as data on average incomes can be difficult to obtain. An increase in gross domestic product per capita (measured over any period, here over two years) per price of 100 packs indicates that it takes more income to buy a pack, and/or the price of cigarettes has increased faster than prices of other goods (inflation) so cigarettes are less affordable. Examples of the calculation can be found at (World Health Organization, 2015c).

Data sources for gross domestic product per capita: World Bank, IMF and UNSTAT.

Table A in the appendix, p46, shows the calculations for each of the 24 countries that feature in the report section of this document for indicators 5 and 6.

## 7. NATIONAL TOBACCO CONTROL UNIT

A government unit of staff, mandated by law, designated specifically to develop, lead and manage national tobacco control policy, plans and implementation. The unit staff hold permanent government positions.

## 8. CIVIL SOCIETY TOBACCO CONTROL NETWORK

A national level coalition or network of civil society organisations that work on, or have an interest in, tobacco control. The coalition or network is independent of government and exists to enable collaboration amongst civil society organisations working together to reduce tobacco use.

## 9. CIVIL SOCIETY REPRESENTATION IN NATIONAL TOBACCO CONTROL ADVISORY COMMITTEES

Civil society membership of one or more representatives is formally required in policy, law, or a related notification, for each official national committee established on tobacco control. This includes any national advisory committees relating directly or indirectly to tobacco control convened by government, as well as any specific or short-life committees.

## 10. HEALTH PROMOTION FUND FOR, OR INCLUDING, TOBACCO CONTROL

A health promotion fund or any other body mandated and acting as a permanent national mechanism. This should be established in law, specifically for funding health activities on an ongoing basis, and receiving funds from a source other than the mainstream government budget, such as a specific type of earmarked taxation, or fines or levies.

## 11. NATIONAL POLICY AGAINST TOBACCO INDUSTRY CORPORATE SOCIAL RESPONSIBILITY

National legislation or policy exists to address and limit corporate social responsibility programmes by the tobacco industry.

*Note: Corporate social responsibility can be used by the tobacco industry as a loophole to circumvent tobacco advertising, promotion and sponsorship bans. The range of policies extends from an outright ban on tobacco industry corporate social responsibility programmes (the ideal level) to more limited regulation that restricts promotion of corporate social responsibility by the tobacco industry.*

## 12. TOBACCO-RELATED MORTALITY AND MORBIDITY RECORDING SYSTEM

A national data system enabling collection of data on mortality and morbidity associated with tobacco use based on clinical patient records.

*Note: This does not need to be tobacco control specific or purpose-built, but be capable of providing epidemiologists with a dataset of tobacco use data relating to the national population.*

## 13. NATIONAL EVALUATION FRAMEWORK IN PLACE

An official national framework that sets out a plan for evaluation across the full range of current tobacco control policy and implementation. This framework should be a public document and be part of, or sit alongside, the national tobacco control strategy.

## 14. EVALUATION BUILT INTO ALL MAJOR POLICY IMPLEMENTATION PLANS

Evaluation mechanisms are integrated with each key tobacco control policy and programme, enabling monitoring and assessment of progress and effectiveness.

## 15. NATIONAL TOBACCO CONTROL STRATEGY

An official national strategy on tobacco control, approved by government, and developed in collaboration with other stakeholders. This document sets out a roadmap of actions, timescales and targets to be undertaken by various stakeholders with the aim of reducing tobacco consumption.

## 16. TOBACCO CONTROL AND NON-COMMUNICABLE DISEASES FORM PART OF THE NATIONAL HEALTH POLICY

Both tobacco control and non-communicable disease reduction strategies and targets are formally included in national health policy.

## 17. TOBACCO CONTROL FORMS PART OF NATIONAL DEVELOPMENT PLAN

A national development plan is the strategy document produced by low and middle income country governments to identify their priorities for international aid support. Tobacco control should be identified as one of the national priorities for aid funding to improve population health.

## 18. HUMAN RESOURCE FOR IMPLEMENTATION (NATIONAL)

Permanent government staff posts funded from the health budget specifically to work on tobacco control at national level. This includes staff within a national tobacco control unit. Staff positions may be full or part time and should be dedicated to lead and guide national implementation of the tobacco control strategy.

## 19. GLOBAL TOBACCO SURVEILLANCE SYSTEM SURVEYS

A country should have undertaken at least one round of either the Global Adult Tobacco Survey or the Global Youth Tobacco Survey and should have a repeat of one of the surveys identified in the national strategy or action plan to take place within a given timeframe.

*Note: The Global Tobacco Survey System is an internationally recognised and standardised process for monitoring tobacco use (www.cdc.gov/tobacco/global/gtss). Some countries may have their own national surveys, however we have opted to assess using the Global Tobacco Survey System internationally standardised survey tools, which are of verified quality and robustness and importantly enable the constructive comparisons between countries that can be a spur to tobacco control development.*

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## 20. INTER-GOVERNMENTAL CO-ORDINATION MECHANISM

A national level committee (or other appropriate structure) that enables communication and collaboration between relevant government ministries on tobacco control – health, finance, industry, commerce, agriculture, education, for example. This should be a permanent structure within government.

## 21. CAPACITY-BUILDING PLAN FOR TOBACCO CONTROL PERSONNEL

Government budget allocation specifically earmarked for capacity-building (training, competency development, and updating of knowledge and skills in relation to current developments in the field) of staff whose job specifically entails a remit to work on tobacco control.

## 22. DEVELOPMENT ASSISTANCE FUNDING INCLUDES TOBACCO CONTROL

Development assistance is international funding support, sometimes known as 'aid funding', received by low and middle income countries to achieve specific national development goals within a national development plan. By including tobacco control as a national priority within this national plan some of the development assistance funding received can be specifically allocated for tobacco control and contribute to achieving the Sustainable Development Goals.

## 23. CODE OF CONDUCT FOR GOVERNMENT OFFICIALS AND PERSONNEL

This is a general code of conduct for government staff that regulates all relationships, links, communication and funding between government employees and external organisations and corporations. The code of conduct sets down terms on which these external organisation and corporation links may take place, requiring them to be publicly declared, for example. The code is not specific to tobacco control but would include government interactions with the tobacco industry.

## 24. MINISTRY OF HEALTH WHO FCTC ARTICLE 5.3 POLICY

Article 5.3 of the WHO FCTC requires governments to protect tobacco control policies from the commercial and vested interests of the tobacco industry. An Article 5.3 policy within the ministry of health is critical. This means that the government sets rules to achieve this in law or official policy. Two vital aspects are:

i.  To insulate policy development and implementation from tobacco industry involvement and interference.

ii. To ensure transparency of any interactions that do occur. Interactions are only allowed if strictly necessary for regulation of the industry and its products – communication with the tobacco industry on how it must apply a new policy, for example.

## 25. WHO FCTC ARTICLE 5.3 POLICY ACROSS ALL MINISTRIES

Beyond the ministry of health, various ministries relate to and contribute to tobacco control policy, for example education, trade, industry, environment, agriculture. It is therefore important that each relevant ministry also understands and abides by the same rules as ministry of health officials. This will ensure insulation and transparency, as above, so that the tobacco industry cannot seek to influence tobacco control policy through another government ministry.

## 26. ECONOMIC AND SOCIAL TOBACCO USE COSTS DATA

Data on the costs of tobacco use to the economy and society should be available to enable a full understanding of the national impact of tobacco use. National surveys should include questions to capture such costs and enable national quantification and understanding. Examples include economic loss due to morbidity and mortality due to tobacco; household budget loss to tobacco; substitution of family spending on quality nutrition and family welfare due to tobacco expenditure.

## 27. NATIONAL FOCAL POINT POST

A government staff member with specific responsibility for leading and co-ordinating national tobacco control under the national strategy. This post ideally should lead and be based within the national tobacco control unit. When a specific unit does not exist the post should be clearly identified as the national focal point for tobacco control.

## 28. NATIONAL ADVISORY COMMITTEE

The primary national committee to steer the direction of national tobacco control policy and strategy and with a leading role to ensure effective implementation. This committee is constituted by government and supported by the tobacco control unit and focal point. It includes stakeholders from a range of government departments and non-governmental organisations.

## 29. CAPACITY-BUILDING PLANS ON RESEARCH AND EVALUATION

The national strategy includes activities to build capacity for tobacco control research and evaluation. This will strengthen and ensure the effectiveness of national tobacco control policy, strategy and implementation. A budget should also be assigned to deliver this.

## 30. MASS MEDIA CAMPAIGNS FUNDED

Mass media campaigns are a key component of an effective national tobacco control programme. Funds specifically to deliver this should be assigned in the government's annual tobacco control budget.

## 31. CAPACITY-BUILDING PLAN FOR NON TOBACCO CONTROL SPECIFIC PERSONNEL

The national strategy should allocate a budget to deliver capacity-building for personnel, whose role is not focused on tobacco control, but who have important indirect involvement. For example: environmental health inspectors and police enforcing tobacco control law; officials within ministries of finance and trade who have a key role in tobacco taxation and customs regulation; media professionals who interpret and communicate issues, investigating and presenting facts to the public. Awareness, knowledge and training in tobacco control are critical for those fulfilling these roles.
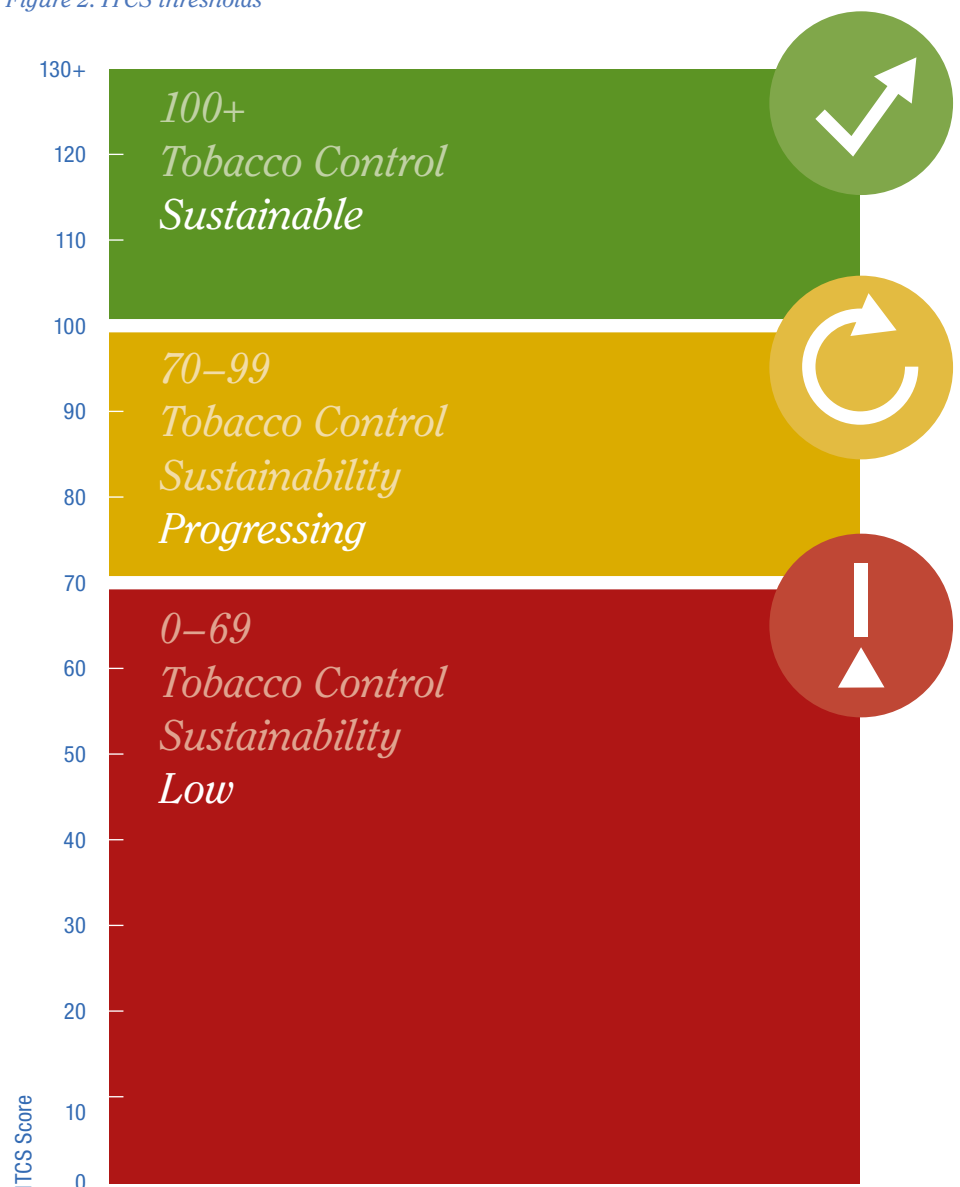
# Thresholds
# —low, progressing, & sustainable

The ITCS provides an overall indication of the level of sustainability of tobacco control in a country within the bands set out in Figure 2 (right). The sustainability level was set based on the results of the first round of country assessments. In order to be considered sustainable, a country must score 100 or more **and have at least four MPOWER policies in place**. A country with a high ITCS score may still have gaps in its policies and structures. Completing an assessment identifies these gaps and creates a baseline from which to work.

Having established that these building blocks are in place countries must then ensure that they are functioning at a level that will reduce tobacco use effectively. Policies that were initially established at a lower level must be strengthened to reduce tobacco consumption, and budgets allocated for tobacco control must be maintained.

Countries that score below the threshold of tobacco control sustainability require further efforts to put in place the structures and policies that will improve the durability of national tobacco control. These countries can use the ITCS assessment to identify gaps and to prioritise future actions.

*Figure 2: ITCS thresholds*

130+
120
110
100

*100+*
*Tobacco Control*
*Sustainable*

90
80
70

*70–99*
*Tobacco Control*
*Sustainability*
*Progressing*

60
50
40
30
20
10
0

*0–69*
*Tobacco Control*
*Sustainability*
*Low*

ITCS Score

# ITCS country assessments in 24 countries with the world's largest smoker populations

The primary intention for the ITCS is that it be used by bodies such as national tobacco control units, national advisory committee working groups, and national tobacco control coalitions to assess and monitor the sustainability of their tobacco control programmes and plan action accordingly.

A recommended mode of completing an assessment is to assemble a group including representatives from a range of government and non-governmental organisations who have tobacco control knowledge and an interest in developing their national tobacco control programmes. The group can be facilitated to discuss each indicator and arrive at consensus on whether it should, according to the definitions (pages 10–17), be rated present or absent. They can then make an action plan to address the gap areas identified.

## FIRST ROUND OF ASSESSMENTS

Following development of the ITCS, The Union undertook an initial round of assessments in an illustrative sample, comprising 24 countries with the world's largest smoker populations. Arguably these countries have the greatest need in terms of sustainable national tobacco control systems.

The countries span every region of the world. They are listed in Figure 3 (page 13) according to population size. The total adult male smoker population is used as a proxy for smoking prevalence. The 24-country total of adult male smokers comes to 678.65 million, which illustrates the scale of the issue. And when female smokers and under-16s are taken into consideration, the total smoker population for these 24 countries is over one billion people. The first wave of assessments was undertaken with the assistance of national experts in each country. An additional cadre of international tobacco control experts advised on specific issues – we extend our gratitude to them.

The sample of 24 countries derives from the 2013 data set of the total population by country of smoking males published in the 2015 Tobacco Atlas, deriving from the University of Washington's analysis of UN World Population Projection data (IHME, 2014). These 24 countries within the first round of ITCS assessments share the common challenges associated with large smoker populations. The countries are of substantial diversity. 14 are 'low and middle income countries' (LMICs) and 10 are 'high income countries' (HICs) (World Bank). There is also considerable variation in terms of their overall population size and political, economic, social, and cultural environments. These factors have a major influence on tobacco control, especially as regards the policies, structures and resources included in the ITCS.

*Figure 3: Number of male adult smokers in 2013 (IHME, 2014)*

| INDICATORS | Number of male adult smokers (millions) | World Bank Income Group Classification |
|---|---|---|
| China | 264.00m | LMIC |
| India | 106.00m | LMIC |
| Indonesia | 50.60m | LMIC |
| Russia | 27.70m | HIC |
| Bangladesh | 24.50m | LMIC |
| United States | 21.60m | HIC |
| Japan | 18.90m | HIC |
| Pakistan | 17.20m | LMIC |
| Vietnam | 14.20m | LMIC |
| Philippines | 12.90m | LMIC |
| Brazil | 12.20m | LMIC |
| Turkey | 10.60m | LMIC |
| Egypt | 10.10m | LMIC |
| Thailand | 9.96m | LMIC |
| Germany | 9.81m | HIC |
| Rep. Korea | 8.73m | HIC |
| France | 8.65m | HIC |
| Ukraine | 8.12m | LMIC |
| Italy | 6.89m | HIC |
| Iran | 6.87m | LMIC |
| Mexico | 6.61m | LMIC |
| United Kingdom* | 5.89m | HIC |
| Myanmar | 5.87m | LMIC |
| Spain | 5.82m | HIC |
| Poland | 4.93m | HIC |
| Total | 678.65m | |

*Note: Tobacco control in the United Kingdom is devolved to the individual national governing administrations and while laws may apply across the UK, policies, structures and resources may differ. Because of this complexity the UK was not included in the first round assessment; however we would encourage the various component administrations (England, Wales, Scotland, Northern Ireland) to apply the ITCS to their specific contexts.*

## ASSESSMENT PROCESS

### Stage 1:
Tobacco control experts in each country were identified and asked to complete an assessment using the ITCS. These stage 1 assessors consulted with colleagues where the status of an indicator required clarification or additional information was required to make the judgement on whether present or absent. The 'cut off' date for indicators to be in place for this assessment was 31 August 2016. Stage 1 assessors provided information to explain whether a certain indicator was problematic, and provided an explanation of the rationale behind their assessment.

### Stage 2:
The Union's Department of Tobacco Control compiled the stage 1 assessments and data. The Department then checked all present / absent designations. Based on feedback from stage 1 assessors, clarification was sought on indicators flagged as problematic. This process required some input from additional national experts. Initial patterns and themes were identified and the threshold levels – low, progressing and sustainable – were set based on the pattern of the overall data.

### Stage 3:
An external assessor conducted a full review of each indicator for each of the 24 countries using published data and information sources. This stage 3 assessor then highlighted any discrepancies within the findings of stages 1 and 2.

### Stage 4:
The Union's Department of Tobacco Control contacted stage 1 assessors to confirm and understand discrepancies in relation to stage 3 review, and triangulated assessments to finalise a rating.

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*Figure 4: Snapshot of results, 2016*



ISLAMIC REPUBLIC
OF IRAN

SUSTAINABLE
2 COUNTRIES

THAILAND

PROGRESSING
10 COUNTRIES

LOW
12 COUNTRIES

## METHODOLOGICAL AIMS AND LIMITATIONS

The multi-stage assessment was designed as a rigorous process: prioritising in-country experience and understanding of policies and structures, while adding the objectivity of external checks to ensure consistency across the 24 countries. It was designed to reflect as accurately as possible the situation in each country, based on the advice and input received.

The rationale for the ITCS' binary rating system: present / absent is a strong one. It places emphasis on ensuring critical structures, policies and resources are in place. This enables assessment to take place across vastly varied countries. And it clearly identifies gaps. Our overarching aim is to enable countries to draw out the information needed to strengthen and sustain their tobacco control systems.

Nonetheless we recognise that this binary rating system cannot reflect the complex realities of tobacco control. While 'policies', 'structures' and 'resources' may sound 'black and white', in practice some factors are open to interpretation and judgement calls are required. If the sum of evidence suggests that an indicator is not fully present then it must be rated absent – this is a prompt for progress. The recommendation is that countries convene multi-stakeholder focus groups to discuss the presence or absence of indicators.

It is important to note that during this first ITCS round, assessors sometimes flagged that a policy, structure or resource was pending – under consideration, or undergoing a formal review prior to coming into force. These were all designated as absent. An ITCS assessment should be viewed as a 'snapshot in time', capturing a moment in an evolving situation. As such, repeat assessments can be useful for gauging progress over time.

During the assessment process it was necessary to reiterate to assessors that the binary rating system precludes judgements about the quality or implementation of a policy, resource or structure.

The central purpose of the ITCS is to ensure the critical building blocks for tobacco control sustainability are in place. The ITCS should therefore not be seen as a standalone tool and will be most effective to complement the core international processes for WHO FCTC monitoring and Global Tobacco Surveillance Systems.

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*Key findings and their significance*
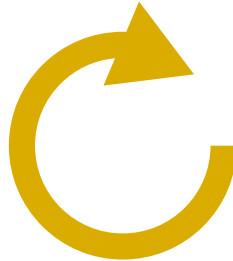
### SUSTAINABLE TOBACCO CONTROL

Of the 24 countries assessed, two scored over 100, achieving the sustainability threshold: Thailand and the Islamic Republic of Iran.

It is notable that these countries both have low and middle income economies. This shows that sustainability is multi-factorial. The full spectrum of indicators require attention, not just financial resourcing.

These countries still need to address gaps highlighted by the ITCS. This will ensure they can meet the present and future challenges posed by tobacco consumption in their countries. Neither of these countries, for example, had an Article 5.3 policy across government ministries to protect against tobacco industry interference.

### TOBACCO CONTROL SUSTAINABILITY: PROGRESSING

Ten countries are in this category. Vietnam scored above 100 and is progressing impressively, however the pre-requisite indicator '>4 MPOWER policies' is not yet in place. Focused effort on the outstanding policy gaps will take the country into the 'sustainable' category.

Nine countries scored between 70 and 99. Four of these are low and middle income countries, five are high income countries. Evidently these countries have a range of valuable measures and structures in place, yet important gaps must be addressed to ensure tobacco control programmes are robust and sustainable. Common policy gaps amongst this group are:

- More than 4 MPOWER policies at the required level

- A robust Article 5.3 policy that applies across government ministries to protect health programmes

- A policy to defend against corporate social responsibility

The following were also frequently lacking: effective tobacco taxation; an earmarked budget; an established unit to lead the programme nationally; appropriate data recording and evaluation mechanisms; and health promotion funds.

### TOBACCO CONTROL SUSTAINABILITY: LOW

Twelve countries scored scored 69 or less. Eight of these are low and middle income countries, suggesting that availability of resources may impact progress toward achieving of tobacco control sustainability. Scale of population and limited financial resources can be particular challenges. Establishing strong tobacco taxation mechanisms and health promotion funds are effective for overcoming these. This group must also focus on adopting more than four MPOWER compliant policies, with the exception of Turkey, Pakistan and Spain which have made strong policy progress.

Several high income countries also fall into this bracket. They need to accord greater priority to tobacco control, given that they have some of the largest smoker populations in the world.

All countries in the 'low' sustainability bracket have indicators in place that provide valuable foundations to build from. It is hoped that highlighting areas for development will encourage national dialogue on how best to address and prioritise gaps.

*Figure 5: Bar graph of indicators*

| | INDICATORS | Number of Countries | |
|---|---|---|---|
| 1. | Pre-requisite Indicator: >4 MPOWER policies in place | 9 | |
| 2. | National tobacco control budget (annual) | 8 | |
| 3. | National tobacco control law | 24 | |
| 4. | National budget allocation for tobacco control capacity-building | 9 | |
| 5. | Tobacco taxation >75% of retail sales price | 7 | |
| 6. | Tobacco taxation increases faster than inflation plus gross domestic product growth | 19 | |
| 7. | National tobacco control unit | 21 | |
| 8. | Civil society tobacco control network | 21 | |
| 9. | Civil society representation in national tobacco control advisory committees | 14 | |
| 10. | Health promotion fund for, or including, tobacco control | 4 | |
| 11. | National policy against tobacco industry corporate social responsibility | 6 | |
| 12. | Tobacco-related mortality and morbidity recording system | 12 | |
| 13. | National evaluation framework in place | 12 | |
| 14. | Evaluation built into all major policy implementation plans | 4 | |
| 15. | National tobacco control strategy | 20 | |
| 16. | Tobacco control and non-communicable diseases form part of national health policy | 22 | |
| 17. | Tobacco control forms part of national development plan | 9 | |
| 18. | Human resource for implementation (national) | 22 | |
| 19. | Global Tobacco Surveillance System surveys | 18 | |
| 20. | Inter-governmental co-ordination mechanism | 17 | |
| 21. | Capacity-building plan for tobacco control personnel | 8 | |
| 22. | Developmental assistance funding includes tobacco control | 4 | |
| 23. | Code of conduct for government officials and staff | 11 | |
| 24. | Ministry of health WHO FCTC Article 5.3 policy | 3 | |
| 25. | WHO FCTC Article 5.3 policy across all ministries | 0 | |
| 26. | Economic and social tobacco costs data | 17 | |
| 27. | National focal point post | 22 | |
| 28. | National advisory committee | 18 | |
| 29. | Capacity-building plans on research and evaluation | 4 | |
| 30. | Mass media campaigns funded | 13 | |
| 31. | Capacity-building plan for non tobacco control specific personnel | 7 | |

**MPOWER:**

It is positive that nine of the 24 countries have achieved the primary indicator: at least four MPOWER policies that comply with WHO FCTC recommendations. This indicator is equally present amongst low and middle, and high income countries. However, many countries with large populations do not have >4 MPOWER policies in place.

The ITCS results highlight that MPOWER policies – critical for effective tobacco control – need to be strengthened in many countries to meet WHO FCTC compliant levels. The range of measures must also be increased in order to reach the >4 target.

The countries that have at least four MPOWER policies in place should be recognised for their achievements. This a solid foundation for tobacco control and the eight countries that have >4 MPOWER but score under 100 now need to work on additional indicators in order to reach the sustainability threshold.

**Budgets:**

A key piece of infrastructure that many countries lack is an officially stipulated allocation for an annual national tobacco control budget. Some assessors indicated that their country allocated a budget on an ad hoc basis, or that tobacco control was part of a more general 'pot' of funding. Both these scenarios mean that budget levels for tobacco control can fluctuate considerably – newer political priorities, public health emergencies or disaster relief can all lead to funds being reassigned. Such arrangements hinder effective planning and so reduce the scope for strong long-term action.

Eight countries did have an earmarked annual tobacco control budget that met the per capita threshold. This stable funding creates capacity to work on other structural and policy developments.

It is noted that countries with large populations, especially those with low and middle income status, face greater challenges to assign a budget sufficient to cover the per capita requirement. As discussed below this provides a strong rationale for developing some of the other indicators relating to structural mechanisms that can boost the funding available for tobacco control.

**Health promotion funds:**

As well as reducing tobacco use, taxation measures can be harnessed to provide the funds needed to deliver and develop effective tobacco control programmes. A number of countries have legislation that allocates a specific percentage of tax revenue for tobacco control. Other countries have created health promotion funds or similar – to receive and manage tobacco tax funding and assign these funds for use in delivering tobacco control (The Union, 2014). Four of the 24 countries (three low and middle income countries: Vietnam, Thailand and Bangladesh; and one high income country: the Republic of Korea) have developed such funds.

Health promotion funds are particularly useful when government budgets are under pressure, or where there are multiple priority issues to address. In low and middle income countries this may well be the issue where the communicable disease burden remains high while the non-communicable disease burden also increases.

**National legislation:**

Many countries also have national level legislation for tobacco control in place, providing a vital legal cornerstone to build upon.

**Tax:**

Tobacco taxation has been assessed as one of the highest impact MPOWER policies to reduce tobacco use (World Health Organization, 2015, Levy et al, 2013). The ITCS uses two taxation indicators: *tobacco taxation more than 75 percent of retail sales price*, and *tobacco taxation increases faster than inflation plus gross domestic product growth*. Together they ensure that tobacco tax levels make cigarettes relatively more expensive compared to other goods and stay ahead of income growth.

A positive finding is that 19 of the 24 countries have at least one of these tax measures in place. But just seven countries have both tax indicators in place. Ideally both need to be present in order to prevent these tax levels being undermined by other economic factors. Along with these two indicators, which will be adjusted if the WHO recommended level increases, policymakers must ensure that the basic price of tobacco is not so low that the impact of tax levels is entirely negated.

**Preventing tobacco industry interference:**

Very few countries have a full Article 5.3 policy for their ministry of health which insulates health policy as well as making all tobacco industry interactions transparent.

None of the 24 countries have a cross-government Article 5.3 policy. This would cover all ministries as regards public health policy, creating an important firewall to prevent tobacco industry interference in public health policy via other government departments.

Governments in several countries have a generic code of conduct that regulates interaction with any commercial or non-governmental body. This can be useful for ensuring interactions are publicly declared and formally setting down a culture where it is not acceptable to accept gifts or financial recompense from the tobacco industry. However this measure alone does not deliver the insulation required to protect public health policy. Transparency alone, though a positive start, is inadequate (World Health Organization, 2013). Governments that are either owners or partial owners of a national tobacco industry face a complex context for Article 5.3 and should actively work to remove this gap.

**Corporate social responsibility bans:**
A national policy that either limits or prevents corporate social responsibility activities by the tobacco industry is present in six countries at some level. Ideally this measure should be strengthened to prevent these activities altogether, rather than simply banning adverts and promotions relating to this work. This is a loophole frequently used by the tobacco industry to overcome bans on advertising and promoting its products.

**National strategy:**
A majority of the 24 countries have a national tobacco control strategy, a national unit or cell and a focal point to lead and guide national tobacco control. The absence of these core structures in a small number of countries can undermine the effectiveness of other policies and strategies through a lack of coordination between government ministries and stakeholders.

**Civil society:**
Another notable gap in ten of the 24 countries is the absence of formal civil society representation on the national tobacco control advisory committee. Civil society tobacco control networks are an important stakeholder in any national policy debate and should be included in all relevant forums. A majority of countries have formalised policies to include civil society organisation representatives. However, some countries currently only issue ad hoc invitations, and so fail to benefit from the strengths civil society organisations can add to policies and strategic processes through their expertise, experience and perspectives.

**Development plans and funds:**
Two indicators focus specifically on low and middle income countries: *development plans include tobacco control* and *development assistance includes tobacco control*. Importantly they highlight that tobacco control is vital for preventing the negative impact of tobacco use upon national development. In a very practical sense these measures can also boost the finances available for implementing effective tobacco control. Eight countries out of the 15 low and middle income countries in the sample (60 percent) include tobacco control in their development plans. This indicates recognition that the tobacco epidemic is a development issue and highlights the potential to harness international aid funding to address this. However, only four countries are receiving development assistance for tobacco control. There is therefore scope for low and middle income countries, in association with international funders, to further utilise this strategy.

**Capacity-building:**
A key deficit appears to be the under-valuing of capacity-building. Capacity-building instils the awareness, knowledge and skills required by various stakeholders for tobacco control to be effective. Four indicators relate to this – an allocated budget, capacity-building for tobacco control personnel, capacity-building for non-tobacco control specific personnel, and plans to build capacity for research and evaluation. Over half of the 24 countries had none of these four indicators in place. Five countries (India, Islamic Republic of Iran, Thailand, Vietnam and the USA) have recognised the importance of capacity-building as foundational for effective tobacco control – they have at least three of the four indicators in place.
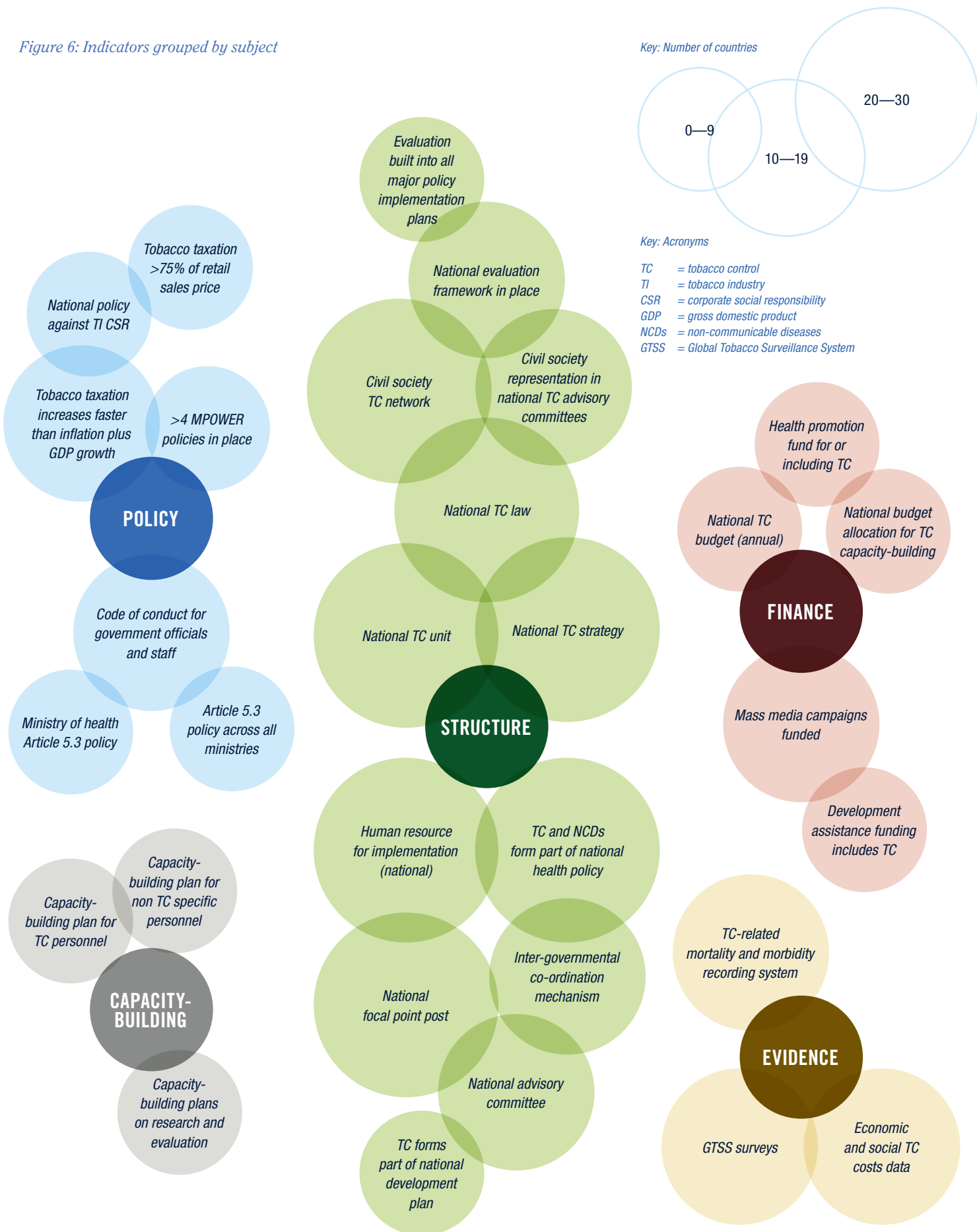
**Evaluation frameworks:**
Twelve countries have a national tobacco control evaluation framework in place. This is important, along with the other data and evidence measures for strengthening and enhancing tobacco control programmes and policies to suit the needs on the ground.

*Figure 6: Indicators grouped by subject*

Key: Number of countries

0—9  
10—19  
20—30

Key: Acronyms

TC = tobacco control  
TI = tobacco industry  
CSR = corporate social responsibility  
GDP = gross domestic product  
NCDs = non-communicable diseases  
GTSS = Global Tobacco Surveillance System

**POLICY**

Tobacco taxation >75% of retail sales price

National policy against TI CSR

Tobacco taxation increases faster than inflation plus GDP growth

>4 MPOWER policies in place

Code of conduct for government officials and staff

Ministry of health Article 5.3 policy

Article 5.3 policy across all ministries

**STRUCTURE**

Evaluation built into all major policy implementation plans

National evaluation framework in place

Civil society TC network

Civil society representation in national TC advisory committees

National TC law

National TC unit

National TC strategy

Human resource for implementation (national)

TC and NCDs form part of national health policy

National focal point post

Inter-governmental co-ordination mechanism

National advisory committee

TC forms part of national development plan

**FINANCE**

Health promotion fund for or including TC

National TC budget (annual)

National budget allocation for TC capacity-building

Mass media campaigns funded

Development assistance funding includes TC

**CAPACITY-BUILDING**

Capacity-building plan for non TC specific personnel

Capacity-building plan for TC personnel

Capacity-building plans on research and evaluation

**EVIDENCE**

TC-related mortality and morbidity recording system

GTSS surveys

Economic and social TC costs data

## CONCLUSIONS AND RECOMMENDATIONS:

This first round of assessments using the ITCS captures a snapshot in time, identifying both strengths and areas requiring action in the development of national tobacco control in 24 countries in 2016.

It is encouraging that two of the 24 countries have achieved the 'threshold' of tobacco control sustainability, and Vietnam is very close to this level. It is notable that these are all low and middle income economies. This illustrates that financial resources may not be the sole, or even the primary factor, for sustainable tobacco control.

Evidently a number of the 'progressing' countries are working toward effective tobacco control systems, and their efforts deserve acknowledgement. The key is now to use the ITCS' findings to address gaps and prioritise action. These countries should also work with the WHO FCTC Secretariat and other international bodies to ensure tobacco control measures are robust.

Considerable effort has gone into establishing a national legal framework for tobacco control in an encouraging number of countries. However having more than four MPOWER policies is far from universal, and implementation of these vital policies may require strengthening. It is also notable that tax measures on at least one of the two ITCS indicators are being implemented in many countries. Again, this represents a strong foundation for one of the most effective strategies to reduce tobacco consumption.

Several areas stand out as requiring action by many countries. These include critical measures for preventing tobacco industry interference: no single country has both robust Article 5.3 policies in ministries of health and across government departments, and few countries have laws banning tobacco industry corporate social responsibility programmes. These indicators are essential to ensure other tobacco control measures are effective. This gap identified by the ITCS should encourage governments to develop these protective policies as a priority, ensuring their investment in other areas of tobacco control will not be undermined.

Other factors highlighted for action include: earmarking a national tobacco control budget and developing health promotion funds or similar to achieve this; involvement of civil society organisations in an official capacity within national tobacco control committees; prioritising capacity-building for policymakers, the implementation workforce, and associated stakeholders.

Aside from the primary purpose of the ITCS, an important additional benefit was commonly reported by assessors and advisors: the process substantially enhanced their understanding of tobacco control in their country and provided new perspectives on familiar issues. We therefore endorse the ITCS as a process for creating insight and clarity into national tobacco control programmes. It shines a light on aspects that are delivering effective tobacco control, as well as factors that need development to function with impact. We hope it will also encourage all stakeholders to take an holistic approach to tobacco control.

We strongly recommend that the ITCS assessment is completed by countries every two years to gauge progress. This should be undertaken by a multi-stakeholder focus group that can help refine national action plans. It is hoped that that governments, civil society, researchers and other stakeholders seriously consider the findings of this report and seek to work together to address the policy gaps identified to make tobacco control sustainable in their respective countries.

If you would like further information or assistance to conduct your country assessment please contact The Union's Department of Tobacco Control at tobaccofreeunion@theunion.org

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*The ITCS assessments
in 24 countries with the
highest tobacco burden*

**IN DESCENDING ORDER:
LARGEST POPULATION OF
ADULT MALE SMOKERS FIRST**

# 1. China

LOW

**ITCS TOTAL**
**60**/130
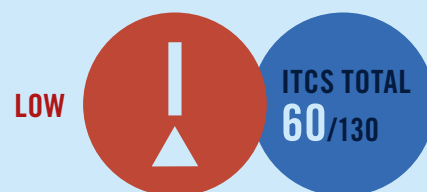
## Sustainability Indicators Achieved

**POLICIES:**

- National law

*Note: the national law is exclusively on tobacco advertising at the time of ITCS assessment, however a more far-reaching national law covering other policies is anticipated in later 2016.*

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Human resource for implementation
- Capacity-building plan for tobacco control specific personnel
- Global Tobacco Surveillance System
- Tobacco control included in the national development plan

**FINANCIAL:**

- Mass media campaigns are funded
- National tobacco control capacity-building budget allocated

## Sustainability Indicators for Further Development

**POLICIES:**

- Remaining MPOWER policies
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- Law against tobacco industry corporate social responsibility
- Article 5.3 in ministry of health policy and across all ministries

*Note : For countries such as China where the government owns/ manages the tobacco industry a context-specific Article 5.3 policy is critical to insulate health policy and tobacco control (reference Article 5.3), while a context-specific policy on tobacco industry corporate social responsibility is also required.*

**STRUCTURAL:**

- National advisory committee, and to include civil society official representation
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Development assistance funding including tobacco control
- Capacity-building plan for non tobacco control specific personnel

**FINANCIAL:**

- National allocated budget specifically for tobacco control

*Note : The Government of China has a specific earmarked budget for tobacco control however, while substantial, it is not yet at the level to address the per capita requirement of the large population.*

- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget

# 2. India

PROGRESSING

**ITCS TOTAL**
**80**/130
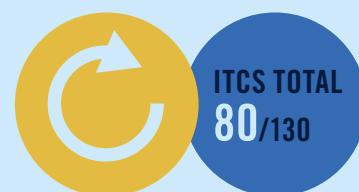
## Sustainability Indicators Achieved

**POLICIES:**
- National law

**STRUCTURAL:**
- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National advisory committee, and to include civil society official representation
- National tobacco control unit and focal point
- National evaluation framework
- Civil society network
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- Global Tobacco Surveillance System
- Tobacco control is included in the national development plan
- Human resource for implementation

**FINANCIAL:**
- National budget allocated specifically for tobacco control
- Capacity-building plans both for tobacco control specific and wider personnel
- Mass media campaigns are funded
- Developmental assistance funding includes tobacco control

## Sustainability Indicators for Further Development

**POLICIES:**
- Remaining MPOWER policies
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility
- Tobacco taxation (>75% and increases faster than inflation plus gross domestic product growth)

**STRUCTURAL:**
- Capacity-building plans for research and evaluation
- Evaluation built into all major policy plans

**FINANCIAL:**
- Developing a health promotion fund or similar body, linking this to increasing tobacco taxation

# *3. Indonesia*

LOW    **!**    **ITCS TOTAL 51**/130

## Sustainability Indicators Achieved

**POLICIES:**
- National law
- Tobacco taxation increases faster than inflation plus gross domestic product growth

**STRUCTURAL:**
- Tobacco control and non-communicable diseases are part of national health policy
- National strategy
- National tobacco control unit and focal point
- Civil society network
- Inter-governmental co-ordination mechanism
- Tobacco control data on economic and social costs
- Human resource for implementation
- Global Tobacco Surveillance System

**FINANCIAL:**
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**
- Remaining MPOWER policies
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)

**STRUCTURAL:**
- Tobacco-related mortality and morbidity data system
- National advisory committee, and to include civil society official representation
- Tobacco control to be included in the national development plan
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building of tobacco control specific and wider personnel

**FINANCIAL:**
- National tobacco control capacity-building budget allocated
- National budget allocation including for capacity-building
- Developing a health promotion fund or similar body may assist in providing a sustainable national budget

# 4. Russian Federation

PROGRESSING
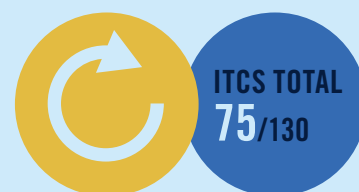
ITCS TOTAL
**75**/130

## Sustainability Indicators Achieved

### POLICIES:

- >4 MPOWER policies
- Tobacco taxation increases faster than inflation plus gross domestic product growth
- Law against tobacco industry corporate social responsibility
- Code of conduct for government officials and staff
- National law

### STRUCTURAL:

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- National evaluation framework
- Tobacco control data on economic and social costs available
- Human resource for implementation

*Note: There is part-time staffing for tobacco control however at present no full-time tobacco control specific staff.*

- Global Tobacco Surveillance System

## Sustainability Indicators for Further Development

### POLICIES:

- Tobacco taxation >75% of retail sales price
- Article 5.3 in ministry of health policy and across all ministries

*Note: Russia has taken important steps towards Article 5.3 in the 2014 law, and has a code of conduct with strong provisions on transparency of interactions. Health policy insulation still not in place.*

### STRUCTURAL:

- National tobacco control unit
- Tobacco-related mortality and morbidity data system
- Capacity-building plan for tobacco control specific personnel
- Evaluation built into all policies
- Capacity-building both for tobacco control specific and wider personnel

### FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation funding may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaign funding

# 5. Bangladesh

**PROGRESSING**
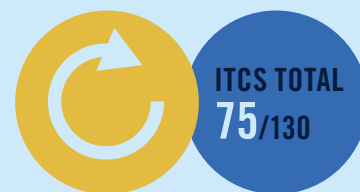
**ITCS TOTAL**
**75**/130

## Sustainability Indicators Achieved

### POLICIES:

- National law
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)

*Note: Although tobacco taxation is >75% retail sales price and greater than inflation plus gross domestic product growth, it remains that tobacco prices in Bangladesh are at a very low base level.*

- Law against tobacco industry corporate social responsibility

### STRUCTURAL:

- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- National advisory committee, and to include civil society official representation
- Civil society network
- Inter-governmental co-ordination mechanism
- Human resource for implementation
- Global Tobacco Surveillance System
- Tobacco control data on economic and social costs available
- Tobacco control is included in national development plan
- Capacity-building plan for non tobacco control specific personnel

### FINANCIAL:

- Mass media campaigns are funded
- National health promotion fund

*Note: The health promotion fund has been established based on the law allocating a 1% tobacco surcharge. It is anticipated to be functional in 2017.*

- Development assistance funding includes tobacco control

## Sustainability Indicators for Further Development

### POLICIES:

- Remaining MPOWER policies

*Note: Bangladesh has strengthened a range of MPOWER areas however there remain weaknesses in the tobacco advertising promotion and sponsorship policy and it is not yet at the MPOWER level.*

- Article 5.3 in ministry of health policy and across all ministries

### STRUCTURAL:

- National strategy
- Tobacco-related mortality and morbidity data system

*Note: Bangladesh previously had a national strategy however this had lapsed at the time of assessment and a new strategy was not yet in place.*

- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building of tobacco control specific and wider personnel

### FINANCIAL:

- National budget allocated specifically for tobacco control

*Note: It is anticipated that both the allocated national budget and capacity-building plans will be addressed when the health promotion / tobacco surcharge fund becomes functional.*

- National tobacco control capacity-building budget allocated

# 6. *United States of America*

**PROGRESSING**

**ITCS TOTAL 86**/130
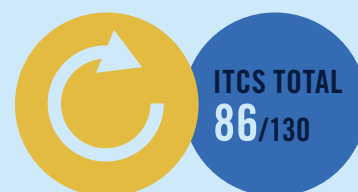
## Sustainability Indicators Achieved

**POLICIES:**
- Code of conduct for government officials and staff
- National law

**STRUCTURAL:**
- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee and includes civil society representation
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- National evaluation framework and built into all major policy plans
- Capacity-building plans for research and evaluation
- Human resource for implementation
- Capacity-building plan both for tobacco control specific and wider personnel
- Global Tobacco Surveillance System

**FINANCIAL:**
- National budget allocated specifically for tobacco control
- National tobacco control capacity-building budget allocated
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**
- Remaining MPOWER policies
- Tobacco taxation (>75% and increases faster than inflation plus gross domestic product growth)
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

**FINANCIAL:**
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation may assist in providing a sustainable national budget

# 7. Japan
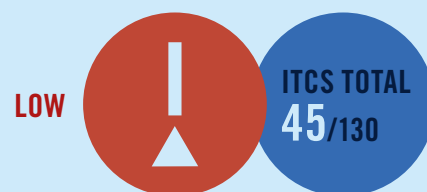
LOW · **ITCS TOTAL** **45**/130

## Sustainability Indicators Achieved

### POLICIES:

- Tobacco taxation increases faster than inflation plus gross domestic product growth
- National law

### STRUCTURAL:

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- Human resource for implementation

## Sustainability Indicators for Further Development

### POLICIES:

- Remaining MPOWER policies
- Tobacco taxation >75% of retail sales price
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility
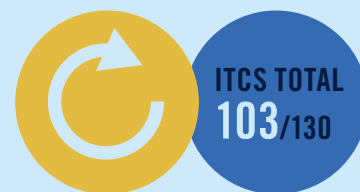
### STRUCTURAL:

- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plans both for tobacco control specific and wider personnel
- Global Tobacco Surveillance System

### FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation may assist in providing a sustainable national budget for tobacco control
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# *8. Pakistan*
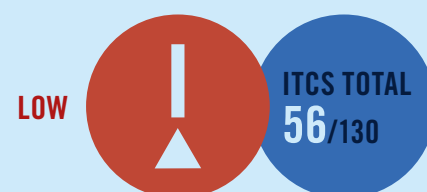
LOW

ITCS TOTAL
**56**/130

## Sustainability Indicators Achieved

**POLICIES:**

- > 4 MPOWER policies
- Tobacco taxation increases faster than inflation plus gross domestic product growth
- National law

**STRUCTURAL:**

- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Human resource for implementation
- Global Tobacco Surveillance System

**FINANCIAL:**

- Tobacco control included in development assistance funding
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**

- Tobacco taxation >75% of retail sales price
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building of non-tobacco control specific personnel
- Tobacco control included in the national development plan

**FINANCIAL:**

- National budget allocated specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation

# 9. Vietnam

**PROGRESSING**

**ITCS TOTAL**
**103**/130

## Sustainability Indicators Achieved

**POLICIES:**

- Tobacco taxation increases faster than Inflation plus gross domestic product growth
- National law
- Law against tobacco industry corporate social responsibility

*Note: Vietnamese law does not ban tobacco industry corporate social responsibility activities, but does ban the publicity associated with this.*

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- National evaluation framework and incorporate evaluation into all policies
- Human resource for implementation
- Capacity-building plans for research and evaluation

- Capacity-building of non-tobacco control -specific and wider personnel
- Tobacco control is included in the national development plan
- Global Tobacco Surveillance System

**FINANCIAL:**

- National budget allocated specifically for tobacco control
- Health promotion fund includes tobacco control
- National tobacco control capacity-building budget allocated
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**

- Remaining MPOWER policies

*Note: Vietnam scores >100, yet it cannot yet be considered sustainable until the pre-requisite >4 MPOWER policies are in place. Impressive policy and structural progress in recent years means Vietnam is on the cusp of 'sustainability'. Focus on the final MPOWER areas will enable this shift.*

- Tobacco taxation >75% of retail sales price
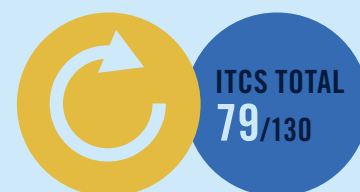- Article 5.3 in ministry of health policy and across all ministries

*Note: For countries such as Vietnam where the government owns/manages the tobacco industry a context-specific Article 5.3 policy is critical to insulate health policy and tobacco control.*

**FINANCIAL:**

- Tobacco control included in development assistance funding

# 10. Philippines

PROGRESSING

**ITCS TOTAL**
**79**/130

## Sustainability Indicators Achieved

**POLICIES:**

- > 4 MPOWER policies
- Tobacco taxation increases faster than inflation plus gross domestic product growth
- Article 5.3 in ministry of health policy
- Code of conduct for government officials and staff
- National law

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- National evaluation framework
- Human resource for implementation
- Tobacco control is included in national development plan
- Global Tobacco Surveillance System

**FINANCIAL:**

- Tobacco control included in development assistance funding

## Sustainability Indicators for Further Development

**POLICIES:**

- Tobacco taxation >75% of retail sales price

*Note: Tobacco taxation is very close to the >75% threshold and with further increase will achieve this indicator.*

- Article 5.3 policy across all ministries

*Note: The code of conduct across government may provide a strong base to develop a robust Article 5.3 policy.*

- Law against tobacco industry corporate social responsibility
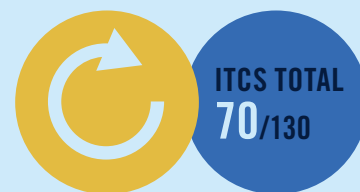
**STRUCTURAL:**

- National advisory committee, and to include civil society official representation
- Incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building of tobacco control specific and wider personnel

**FINANCIAL:**

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 11. Brazil

**PROGRESSING**

**ITCS TOTAL 70/130**

## Sustainability Indicators Achieved

### POLICIES:

- >4 MPOWER policies
- Tobacco taxation increases faster than inflation plus gross domestic product growth
- Code of conduct for government officials and staff
- National law

### STRUCTURAL:

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee
- Inter-governmental co-ordination mechanism
- Tobacco control data on economic and social costs available
- National evaluation framework
- Human resource for implementation
- Capacity-building plan for tobacco control specific and wider personnel
- Global Tobacco Surveillance System

## Sustainability Indicators for Further Development

### POLICIES:

- Tobacco taxation >75% of retail sales price
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

### STRUCTURAL:

- Civil society official representation on national advisory committee
- Tobacco-related mortality and morbidity data system
- Incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Tobacco control included in the national development plan

### FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body and including tobacco control in development assistance funding may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 12. Turkey

LOW

**ITCS TOTAL**
**58**/130

## Sustainability Indicators Achieved

### POLICIES:

- > 4 MPOWER policies
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- National law

### STRUCTURAL:

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit
- Civil society network
- National advisory committee

*Note: The national advisory committee exists by regulation but is not yet fully operational and it must be so in order to be effective.*

- Inter-governmental co-ordination mechanism

*Note: The co-ordination committee exists however is not yet fully operational and it must be so in order to be effective.*

- Tobacco control included in the national development plan
- Global Tobacco Surveillance System

## Sustainability Indicators for Further Development

### POLICIES:

- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

### STRUCTURAL:

- National focal point
- Civil society official representation on national advisory committee

*Note: At present civil society representation is not required by regulation and invitations are ad hoc only.*

- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Human resource for implementation
- Capacity-building plans for tobacco control specific and wider personnel

### FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body and including tobacco control in development assistance funding may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 13. Egypt

LOW **ITCS TOTAL** **56**/130

## Sustainability Indicators Achieved

**POLICIES:**

- Tobacco taxation increases faster than inflation plus gross domestic product growth
- National law

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Tobacco control data on economic and social costs
- Human resource for implementation
- Capacity-building for tobacco control specific personnel

**FINANCIAL:**

- National tobacco control capacity-building budget allocated

## Sustainability Indicators for Further Development

**POLICIES:**

- Remaining MPOWER policies
- Tobacco taxation >75% of retail sales price
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

**STRUCTURAL:**

- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plan for research and evaluation
- Capacity-building for non- tobacco control specific personnel
- Tobacco control included in the national development plan
- Global Tobacco Surveillance System

**FINANCIAL:**

- National budget allocated specifically for tobacco control
- Developing a health promotion fund or similar body and including tobacco control in development assistance funding may assist in providing a sustainable national budget
- Mass media campaigns funding

# 14. Thailand

SUSTAINABLE

**ITCS TOTAL**
**113**/130
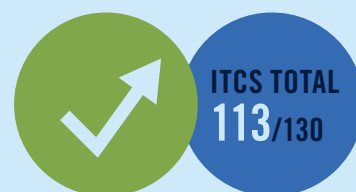
## Sustainability Indicators Achieved

**POLICIES:**

- > 4 MPOWER policies
- FCTC Article 5.3 in ministry of health policy
- Code of conduct for government officials and staff
- Tobacco taxation increases faster than inflation plus gross domestic product growth
- National law
- Law against tobacco industry corporate social responsibility

*Note: Thai regulations do not ban tobacco industry corporate social responsibility activities outright, but do ban associated mass media publicity. They also prohibit corporate social responsibility donations from tobacco companies to government agencies.*

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data, and tobacco control data on economic and social costs
- National evaluation framework
- Capacity-building plan for tobacco control research and evaluation
- Human resource for implementation
- Capacity-building plan for tobacco control specific and wider personnel
- Tobacco control is included in national development plan
- Global Tobacco Surveillance System

**FINANCIAL:**

- National allocated budget specifically for tobacco control
- National health promotion fund
- National tobacco control capacity-building budget allocated
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**

- Tobacco taxation >75% of retail sales price
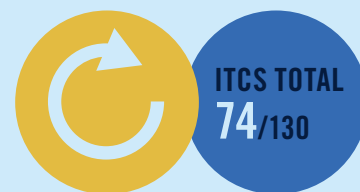- Article 5.3 policy across all ministries

**STRUCTURAL:**

- Evaluation framework built into all major policies

**FINANCIAL:**

- Tobacco control included in development assistance funding

# 15. Germany

PROGRESSING

ITCS TOTAL
**74**/130

## Sustainability Indicators Achieved

**POLICIES:**

- National law
- Tobacco taxation increases faster than inflation plus gross domestic product growth
- Code of conduct for government officials and staff

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- National evaluation framework
- Human resource for implementation

**FINANCIAL:**

- National allocated budget specifically for tobacco control
- National tobacco control capacity-building budget allocated
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**

- Remaining MPOWER policies
- Article 5.3 in ministry of health policy and across all ministries
- Tobacco taxation >75% of retail sales price
- Law against tobacco industry corporate social responsibility
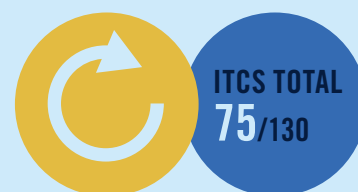
**STRUCTURAL:**

- Inter-governmental co-ordination mechanism
- Incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plans both for tobacco control and wider personnel
- Global Tobacco Surveillance System

**FINANCIAL:**

- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation may assist in providing a sustainable national budget

# 16. Republic of Korea

**PROGRESSING**

**ITCS TOTAL**
**75**/130

## Sustainability Indicators Achieved

**POLICIES:**

- National law
- Code of conduct for government officials and staff

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- Human resource for implementation
- Capacity-building plan for tobacco control specific personnel
- Global Tobacco Surveillance System

**FINANCIAL:**

- National allocated budget specifically for tobacco control
- National health promotion fund
- National tobacco control capacity-building budget allocated
- Mass media campaigns are funded

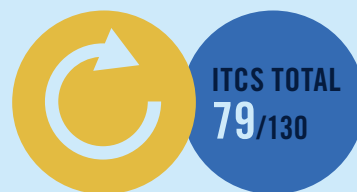## Sustainability Indicators for Further Development

**POLICIES:**

- Remaining MPOWER policies
- Article 5.3 in ministry of health policy and across all ministries
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- Law against tobacco industry corporate social responsibility

**STRUCTURAL:**

- Inter-governmental co-ordination mechanism
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plan for non tobacco control specific personnel

# 17. France

PROGRESSING

ITCS TOTAL
**79**/130

## Sustainability Indicators Achieved

### POLICIES:

- >4 MPOWER policies
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- Code of conduct for government officials and staff
- National law
- Law against tobacco industry corporate social responsibility

### STRUCTURAL:

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Tobacco control data on economic and social costs
- National evaluation framework
- Human resource for implementation

### FINANCIAL:

- Mass media campaigns are funded

## Sustainability Indicators for Further Development

### POLICIES:

- Article 5.3 in ministry of health policy and across all ministries

### STRUCTURAL:

- Tobacco-related mortality and morbidity data system
- Incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plans both for tobacco control specific and wider personnel
- Global Tobacco Surveillance System

### FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated

## 18. Ukraine
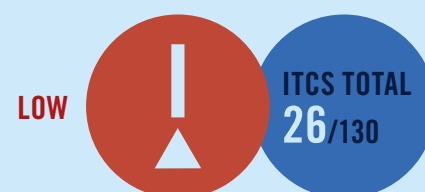
LOW  ITCS TOTAL **26**/130

# Sustainability Indicators Achieved

## POLICIES:

- Tobacco taxation increases faster than inflation plus gross domestic product growth
- National law

## STRUCTURAL:

- National tobacco control unit
- Civil society network
- Global Tobacco Surveillance System

# Sustainability Indicators for Further Development

## POLICIES:

- Tobacco taxation >75% of retails sales price
- Remaining MPOWER policies
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

## STRUCTURAL:

- National tobacco control strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National focal point
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building of non tobacco control specific personnel
- Human resource for implementation
- Tobacco control included in the national development plan

## FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 19. Italy
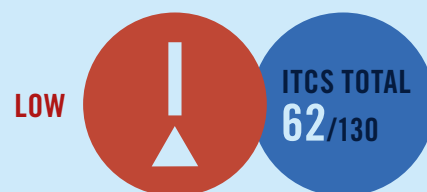
LOW

ITCS TOTAL
**62**/130

## Sustainability Indicators Achieved

### POLICIES:

- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- National law

### STRUCTURAL:

- Tobacco control and non-communicable diseases are part of national health policy
- National focal point
- Civil society network
- National advisory committee
- Inter-government co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Develop national evaluation framework and incorporate evaluation into all policies
- Human resource for implementation
- Global Tobacco Surveillance System

### FINANCIAL:

- Mass media campaigns funded

## Sustainability Indicators for Further Development

### POLICIES:

- Remaining MPOWER policies
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

### STRUCTURAL:

- National strategy
- National tobacco control unit
- Civil society official representation on national advisory committee

*Note: Italy currently has an informal national advisory committee. This needs to be formalised so that it has a permanent place and authority within health policymaking.*

- Capacity-building plans for research and evaluation
- Capacity-building plan both for tobacco control specific and wider personnel

### FINANCIAL:

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated

# 20. Islamic Republic of Iran
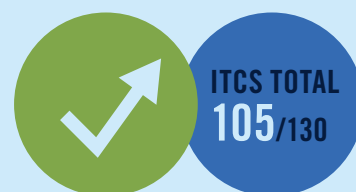
SUSTAINABLE

**ITCS TOTAL**
**105**/130

## Sustainability Indicators Achieved

**POLICIES:**

- > 4 MPOWER policies
- Article 5.3 in ministry of health policy
- Taxation increases faster than inflation plus gross domestic product growth
- Code of conduct for government officials and staff
- National law
- Law against tobacco industry corporate social responsibility

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- National advisory committee, and to include civil society official representation
- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system
- National evaluation framework and incorporated evaluation into all policies
- Capacity-building plans for research and evaluation
- Human resource for implementation
- Capacity-building plans for tobacco control specific and wider personnel
- Tobacco control is included in national development plan
- Global Tobacco Surveillance System

**FINANCIAL:**

- National budget allocated specifically for tobacco control
- National tobacco control capacity-building budget allocated
- Mass media campaigns are funded

## Sustainability Indicators for Further Development

**POLICIES:**

- Tobacco taxation >75% of retail sales price
- Article 5.3 policy across all ministries

**STRUCTURAL:**

- Civil society network
- Tobacco control data on economic and social costs

**FINANCIAL:**

- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget

# 21. Mexico

LOW    ITCS TOTAL
**55**/130
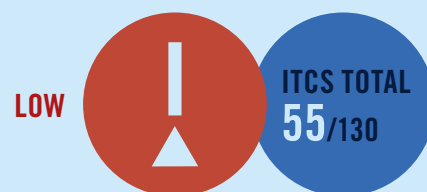
## Sustainability Indicators Achieved

**POLICIES:**

- National law
- Taxation increases faster than inflation plus gross domestic product growth
- Code of conduct for government officials and staff

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- Human resource for implementation

## Sustainability Indicators for Further Development

**POLICIES:**

- Remaining MPOWER policies
- Tobacco taxation >75% of retail sales price
- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility
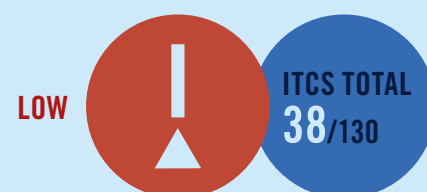
**STRUCTURAL:**

- Inter-governmental co-ordination mechanism
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plan for both tobacco control specific and wider personnel
- Tobacco control included in national development plan
- Global Tobacco Surveillance System

**FINANCIAL:**

- National budget allocated specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 22. *Myanmar*

LOW

**ITCS TOTAL**
**38**/130

## Sustainability Indicators Achieved

**POLICIES:**
- National law
- Code of conduct for government officials and staff

**STRUCTURAL:**
- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- National advisory committee
- Inter-governmental co-ordination mechanism
- Human resource for implementation
- Global Tobacco Surveillance System

## Sustainability Indicators for Further Development

**POLICIES:**
- Remaining MPOWER policies
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- Article 5.3 in ministry of health policy and across all ministries
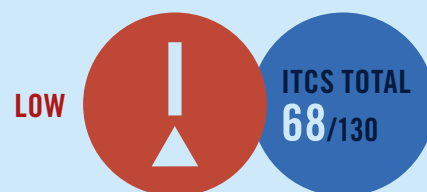- Law against tobacco industry corporate social responsibility

**STRUCTURAL:**
- Civil society network
- National advisory committee, and to include civil society official representation
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs available
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plan for both tobacco control specific and wider personnel
- Tobacco control included in the national development plan

**FINANCIAL:**
- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body in conjunction with addressing tobacco taxation, and including tobacco control in development assistance funding may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 23. Spain

LOW

ITCS TOTAL
**68**/130

## Sustainability Indicators Achieved

**POLICIES:**

- > 4 MPOWER policies
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)
- National law

**STRUCTURAL:**

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control unit and focal point
- Civil society network
- National advisory committee, and to include civil society official representation
- National evaluation framework
- Human resource for implementation
- Global Tobacco Surveillance System

## Sustainability Indicators for Further Development

**POLICIES:**

- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility
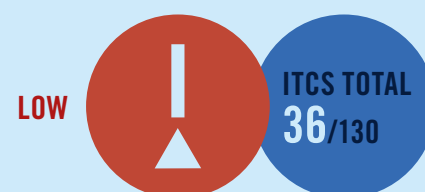
**STRUCTURAL:**

- Inter-governmental co-ordination mechanism
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plan for tobacco control specific and wider personnel

**FINANCIAL:**

- National allocated budget specifically for tobacco control
- Developing a health promotion fund or similar body may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

# 24. Poland

LOW

**ITCS TOTAL**
**36**/130

## Sustainability Indicators Achieved

### POLICIES:

- National law
- Tobacco taxation – both indicators (>75% and increases faster than inflation plus gross domestic product growth)

### STRUCTURAL:

- National strategy
- Tobacco control and non-communicable diseases are part of national health policy
- National tobacco control focal point
- Inter-governmental co-ordination mechanism
- Human resource for implementation

## Sustainability Indicators for Further Development

### POLICIES:

- Remaining MPOWER policies

*Note: Several MPOWER policies are in place, however tobacco advertising promotion and sponsorship policy is not consistent with MPOWER.*

- Article 5.3 in ministry of health policy and across all ministries
- Law against tobacco industry corporate social responsibility

### STRUCTURAL:

- National tobacco control unit
- Civil society network
- National advisory committee, and to include civil society official representation
- Tobacco-related mortality and morbidity data system, and tobacco control data on economic and social costs
- Develop national evaluation framework and incorporate evaluation into all policies
- Capacity-building plans for research and evaluation
- Capacity-building plans both for tobacco control specific and wider personnel
- Global Tobacco Surveillance System

### FINANCIAL:

- National budget allocated specifically for tobacco control
- Developing a health promotion fund or similar may assist in providing a sustainable national budget
- National tobacco control capacity-building budget allocated
- Mass media campaigns funding

## Table A:
## ITCS taxation indicators 5 and 6 –affordability calculations

Full calculation tables at www.tobaccofreeunion.org

| Indicators | Price of a 20-cigarette pack of the most sold brand, in local currency (WHO figures 2014) | Taxes as a % of price of the most sold brand 2014 | Indicator 5: Total taxes as % price > 75% * | Price of a 20-cigarette pack of the most sold brand, in local currency (WHO figures 2012) | % change price of most sold brand 2012-2014 | GDP per capita (local currency nominal) 2012 | GDP per capita (local currency nominal) 2014 | % change in nominal GDP per capita 2012-2014 (World Bank) | Indicator 6: If change in price > change in nominal GDP = P* |
|---|---|---|---|---|---|---|---|---|---|
| Bangladesh | 70.00 | 76.00% | P | 50.00 | 40.0% | 44345 | 48664.08114 | 9.74% | P |
| Brazil | 5.75 | 64.94% | A | 4.25 | 35.3% | 9030 | 9146.045087 | 1.28% | P |
| China | 10.00 | 44.43% | A | 10.00 | 0.0% | 23669 | 27068.10266 | 14.36% | A |
| Egypt | 8.00 | 73.13% | A | 6.00 | 33.3% | 19339 | 19303.48705 | -0.18% | P |
| France | 7.00 | 80.30% | P | 6.20 | 12.9% | 31136 | 31122.76543 | -0.04% | P |
| Germany | 5.47 | 72.90% | A | 5.26 | 4.0% | 33389 | 33795.07104 | 1.22% | P |
| India | 106.00 | 60.39% | A | 98.00 | 8.2% | 73448 | 82174.41581 | 11.88% | A |
| Indonesia | 18 333.33 | 53.40% | A | 16 666.67 | 10.0% | 31152839 | 33672449.26 | 8.09% | P |
| Iran (Islamic Republic of) | 22 000.00 | 4.83% | A | 12 000.00 | 83.3% | 26630062 | 26562608.21 | -0.25% | P |
| Italy | 5.00 | 75.68% | P | 5.00 | 0.0% | 26362 | 25256.66745 | -4.19% | P |
| Japan | 430.00 | 64.36% | A | 410.00 | 4.9% | 3830480 | 3901354.087 | 1.85% | P |
| Mexico | 45.00 | 65.87% | A | 40.00 | 12.5% | 26836944 | 28290924.42 | 5.42% | P |
| Myanmar | 650.00 | 50.00% | A | 650.00 | 0.0% | 108784 | 109781.1529 | 0.92% | A |
| Pakistan | 47.00 | 60.70% | A | 33.00 | 42.4% | 862385 | 995898.7528 | 15.48% | P |
| Philippines | 26.75 | 74.27% | A | 15.00 | 78.3% | 54872 | 57501.80797 | 4.79% | P |
| Poland | 13.70 | 80.29% | P | 11.60 | 18.1% | 65668 | 72262.57478 | 10.04% | P |
| Republic of Korea | 2 500.00 | 61.99% | A | 2 500.00 | 0.0% | 34747 | 36408.44436 | 4.78% | A |
| Russian Federation | 67.00 | 47.63% | A | 44.00 | 52.3% | 88145 | 88121.13946 | -0.03% | P |
| Spain | 4.95 | 78.09% | P | 4.50 | 10.0% | 22279 | 22346.63665 | 0.30% | P |
| Thailand | 65.00 | 73.13% | A | 58.00 | 12.1% | 132572 | 136336.058 | 2.84% | P |
| Turkey | 8.00 | 82.13% | P | 6.50 | 23.1% | 1587 | 1661.056647 | 4.64% | P |
| Ukraine | 9 | 74.78% | A | 7.50 | 20.0% | 7482 | 7435.587715 | -0.62% | P |
| United States of America | 6.23 | 42.54% | A | 6.07 | 2.6% | 49527 | 51063.47532 | 3.10% | A |
| Vietnam | 18 730.00 | 41.59% | A | 15 000.00 | 24.9% | 27168109 | 29712649.44 | 9.37% | P |

* P = Present  A = Absent

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