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WHO report on the global tobacco epidemic, 2025

Warning about the dangers of tobacco

Executive summary

fresh and alive

mpower





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m

Monitor tobacco use and prevention policies

p

Protect people from tobacco smoke

o

Offer help to quit tobacco use

w

Warn about the dangers of tobacco

e

Enforce bans on tobacco advertising, promotion and sponsorship

r

Raise taxes on tobacco

mpower

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

Dr Tedros Adhanom Ghebreyesus,
Director General, World Health Organization

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Overview

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

Since 2007, the number of countries¹ that had at least one MPOWER measure in place has more than tripled, rising from 44 to 155. Meanwhile, those with two or more measures in place have

seen a nearly tenfold increase (from 11 to 107 countries) now covering a population of 4.8 billion (Fig. 2). Of these, 40 countries have three measures in place, 7 countries have four measures and four countries have all five MPOWER measures in place. Together, these 51 countries with at least three MPOWER measures in place protect 1.8 billion people.

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

Countries that have adopted measures that are not at best-practice level often have done so in the face of strong

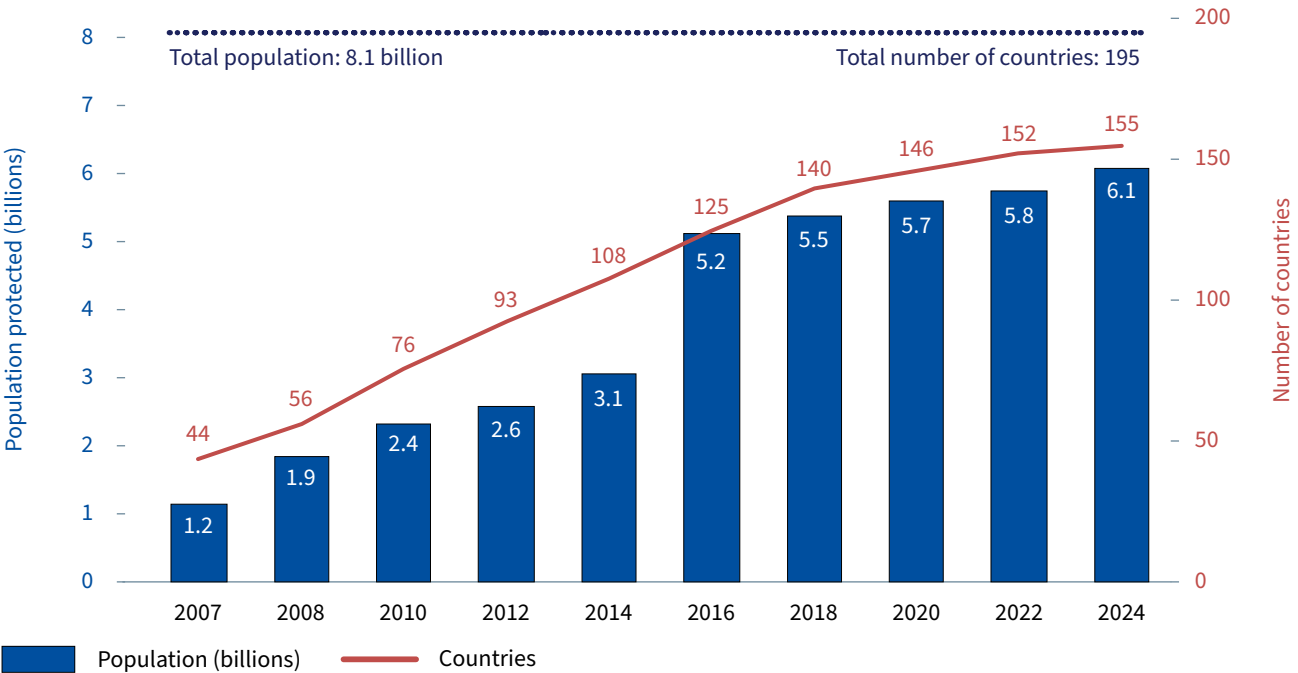
industry opposition and interference. In this report, we present case studies that describe what countries have done on their way to achieving their best-practice MPOWER measures.

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

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

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

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



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

Graphic health warnings and plain packaging are making exceptional progress

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

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

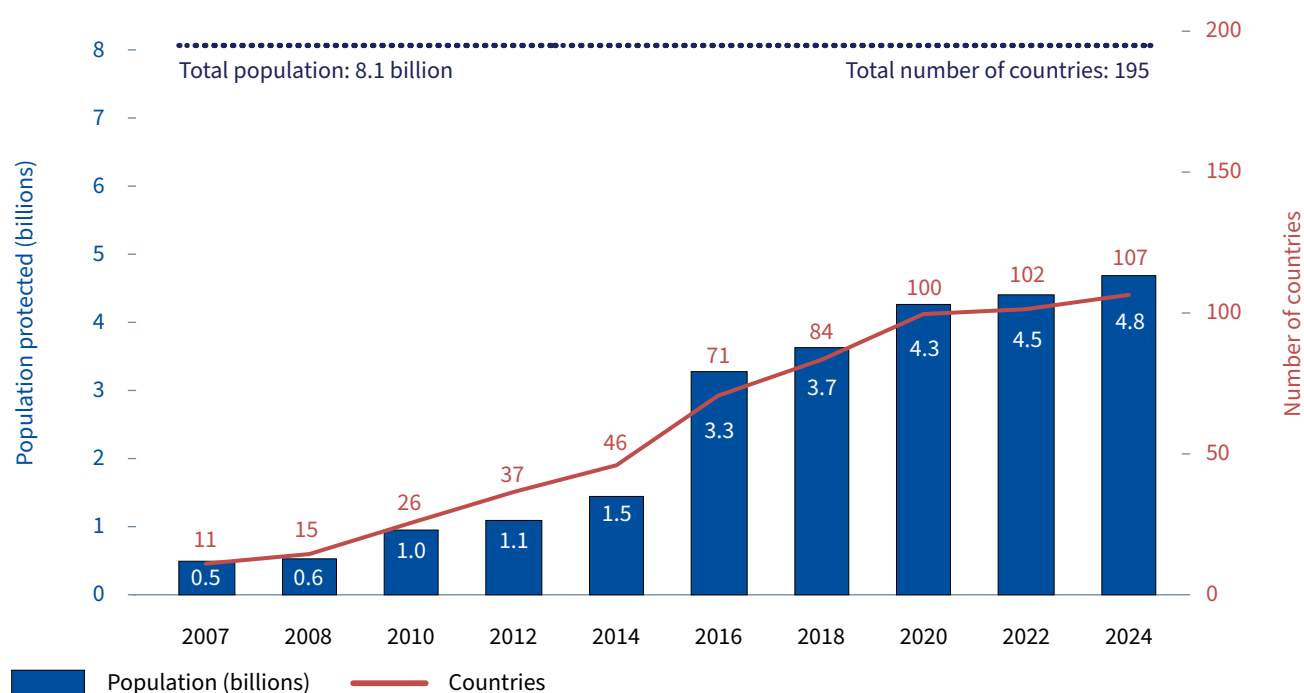
In total, 110 countries have adopted these measures, collectively covering approximately 5 billion people, or 62% of the global population. This represents substantial progress relative to 2007, when only nine countries, covering less than 400 million people, had such policies in place.

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

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

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

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



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

Mass media campaigns need more investment globally

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

In 2024, 37 countries covering a population of just under 3 billion reported conducting a national mass media campaign that ran for three or

more weeks and met the following criteria: (1) aired on television and/or radio; (2) was part of a comprehensive tobacco control programme; (3) campaign materials were pre-tested with the target audience; (4) media planning was conducted and air time and/or placement was purchased or secured; (5) earned media/journalists were leveraged to gain news coverage; (6) process evaluation was undertaken and (7) outcome evaluation was conducted.

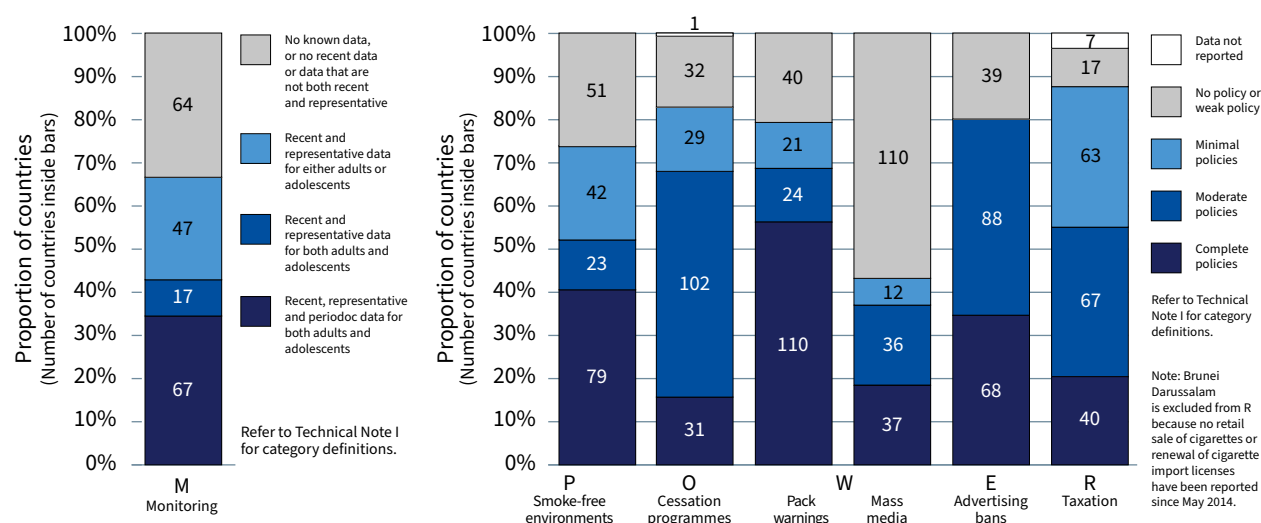
A total of 85 countries reported running campaigns between 2023 and 2024; of these, 56% did not meet best-practice level. In most cases, the criteria that were missing were the implementation of pre-testing or the use of outcome evaluation after the implementation of the campaign. Only nine countries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

since 2010 when mass media data were first collected.

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

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

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



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

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

Progress must be accelerated globally

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

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

Only 31 countries are providing cessation services at best-practice level. Since 2022, two countries were gained (El Salvador and Lithuania) while three countries were lost (Cook Islands, Iran (Islamic Republic of) and Philippines) from the best-practice group. Although this measure is fully adopted by very few

countries, these countries are home to approximately one third of the world's population, making it the second most adopted MPOWER measure in terms of population covered.

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

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

MPOWER progress continues but the pace is unequal across measures

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

- One additional country achieved monitoring best-practice level in 2024 (Marshall Islands); however, 10 countries dropped back by not maintaining a regular programme of surveys.

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

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

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

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

the activities of the tobacco and related industries.

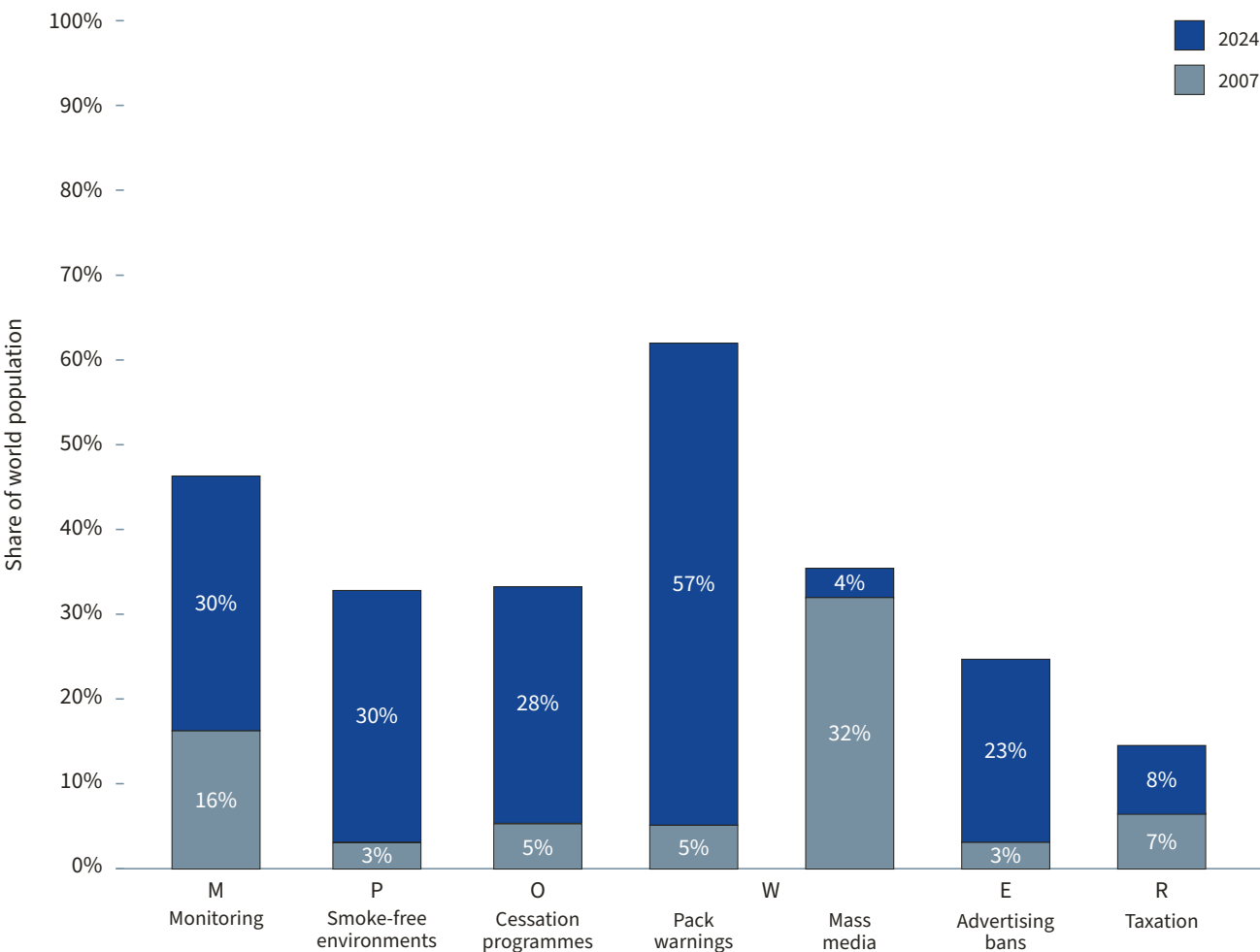
Health warnings are required on both devices and e-liquids in 56 countries, on devices only in three countries and on e-liquids only in nine countries. ENDS are covered by the same advertising and promotion bans as tobacco products in 63 countries, while 47 countries have specific regulations governing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

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

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

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

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



^a 2010 for W mass media, 2008 for R taxation

Conclusion

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

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

Yet, the fight is far from over. More than 7 million people continue to die each year from tobacco-related diseases.

Emerging products like e-cigarettes and the evolving tactics of the tobacco industry pose new challenges. Continued vigilance, innovation, and global solidarity are essential to protect future generations.

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

Although at least one MPOWER policy already protects three quarters of the global population, 2 billion people

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

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

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

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

There are a number of provisions that countries have adopted for cigarette packaging that complement and enhance the impact of graphic health

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

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

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

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

