WHO REPORT ON THE GLOBAL TOBACCO EPIDEMIC, 2008

The MPOWER package

fresh and alive

mpower

World Health Organization

In the 20th century, the tobacco epidemic killed 100 million people worldwide.

During the 21st century, it could kill one billion.

Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

The six policies of WHO's MPOWER package can counter the tobacco epidemic and reduce its deadly toll.

Six effective tobacco control policies can counter the epidemic.

WHO Report on the Global Tobacco Epidemic, 2008 **is the first in a series of WHO reports that will track the status of the tobacco epidemic and the impact of interventions implemented to stop it.**

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The MPOWER package

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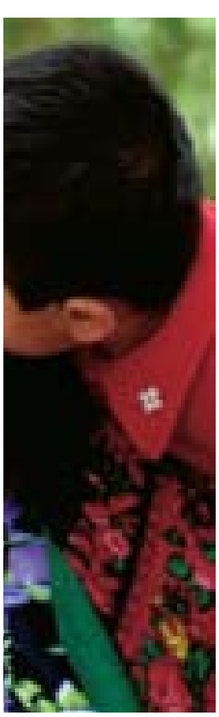
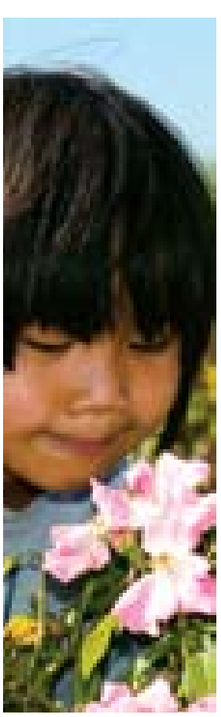


ABBREVIATIONS

AFRO	**WHO Regional Office for Africa**
AMRO	**WHO Regional Office for the Americas**
CDC	**Centers for Disease Control and Prevention**
EMRO	**WHO Regional Office for the Eastern Mediterranean**
EURO	**WHO Regional Office for Europe**
HQ	**WHO headquarters**
IMF	**International Monetary Fund**
LCU	**Local currency unit**
NCD	**Noncommunicable diseases**
NGO	**Nongovernmental organization**
SEARO	**WHO Regional Office for South-East Asia**
STEPS	**WHO's STEPwise approach to Surveillance**
US	**United States**
USD	**United States dollar**
WHO	**World Health Organization**
WPRO	**WHO Regional Office for the Western Pacific**

TOBACCO EPIDEMIC DEATH TOLL

100 million dead in the 20th century

Currently 5.4 million deaths every year

Unless urgent action is taken:

- By 2030, there will be more than 8 million deaths every year
- By 2030, more than 80% of tobacco deaths will be in developing countries
- One billion estimated deaths during the 21st century

Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world.

Dr Margaret Chan, WHO Director-General

WE MUST ACT NOW TO REVERSE THE GLOBAL TOBACCO EPIDEMIC AND SAVE MILLIONS OF LIVES

We hold in our hands the solution to the global tobacco epidemic that threatens the lives of one billion men, women and children during this century. In fact, tobacco use can kill in so many ways that it is a risk factor for six of the eight leading causes of death in the world. The cure for this devastating epidemic is dependent not on medicines or vaccines, but on the concerted actions of government and civil society.

This is a unique point in public health history as the forces of political will, policies and funding are aligned to create the momentum needed to dramatically reduce tobacco use and save millions of lives by the middle of this century. Reversing this entirely preventable epidemic must now rank as a top priority for public health and for political leaders in every country of the world.

The global consensus that we must fight the tobacco epidemic has already been established by the more than 150 Parties to the WHO Framework Convention on Tobacco Control. Now, the *WHO Report on the Global Tobacco Epidemic, 2008* gives countries a roadmap that builds on the WHO Framework Convention to turn this global consensus into a global reality through MPOWER, a package of six effective tobacco control policies.

But countries need not act alone. WHO, with help from its global partners, is scaling up its capacity and is committed to supporting Member States as they implement and enforce the MPOWER policies. The *WHO Report on the Global Tobacco Epidemic, 2008* also enables WHO to present a unique and comparable set of country-specific data from around the world that will cast an intense spotlight on tobacco use, its impact on people and economies, and the progress countries are making to reverse the epidemic.

Prompt action is crucial. The tobacco epidemic already kills 5.4 million people a year from lung cancer, heart disease and other illnesses. Unchecked, that number will increase to more than 8 million a year by 2030. Tragically, with more than 80% of those deaths occurring in the developing world, the epidemic will strike hardest in countries whose rapidly growing economies offer their citizens the hope of a better life. To the tobacco companies, these economies represent vast new marketplaces. This will result not only in large increases in illness and death, but also in less productive workforces and escalating avoidable health-care costs.

We cannot let this happen. I call on governments around the world to take urgent action to implement the policies outlined in the MPOWER package.

Dr Margaret Chan
Director-General
World Health Organization

Summary

Tobacco is the single most preventable cause of death in the world today. This year, tobacco will kill more than five million people – more than tuberculosis, HIV/AIDS and malaria combined. By 2030, the death toll will exceed eight million a year. Unless urgent action is taken tobacco could kill **one billion people** during this century.

Tobacco is the only legal consumer product that can harm everyone exposed to it – and it kills up to half of those who use it as intended. Yet, tobacco use is common throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use.

Most of tobacco's damage to health does not become evident until years or even decades after the onset of use. So, while tobacco use is rising globally, the epidemic of tobacco-related disease and death has just begun.

But we can change the future. The tobacco epidemic is devastating – but preventable. The fight against tobacco must be engaged forcefully and quickly – with no less urgency than battles against life-threatening infectious diseases. We can halt the tobacco epidemic and move towards a tobacco-free world – **but we must act now**.

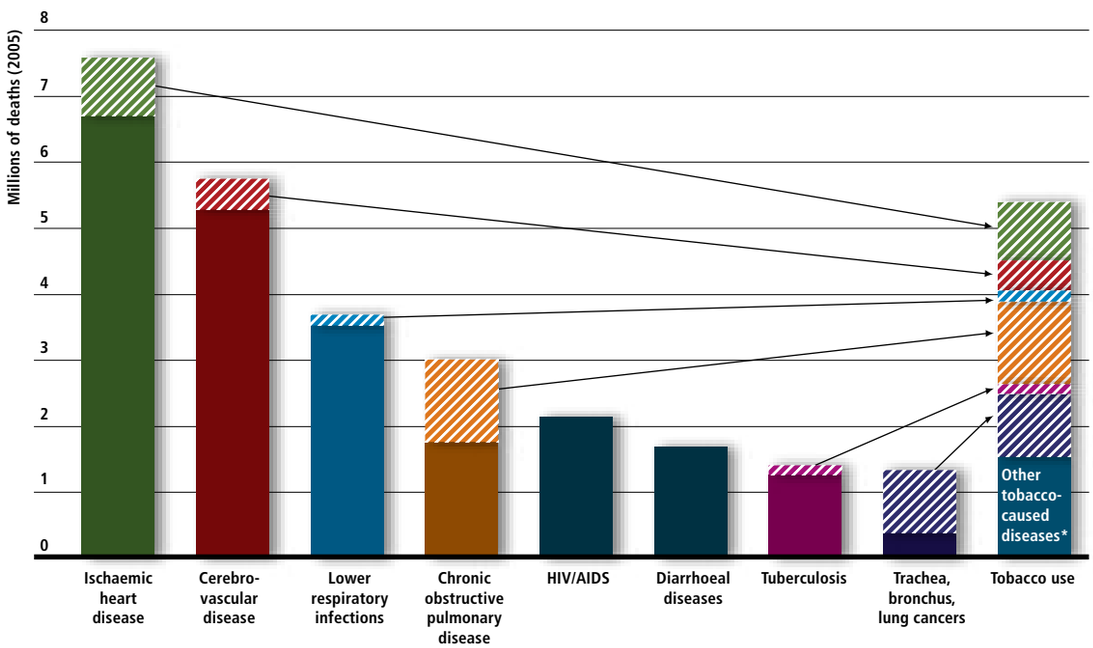
The WHO Framework Convention on Tobacco Control, a multilateral treaty with more than 150 Parties, was the first step in the global fight against the tobacco epidemic (see Appendix VI for status of the WHO Framework Convention). This treaty presents a blueprint for countries to reduce both the supply of and the demand for tobacco. The WHO Framework Convention establishes that international law has a vital role in preventing disease and promoting health.

Parties to the WHO Framework Convention have committed to protect the health of their populace by joining the fight against the tobacco epidemic. To help countries fulfil the promise of the WHO Framework Convention, WHO has established MPOWER, a package of the six most important and effective tobacco control policies: raising taxes and prices, banning advertising, promotion and sponsorship, protecting people from second-hand smoke, warning everyone about the dangers of tobacco, offering help to people who want to quit, and carefully monitoring the epidemic and prevention policies. These policies are proven to reduce tobacco use.

To support MPOWER, WHO and its global partners are providing new resources to help countries stop the disease, death and economic damage caused by tobacco use. When implemented and enforced as a package, the six policies will prevent young people from beginning to smoke, help current smokers quit, protect non-smokers from exposure to

Act now with MPOWER!

TOBACCO USE IS A RISK FACTOR FOR SIX OF THE EIGHT LEADING CAUSES OF DEATH IN THE WORLD

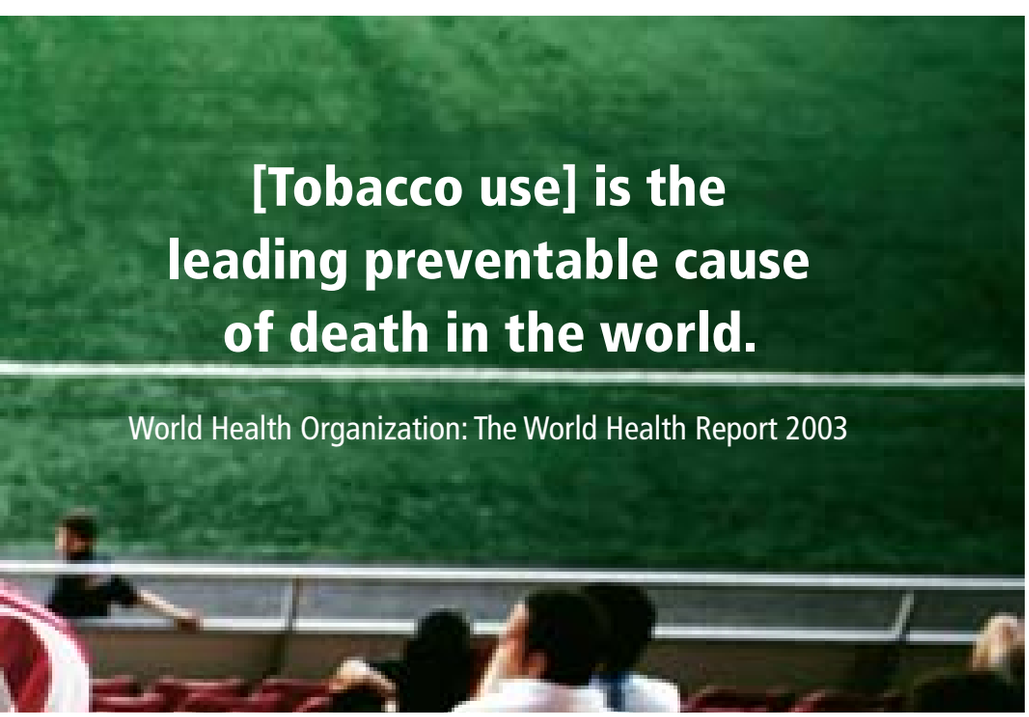


Hatched areas indicate proportions of deaths that are related to tobacco use and are coloured according to the column of the respective cause of death.

*Includes mouth and oropharyngeal cancers, oesophageal cancer, stomach cancer, liver cancer, other cancers, as well as cardiovascular diseases other than ischaemic heart disease and cerebrovascular disease.

Source: Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Medicine*, 2006, 3(11): e442. Additional information obtained from personal communication with C.D. Mathers.

Source of revised HIV/AIDS figure: AIDS epidemic update. Geneva, Joint United Nations Programme on HIV/AIDS (UNAIDS) and World Health Organization (WHO), 2007.



second-hand smoke and free countries and their people from tobacco's harm.

Monitor tobacco use and prevention policies. Assessment of tobacco use and its impact must be strengthened. Currently, half of countries – and two in three in the developing world – do not have even minimal information about youth and adult tobacco use. Data on other aspects of the epidemic, such as tobacco-related disease and death, are also inadequate. Good monitoring provides information about the extent of the epidemic in a country, as well as how to tailor policies to specific country needs. Both global and country-by-country monitoring are critical to understanding and reversing the tobacco epidemic.

Protect people from tobacco smoke. All people have a fundamental right to breathe clean air. Smoke-free places are essential to protect non-smokers and also to encourage smokers to quit. Any country, regardless of income level, can implement smoke-free laws effectively. However, only 5% of the global population is protected by comprehensive smoke-free legislation. In most countries, smoke-free laws cover only some indoor spaces, are weakly written or are poorly enforced. Once enacted and enforced, smoke-free laws are widely popular, even among smokers, and do not harm businesses. Only a total ban on smoking in public places and workplaces protects people from second-hand smoke and helps smokers quit.

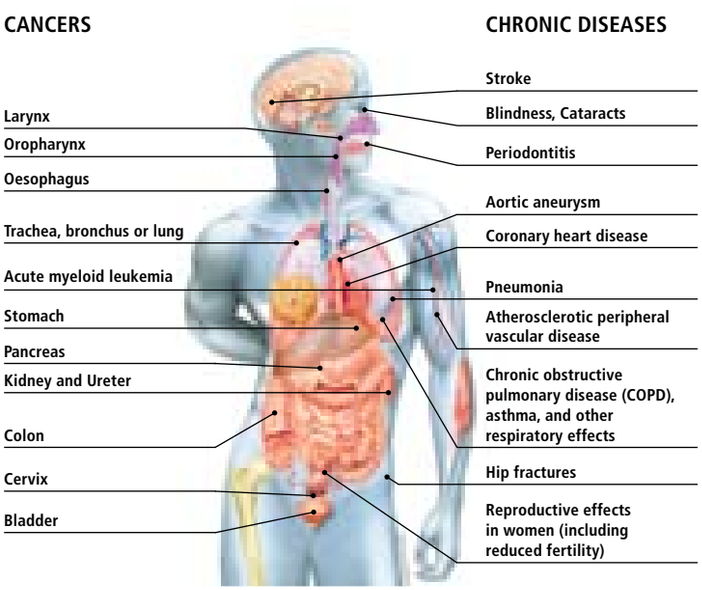
Offer help to quit tobacco use. Most of the world's more than one billion smokers – about a quarter of all adults – are addicted. Many want to quit, but few get the help they need. Services to treat tobacco dependence are fully available in only nine countries, with 5% of the world's population. Countries must establish programmes providing low-cost, effective interventions for tobacco users who want to escape their addiction.

Warn about the dangers of tobacco. Despite conclusive evidence, relatively few tobacco users understand the full extent of their health risk. Comprehensive warnings about the dangers of tobacco can change tobacco's image, especially among adolescents and young adults. Graphic warnings on tobacco packaging deter tobacco use, yet only 15 countries, representing 6% of the world's population, mandate pictorial warnings (covering at least 30% of the principal surface area) and just five countries, with a little over 4% of the world's people, meet the highest standards for pack warnings. More than 40% of the world's population lives in countries that do not prevent use of misleading and deceptive terms such as "light" and "low-tar", even though conclusive scientific evidence – which has been known to the tobacco industry for several decades – shows that such products do not reduce health risks. This first report has not assessed public education campaigns, which, if hard-hitting, sophisticated and sustained, are highly effective. Countries such as Australia show what can be done with effective public education campaigns.

Enforce bans on tobacco advertising, promotion and sponsorship. The tobacco industry spends tens of billions of dollars worldwide each year on advertising, promotion and sponsorship. Partial bans on tobacco advertising, promotion and sponsorship do not work because the industry merely redirects its resources to other non-regulated marketing channels. Only a total ban can reduce tobacco consumption and protect people, particularly youth, from industry marketing tactics. Only 5% of the world's population currently lives in countries with comprehensive bans on tobacco advertising, promotion and sponsorship. About half the children of the world live in

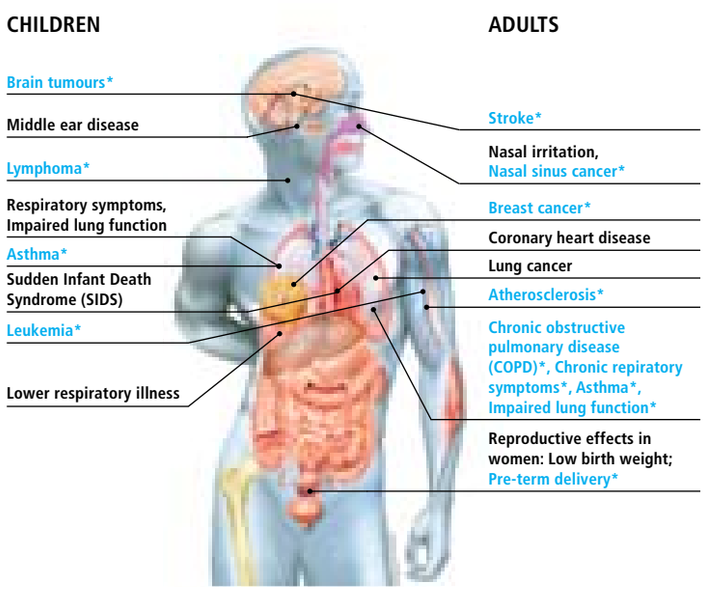
Warn people about the danger of tobacco use

DISEASES CAUSED BY SMOKING



Source: U.S. Department of Health and Human Services. *The health consequences of smoking: a report of the Surgeon General*. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2004 (http://www.cdc.gov/tobacco/data_statistics/sgr/sgr_2004/chapters.htm, accessed 5 December 2007).

DISEASES CAUSED BY SECOND-HAND SMOKE



* Evidence of causation: suggestive
Evidence of causation: sufficient

Source: U.S. Department of Health and Human Services. *The health consequences of involuntary exposure to tobacco smoke: a report of the Surgeon General*. Atlanta, U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Coordinating Center for Health Promotion, National Center for Chronic Disease Prevention and Health Promotion, Office on Smoking and Health, 2006 (http://www.surgeongeneral.gov/library/secondhandsmoke/report/fullreport.pdf, accessed 5 December 2007).

Tobacco is now the world's leading killer. We have the proven means to reduce tobacco use, but policy-makers are not yet applying these interventions.

Michael R. Bloomberg, Mayor of New York City

countries that do not ban free distribution of tobacco products.

Raise taxes on tobacco. Raising taxes, and therefore prices, is the most effective way to reduce tobacco use, and especially to discourage young people from using tobacco. It also helps convince tobacco users to quit. Only four countries, representing 2% of the world's population, have tax rates greater than 75% of retail price. And although more than four out of five high-income countries tax tobacco at 51–75% of retail price, less than a quarter of low- and middle-income countries tax tobacco at this rate. A 70% increase in the price of tobacco could prevent up to a quarter of all tobacco-related deaths worldwide. A 10% price increase may cause a 4% drop in tobacco consumption in high-income countries and an 8% drop in low- and middle-income countries, with tobacco tax revenue increasing despite reduced consumption. Higher taxes can provide countries with funding to implement and enforce tobacco control policies and can pay for other public health and social programmes.

In countries with available information, tobacco tax revenues are more than 500 times higher than spending on tobacco control. For 3.8 billion people living in the low- and middle-income countries for which information is available, total national tobacco control expenditure was only US$ 14 million per year. In contrast, tobacco tax revenue for these same countries was US$ 66.5 billion. In other words, for every US$ 5 000 in tobacco tax revenue, these countries spent about US$ 1 for tobacco control. Per capita expenditure on tobacco control in low- and middle-income countries with available information was less than one tenth of one cent and about a half a cent, respectively.

Although the dangers of tobacco use know no socioeconomic boundaries, the tobacco epidemic will cause the most harm to low-income households and countries. Most of the world's population lives in low- and middle-income countries where overall tobacco consumption is rising, but which have fewer resources to respond to the health, social and economic problems caused by tobacco use. The tobacco industry is increasingly targeting marketing and promotion to vulnerable groups in these countries.

The *WHO Report on the Global Tobacco Epidemic, 2008* documents the extent of the epidemic, details how MPOWER will reverse it and assesses the current status of global tobacco control. The report provides, for the

Create healthy policies for your community

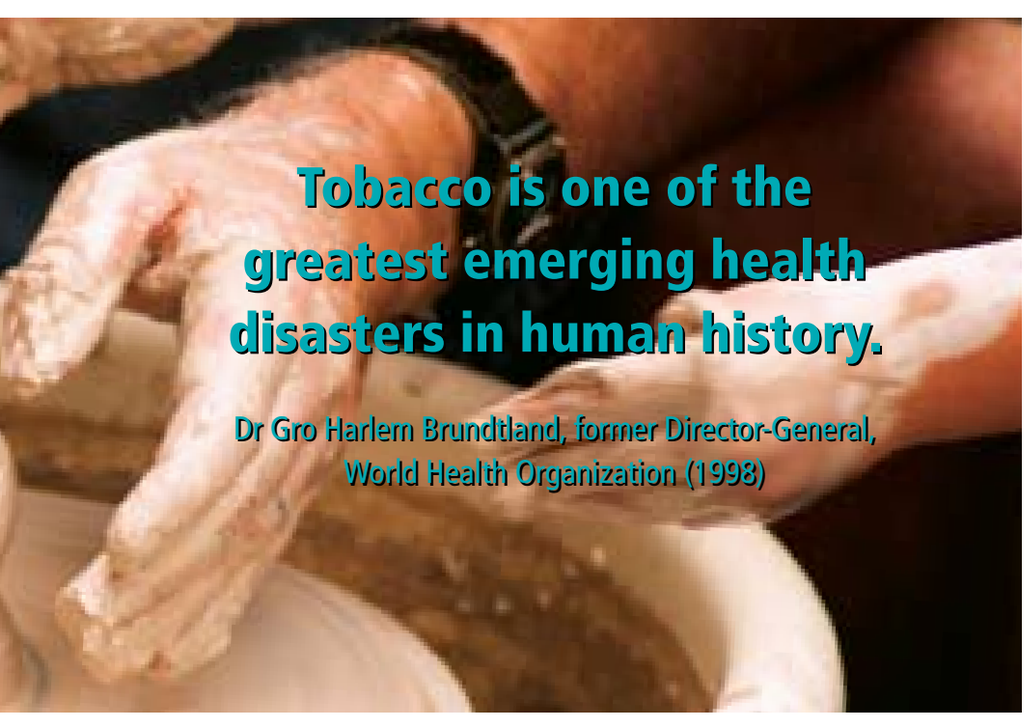
first time, rigorous information on the status of effective tobacco control measures in almost every country. The report's appendices provide an in-depth view of the current tobacco control situation in different countries and identify gaps in information, data and policies that must be filled.

The MPOWER package provides tools to take action. What is needed now is the resolve by political leadership, governments and civil society in every country to adopt and enact these six policies that have been proven to reduce tobacco use and its resulting burden of disease and death. Citizens strongly support tobacco control measures, even in countries with high levels of tobacco use. In China, for example, the world's largest producer and consumer of tobacco, a recent survey found that most urban residents support establishing smoke-free public places, banning tobacco advertising, promotion and sponsorship, and raising tobacco taxes.

Tobacco control is not expensive. Tobacco taxes increase government revenues. Enforcement of smoke-free laws and advertising, promotion and sponsorship bans do not require large expenditure. Cessation services can be integrated into the general health-care system. Public education campaigns require a separate budget – but governments currently take in more than 500 times as much from tobacco taxes as they spend on tobacco control; there is ample room to expand and strengthen activities, even if some additional resources are needed. Well-staffed national tobacco control programmes, with experts in legal issues, enforcement, marketing, taxation, economics, advocacy, programme management and other key areas, are affordable and needed but largely absent, particularly from low- and middle-income governments.

But global tobacco control is gaining momentum. The WHO Framework Convention has expanded to more than 150 Parties, and donors are supporting countries with new funding. Now, WHO is launching MPOWER to advance tobacco control among all Member States, allowing national and subnational governments to increase effective tobacco control and rise to the challenge of confronting one of the biggest public health threats the world has ever faced.

To counteract the tobacco epidemic, countries must have the political will to adopt and enforce MPOWER. Despite strong evidence of effectiveness of and public support for tobacco control measures, only about one in five countries has fully implemented **any** of the key five policies – smoke-free environments, treatment of tobacco dependence, health warnings on packages, bans on advertising, promotion and sponsorship, and tobacco taxation – at a level that provides full protection for their populations, and not a single country has implemented all six at the highest level. If countries implement and enforce MPOWER, they can prevent millions of people from being disabled or killed by tobacco.



The global tobacco crisis

Tobacco – global agent of death

Although tobacco deaths rarely make headlines, tobacco kills one person every six seconds.[1] Tobacco kills a third to half of all people who use it,[2] on average 15 years prematurely.[2,3,4] Today, tobacco use causes 1 in 10 deaths among adults worldwide – more than five million people a year.[1] By 2030, unless urgent action is taken, tobacco's annual death toll will rise to more than eight million.[1,5]

If current trends continue unchecked, it is estimated that around 500 million people alive today will be killed by tobacco.[6] During this twenty-first century, tobacco could kill up to one billion people.[7] Most tobacco users will want to quit but will be unable to because of their dependence on a highly addictive substance.

Cigarettes and other smoked tobacco products rapidly deliver the addictive drug nicotine to the brain immediately after smokers inhale – about as efficiently as an intravenous injection with a syringe.[8] The tobacco industry itself has referred to cigarettes as a "nicotine delivery device".[9] But because the effects of smoked tobacco last only a few minutes, smokers experience withdrawal symptoms unless they continue to smoke.[10]

Although standard cigarettes are the most commonly used type of smoked tobacco, other smoked tobacco products, such as bidis, kreteks and shisha, are gaining popularity – often in the mistaken belief that they are less hazardous to health. However, all forms of tobacco are lethal.[11] Smoked tobacco in any form causes up to 90% of all lung cancers and is a significant risk factor for strokes and fatal heart attacks.[12]

Bidis, small hand-rolled cigarettes typically smoked in India and other South-East Asian countries, produce three times more carbon monoxide and nicotine and five times more tar

Let people know where you stand

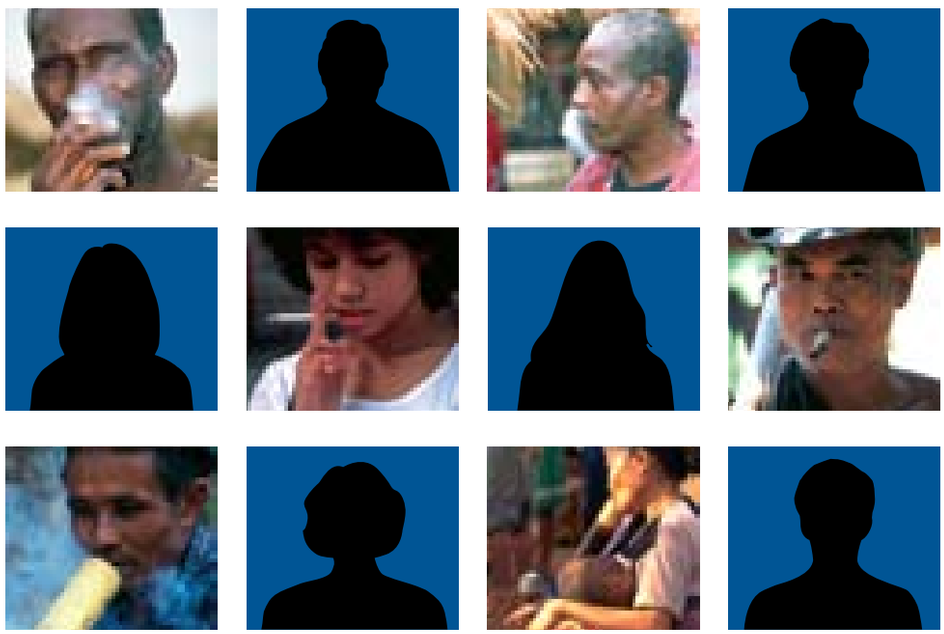
than regular cigarettes.[13] Bidi smokers have a three-fold higher risk of oral cancer compared with non-smokers and are also at increased risk of lung, stomach and oesophageal cancer. Kreteks, clove and tobacco cigarettes most commonly smoked in Indonesia, place smokers at increased risk of acute lung injury. Shisha, tobacco cured with flavourings and smoked from hookahs primarily in the Eastern Mediterranean region, is linked to lung disease, cardiovascular disease and cancer.[11]

Smokers are not the only ones sickened and killed by tobacco. Second-hand smoke also has serious and often fatal health consequences. In the United States, second-hand smoke causes about 3 400 lung cancer deaths and 46 000 heart disease deaths a year. Second-hand smoke is responsible in the United States for an estimated 430 cases of sudden infant death syndrome, 24 500 low-birth-weight babies, 71 900 pre-term deliveries and 200 000 episodes of childhood asthma annually.[14]

Smokeless tobacco is also highly addictive and causes cancer of the head and neck, oesophagus and pancreas, as well as many oral diseases.[11,15] There is evidence that some forms of smokeless tobacco may also increase the risk of heart disease and low-birth-weight babies.[16]

TOBACCO KILLS UP TO ONE IN EVERY TWO USERS

Of the more than 1 billion smokers alive today, around 500 million will be killed by tobacco



…tobacco is the only legally available consumer product which kills people when it is used entirely as intended.

The Oxford Medical Companion (1994)

A growing epidemic

Unless urgent action is taken, the number of smokers worldwide will continue to increase.[17] Unlike many other dangerous substances, for which the health impacts may be immediate, tobacco-related disease usually does not begin for years or decades after tobacco use starts. Because developing countries are still in the early stages of the tobacco epidemic, they have yet to experience the full impact of tobacco-related disease and death already evident in wealthier countries where tobacco use has been common for much of the past century.

Tobacco use is growing fastest in low-income countries, due to steady population growth coupled with tobacco industry targeting, ensuring that millions of people become fatally addicted each year. More than 80% of the world's tobacco-related deaths will be in low- and middle-income countries by 2030.[1]

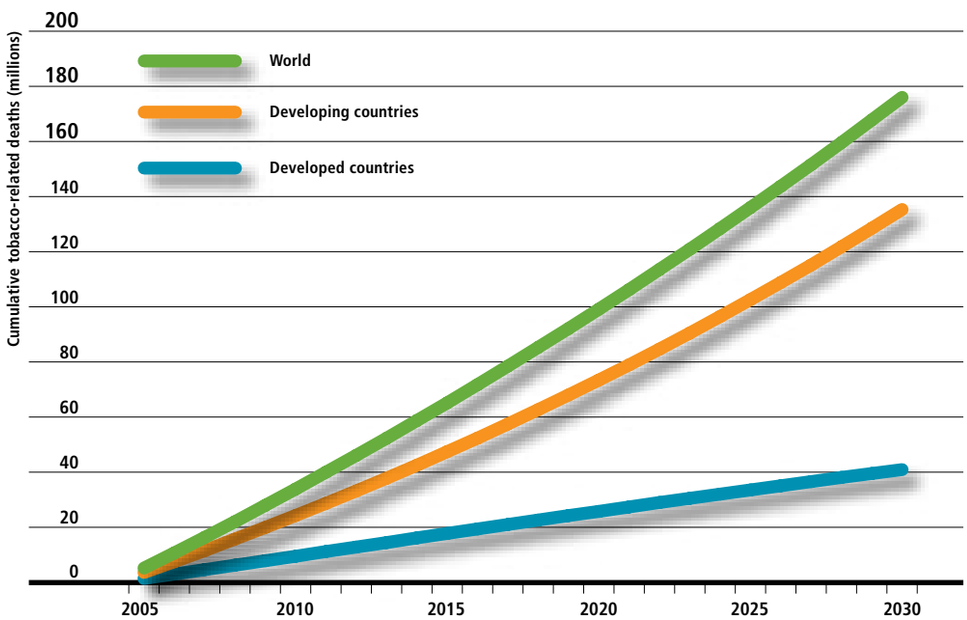
As many as 100 million Chinese men currently under age 30 will die from tobacco use.[18] In India, about a quarter of deaths among middle-aged men are caused by smoking.[19] As the number of smokers in this group increases with population growth, so will the number of deaths. The shift of the tobacco epidemic to the developing world will lead to unprecedented levels of disease and early death in countries where population growth and the potential for increased tobacco use are highest and where health-care services are least available.

The rise in tobacco use among younger females in high-population countries is one of the most ominous potential developments of the epidemic's growth. In many countries, women have traditionally not used tobacco: women smoke at about one fourth the rate of men. Because most women currently do not use tobacco, the tobacco industry aggressively markets to them to tap this potential

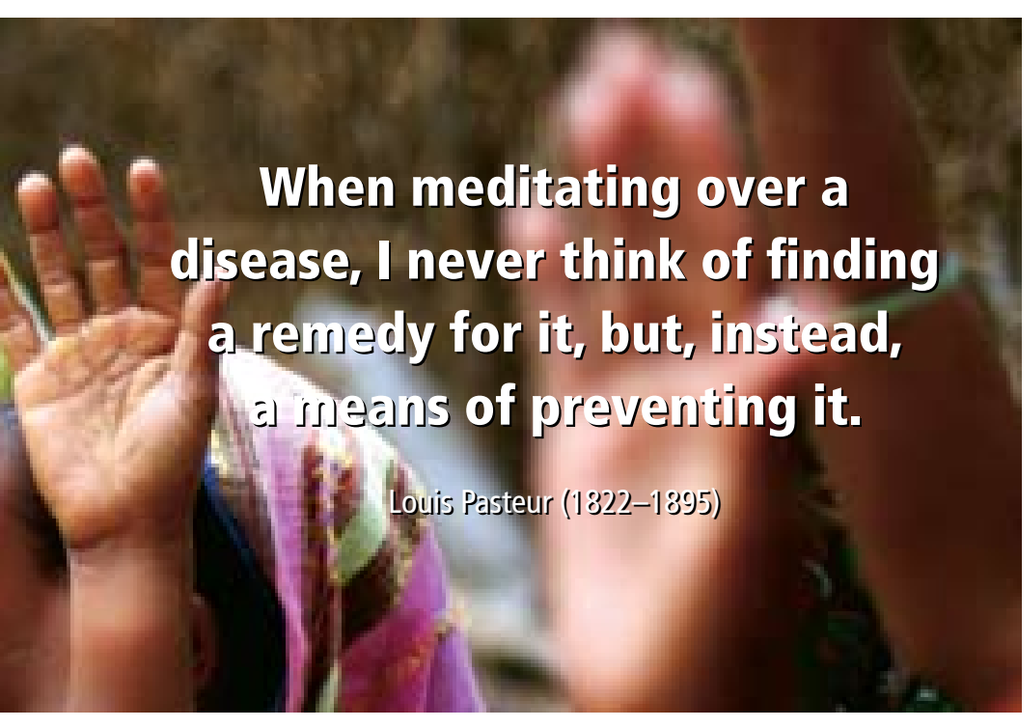
new market. Advertising, promotion and sponsorship, including charitable donations to women's causes, weaken cultural opposition to women using tobacco. Product design and marketing, including the use of attractive models in advertising and brands marketed specifically to women, are explicitly crafted to encourage women to smoke.

TOBACCO WILL KILL OVER 175 MILLION PEOPLE WORLDWIDE BETWEEN NOW AND THE YEAR 2030

Cumulative tobacco-related deaths, 2005–2030



Source: Mathers CD, Loncar D. Projections of global mortality and burden of disease from 2002 to 2030. *PLoS Medicine*, 2006, 3(11):e442.



Throughout most of Europe, where modern tobacco use began a century ago, rates of tobacco use by males and females have been converging for decades. Today, tobacco use rates are decreasing among European men while they are increasing among women, particularly in eastern, central and southern Europe.[20] In most European Union countries, teenage girls are as likely to smoke as boys, if not more likely.[21] In the developing world, tobacco use rates for adult females remain relatively low, but could rise quickly among teenage females. In South-East Asia, the adult male smoking rate is ten times higher than the adult female rate.[17] Among 13–15-year-olds, however, the male smoking rate is only about two and a half times higher.[21]

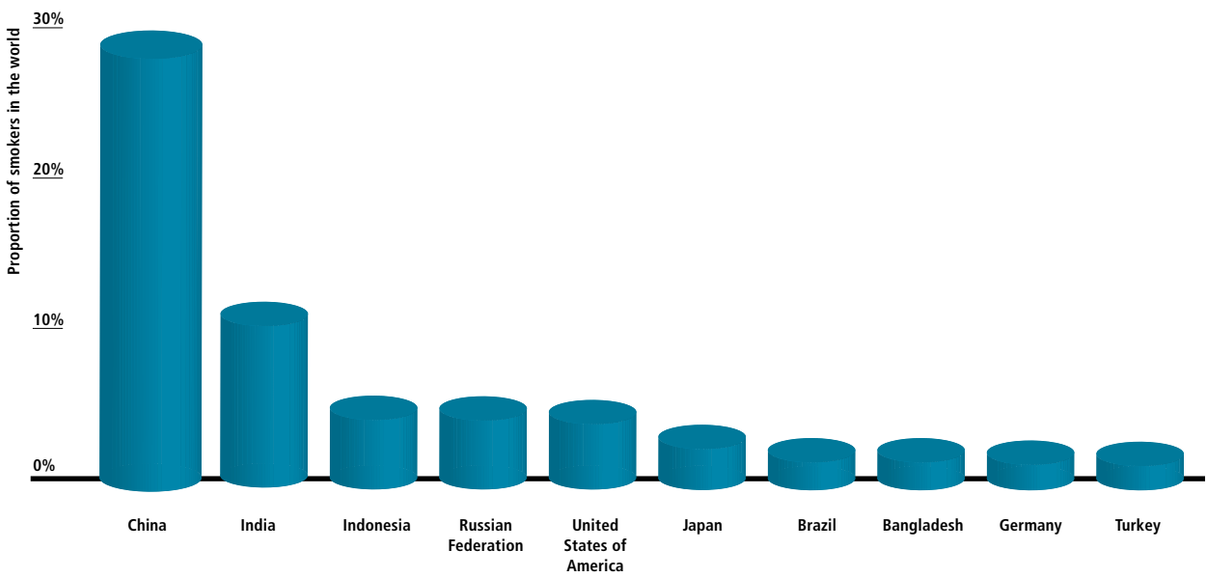
The most affected regions of the world are also challenged by a much wider variety of smoked tobacco products, such as bidis, kreteks and shisha. Like cigarettes, these products are also deadly. But since they are a different form of tobacco, they often do not include the same warning labels, taxes and other restrictions placed on cigarettes. Not surprisingly, many people believe – wrongly – that they are less dangerous than cigarettes.

The economic threat of tobacco

Although the tobacco industry claims it creates jobs and generates revenues that enhance local and national economies, the industry's overriding contribution to any country is suffering, disease, death – and economic losses. Tobacco use currently costs the world hundreds of billions of dollars each year.[22]

Tobacco-related deaths result in lost economic opportunities. In the United States, these losses are estimated at US$ 92 billion a year.[22,23] Lost economic opportunities in highly populated, developing countries – many of which are manufacturing centres of the global economy – will be severe as the tobacco epidemic worsens, because half of all tobacco-related deaths occur during the prime productive years.[22] The economic cost of tobacco-related deaths imposes a particular burden on the developing world, where four out of five tobacco deaths will

NEARLY TWO THIRDS OF THE WORLD'S SMOKERS LIVE IN 10 COUNTRIES



Source: The number of smokers per country was estimated using adjusted prevalence estimates (see Technical Note II and Appendix III). A limitation of this approach is that adjusted estimates used to estimate the number of smokers are sometimes derived from limited country data, and for some countries large adjustments are needed. In these cases the adjusted estimates can be different from actual surveys reported by countries. Brazil prevalence data were obtained from VIGITEL 2006.

The failure to use available knowledge about chronic disease prevention and control endangers future generations.

WHO Report 2005, Preventing chronic diseases: a vital investment

occur by 2030.[1] Data on tobacco's impact on global health-care costs are incomplete, but it is known to be high. In the United States, annual tobacco-related health-care costs are US$ 81 billion, in Germany nearly US$ 7 billion and in Australia US$ 1 billion.[22]

The net economic effect of tobacco is to deepen poverty. The industry's business objective – to get more customers addicted – disproportionately hurts the poor. Tobacco use is higher among the poor than the rich in most countries, and the difference in tobacco use between poor and rich is greatest in regions where average income is among the lowest.[24]

For the poor, money spent on tobacco means money not spent on basic necessities such as food, shelter, education and health care. The poorest households in Bangladesh spend almost 10 times as much on tobacco as on education.[25] In Indonesia, where smoking is most common among the poor, the lowest income group spends 15% of its total expenditure on tobacco.[26] In Egypt, more than 10% of household expenditure in low-income homes is on tobacco.[27] The poorest 20% of households in Mexico spend nearly 11% of their household income on tobacco.[28] Medical costs from smoking impoverish more than 50 million people in China.[29]

The poor are much more likely than the rich to become ill and die prematurely from tobacco-related illnesses. This creates greater economic hardship and perpetuates the circle of poverty and illness.[30] Early deaths of primary wage earners are especially catastrophic for poor families and communities. When, for example, a 45-year-old Bangladeshi man who heads a low-income household dies of cancer from a 35-year bidi habit, the survival of his entire family is at stake. His lost economic capacity is magnified as his spouse, children and other dependants sink deeper into poverty and government or extended family members must take on their support.

In addition to the health consequences of second-hand smoke, it is also a serious drain on economic resources. Second-hand smoke exposure in the United States alone costs an estimated US$ 5 billion annually in direct medical costs and more than US$ 5 billion more in indirect medical costs such as disability and lost wages.[31] In the Hong Kong Special Administrative Region of China, the cost of direct medical care, long-term care and productivity losses due to second-hand smoke exposure is approximately US$ 156 million annually.[32]

While more data and analysis are needed on tobacco's costs and economic burden, it is clear that its economic impact on productivity and health care – already disproportionately felt by the poor – will worsen as tobacco use increases. With the full onset of tobacco-related illness and death in the next few decades, the monetary costs of the epidemic will cause severe economic harm to low- and middle-income countries.

MPOWER benefits all of society

The tobacco industry as disease vector

All epidemics have a means of contagion, a vector that spreads disease and death. For the tobacco epidemic, the vector is not a virus, bacterium or other microorganism – it is an industry and its business strategy.[33] The epidemic of tobacco use and disease as we know it today would not exist without the tobacco industry's marketing and promotion of its deadly products over the past century.

Tobacco companies have long targeted youth as "replacement smokers" to take the place of those who quit or die. The industry knows that addicting youth is its only hope for the future. Although anyone who uses tobacco can become addicted to nicotine, people who do not start smoking before age 21 are unlikely to ever begin. Adolescent experimentation with a highly addictive product aggressively pushed by the tobacco industry can easily lead to a lifetime of tobacco dependence. The younger children are when they first try smoking, the more likely they are to become regular smokers and the less likely they are to quit.[34,35,36,37,38]

Worldwide, the tobacco industry spends tens of billions of dollars a year on marketing.[39] The global tobacco industry now exploits the developing world by using the same marketing and lobbying tactics perfected – and often outlawed – in the developed world. For example, in developing countries, the industry now targets women and teens to use tobacco while pressuring governments to block marketing restrictions and tax increases – the same tactics it has used for decades in developed countries.

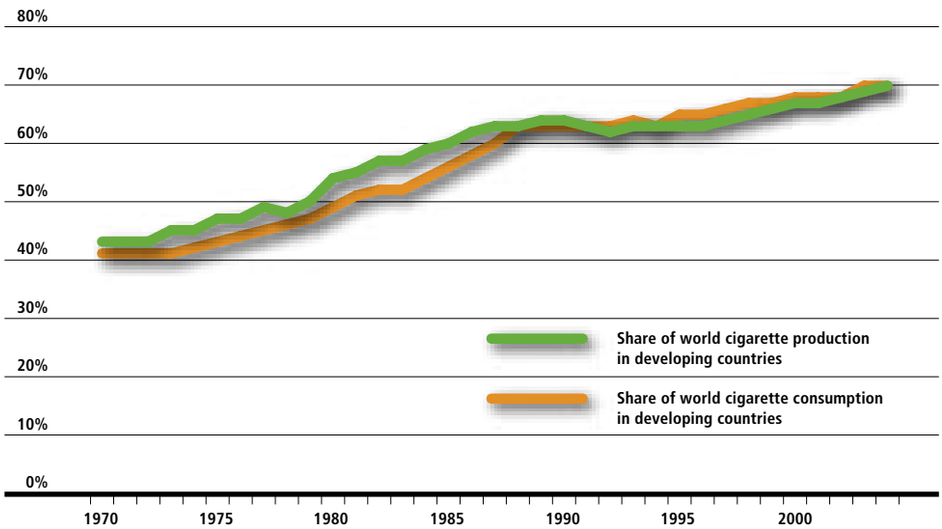
Because of an addicted customer base and high profit margins, tobacco companies are flush with cash, resulting in a major push to exploit markets in the developing world. One of the world's largest tobacco companies is in the process of divesting its international

cigarette business from its US-based business. This provides the company with protection from legal and and public relations problems in the US.[40] Joint ventures and mergers among multinationals and locally and state-owned companies are common as large companies seek to expand their markets worldwide.

In recent years, global tobacco giants have bought majority stakes in tobacco companies in the Dominican Republic, Indonesia, Mexico and Pakistan, among other countries, to boost sales and use in the developing world.[41,42, 43,44]

A SHIFTING EPIDEMIC
THE TOBACCO INDUSTRY REACHES NEW MARKETS IN DEVELOPING COUNTRIES

Share of cigarette production and consumption in developing countries



Source: Based on data from Food and Agriculture Organization FAOSTAT, United Nations Commodity Trade Statistics Database, United Nations Common Database, United States Department of Agriculture Economic Research Service, World Health Organization Statistical Information System, and ERC Group Plc.'s World Cigarettes Report 2005

SUMMARY

Although the global tobacco epidemic threatens more lives than any infectious disease, the solution to it does not require the discovery of a breakthrough cure or vaccination. Instead, this epidemic can be solved through implementation of proven public policies. Government leaders hold the cure for the tobacco epidemic. The actions they need to take to protect their people are outlined in the next section.

Governments and civil society must take action now

MPOWER:
Six policies to reverse the tobacco epidemic

The tobacco epidemic is preventable. Hundreds of millions of people do not have to die this century from tobacco-related illness – but only if the leaders of governments and civil society take urgent action now.

WHO is helping countries fight tobacco use and the tobacco industry's marketing of its deadly product. In May 2003, the WHO World Health Assembly unanimously adopted the WHO Framework Convention on Tobacco Control, one of the United Nations' most widely embraced treaties – and the world's first against tobacco – in order to galvanize action at the global and country level against the tobacco epidemic. This treaty provides the context for effective policy interventions to neutralize this killer of millions of people each year.

Leaders around the globe have begun to recognize that tobacco use is an epidemic that can and must be confronted and stopped. Some countries have started mobilizing to protect their citizens and their economies.

For example, Malaysia increased tobacco taxes to raise the retail price of cigarettes by 40%. Egypt established smoke-free public places and mandated pictorial health warnings on tobacco packs. Thailand prohibits tobacco advertising in print, radio and television and has banned cigarette vending machines. Jordan introduced a media campaign to cut tobacco use. Uruguay has banned smoking in public places and workplaces including restaurants, bars and casinos: the first country in the Americas to become 100% smoke-free.

However, much more needs to be done in every country. To expand the fight against the tobacco epidemic, WHO has introduced the MPOWER package of six proven policies:

- **M**onitor tobacco use and prevention policies,
- **P**rotect people from tobacco smoke,
- **O**ffer help to quit tobacco use,
- **W**arn about the dangers of tobacco,
- **E**nforce bans on tobacco advertising, promotion and sponsorship, and
- **R**aise taxes on tobacco.

The MPOWER policy package can reverse the tobacco epidemic and prevent millions of tobacco-related deaths.

Knowing is not enough;
we must apply.
Willing is not enough;
we must do.

Johann Wolfgang von Goethe (1749–1832)

Monitor tobacco use and prevention policies

Importance of monitoring data

Strong national and international monitoring is essential for the fight against the tobacco epidemic to succeed. Data from monitoring are necessary to ensure the success of the five other policy interventions in the MPOWER package. Only through accurate measurement can problems caused by tobacco be understood and interventions be effectively managed and improved.

Comprehensive monitoring informs the leaders of governments and civil society how the tobacco epidemic harms their countries, and helps them allocate tobacco control resources where they are most needed and will be most effective. Monitoring also shows whether policies are working and how they should be tailored to the needs of different countries, and to different groups within countries.

Characteristics of effective monitoring systems

Good monitoring systems must track several indicators, including (i) prevalence of tobacco use; (ii) impact of policy interventions; and (iii) tobacco industry marketing, promotion and lobbying. Findings must be effectively disseminated so that governments, country leadership and civil society can use them to develop tobacco control policies and build capacity for effective policy

Knowledge is MPOWER

Protect people from tobacco smoke

implementation and enforcement. Data from monitoring become the most important evidence for advocates of stronger policies.

Monitoring programmes need to provide overarching as well as specific information on the tobacco epidemic. These include surveys on tobacco use prevalence and consumption levels by age group, sex, income and other demographic subdivisions, both nationally and by province or region. The effectiveness of local and national tobacco prevention programmes must also be closely assessed.

To maintain an effective monitoring system, collaboration is needed among health practitioners, economists, epidemiologists, data managers, government officials and many others. Good management and organization are also necessary, which requires stable and sustained funding. WHO is working with countries to build and expand global- and national-level monitoring systems.

The case for smoke-free environments

Research clearly shows that there is no safe level of exposure to second-hand smoke. The Conference of the Parties to the Framework Convention,[45] the WHO International Agency for Research on Cancer,[46] the US Surgeon General[47] and the United Kingdom Scientific Committee on Tobacco and Health[48] all concur that second-hand smoke exposure contributes to a range of diseases, including heart disease and many cancers. For example, second-hand smoke exposure increases the risk of coronary heart disease by 25–30% and the risk of lung cancer in non-smokers by 20–30%.[47]

Ireland provides strong evidence of the positive health effects of smoke-free environments. Following the country's implementation of smoke-free legislation in 2004, ambient air nicotine concentrations decreased by 83% and

bar workers' exposure to second-hand smoke plunged from 30 hours per week to zero.[49]

Smoke-free environments also help smokers who want to quit. Smoke-free laws in workplaces can cut absolute smoking prevalence by 4%.[50] Smoke-free policies in workplaces in several industrialized nations have reduced total tobacco consumption among workers by an average of 29%.[50]

Legislation mandating smoke-free public places also encourages families to make their homes smoke-free,[51] which protects children and other family members from the dangers of second-hand smoke. Even smokers are likely to voluntarily implement a "no smoking" rule in their homes after comprehensive smoke-free legislation is enacted.[52,53]

The effectiveness of smoke-free laws is greatly weakened or completely eliminated when smoking is permitted in designated areas. The tobacco industry itself acknowledges the effectiveness of smoke-free environments, and how creating exceptions can undermine their impact. A 1992 internal report by Philip Morris stated: "Total prohibition of smoking in the workplace strongly affects industry volume. … Milder workplace restrictions, such as smoking only in designated areas, have much less impact on quitting rates and very little effect on consumption."[54]

Smoke-free environments are popular

The overwhelming success and popularity of smoke-free legislation in countries that have adopted it contradict false claims by the tobacco industry that these laws are unworkable and costly to businesses. About half of Americans[55] and 90% of Canadians live in areas where public spaces and workplaces are smoke-free. A thorough review of the literature on the economic effects of smoke-free environments around the world concluded that, among the few studies presenting scientifically valid data,[56] none had a negative economic impact, resulting instead in a neutral or positive impact on businesses.[57]

When smoke-free legislation was proposed in Ireland, the tobacco industry argued vehemently that smoking was an integral part of that country's pub culture, claiming that a ban would be unenforceable and cause irreparable economic harm to pub owners.[58] But that country has now been smoke-free for more than two years, with strong public support and no negative impact on business.[58,59]

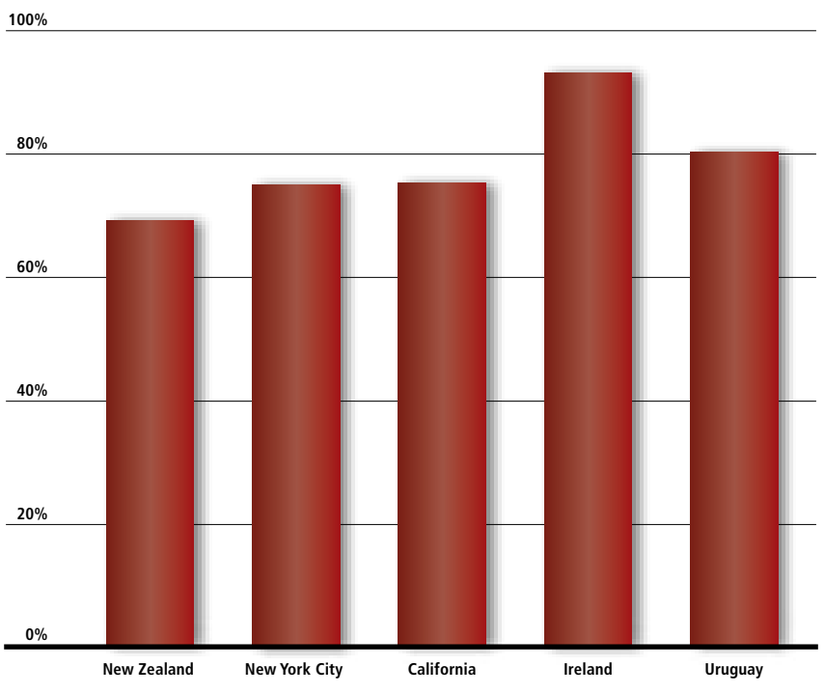
Public opinion surveys show that smoke-free legislation is extremely popular wherever it is enacted. In 2006, Uruguay became the first country in the Americas to go 100% smoke-free by enacting a ban on smoking in all public spaces and workplaces, including bars, restaurants and casinos. The ban won support from eight out of ten Uruguayans, including nearly two thirds of the country's smokers.[60] After New Zealand passed smoke-free laws in 2004, 69% of its citizens said they supported the right of people to work in a smoke-free environment.[61] In California, 75% of the population approve of smoke-free workplace laws that included restaurants and bars, enacted by that US state in 1998.[62]

Although China has few smoke-free public places, 90% of people living in large cities – smokers and non-smokers alike – support a ban on smoking on public transport and in schools and hospitals. More than 80% support a smoking ban in workplaces, and about half support banning smoking in restaurants and bars.[63]

Pull together for smoke-free legislation

SMOKE-FREE AREAS ARE POPULAR

Support for comprehensive smoking bans in bars and restaurants after implementation



New Zealand
Asthma and Respiratory Foundation of New Zealand. *Aotearoa New Zealand smokefree workplaces: a 12-month report.* Wellington, Asthma and Respiratory Foundation of New Zealand, 2005 (http://www.no-smoke.org/pdf/NZ_TwelveMonthReport.pdf, accessed 5 December 2007).

New York City
1. Chang C et al. *The New York City Smoke-Free Air Act: second-hand smoke as a worker health and safety issue*. American Journal of Industrial Medicine, 2004, 46(2):188-195.
2. Bassett M. *Tobacco control; the New York City experience*. New York City Department of Health and Mental Hygiene, 2007 (http://hopkins-famri.org/PPT/Bassett.pdf, accessed 8 November 2007).

California
California bar patrons field research corporation polls, March 1998 and September 2002. Sacramento, Tobacco Control Section, California Department of Health Services, November 2002.

Ireland
Office of Tobacco Control. *Smoke-free workplaces in Ireland: a one-year review*. Dublin, Department of Health and Children, 2005 (http://www.otc.ie/uploads/1_Year_Report_FA.pdf, accessed 5 November 2007).

Uruguay
Organización Panamericana de la Salud (Pan-American Health Organization). *Estudio de "Conocimiento y actitudes hacia el decreto 288/005". (Regulación de consumo de tabaco en lugares públicos y privados)*. October 2006 (http://www.presidencia.gub.uy/_web/noticias/2006/12/informeo_dec268_mori.pdf, accessed 5 December 2007).

The good news is that, unlike some public health hazards, second-hand smoke exposure is easily prevented. Smoke-free indoor environments are proven, simple approaches that prevent exposure and harm.

United States Department of Health and Human Services (2006)

Characteristics of effective smoke-free policies

Complete prohibition of smoking in all indoor environments is the only intervention that effectively protects people from the harm of second-hand smoke.[46,64,65] Full enforcement of smoke-free laws is critical to establishing their credibility, especially immediately following their enactment.[66] Sanctions for smoking in places where it has been prohibited must be clear and uniformly applied. Fining the owners of establishments where smoking occurs is the most effective way to enforce the law, although individuals who smoke in these establishments can also be subject to sanctions.

The primary purpose of establishing smoke-free workplaces is to protect workers' health. Business owners are obligated to provide a safe workplace for their employees. They should therefore bear the bulk of the responsibility for ensuring that their establishments remain smoke-free. Framing the debate about smoke-free workplaces as a worker safety issue accurately describes the intent of these laws and helps build support for them.

WHO recommends a step-by-step process as the most effective method to create smoke-free environments.[66] To begin, governments should prepare educational campaigns for the public and business communities about the dangers of second-hand smoke. After building widespread support for smoke-free spaces, legislation should be drafted and submitted for public comment. Once this groundwork has been done, governments need to maintain strong public and political support for smoke-free places, and then pass comprehensive legislation that includes clear penalties for violations as well as effective enforcement policies. Once enacted, governments must maintain strong support for the law through aggressive and uniform enforcement that achieves high compliance levels.

Countering tobacco industry opposition

Past experience with smoke-free legislation suggests the sort of opposition that will inevitably arise.[57] The tobacco industry will claim that smoke-free laws are too difficult to implement and enforce and will drive customers away from businesses, particularly restaurants and bars. They will propose separate smoking areas or ventilation as "reasonable" alternatives to 100% smoke-free workplaces. However, contrary to industry claims, their alternatives do not prevent exposure to second-hand smoke. Experience shows that in every country where comprehensive smoke-free legislation has been enacted, smoke-free environments are popular, easy to implement and enforce, and result in either a neutral or positive impact on businesses.[57,67,68]

Tim Zagat, founder of the Zagat survey guides, recently delivered one of the strongest testimonies to the benefits of smoke-free businesses: "Opponents of smoke-free laws argued that these laws would hurt small businesses. The opposite is true. … After the law took effect, our 2004 New York City survey found that 96% of New Yorkers were eating out as much or more than before." Zagat found that restaurants and bars in the city, virtually all of which were complying with the law, had actually experienced an increase in business receipts and payments.[69,70]

Tobacco industry lobbyists and front groups will also argue that smoke-free environments interfere with smokers' rights.[71] Since smokers and non-smokers alike are vulnerable to the harmful health effects of second-hand smoke, the principle behind smoke-free legislation

Raise children in smoke-free environments

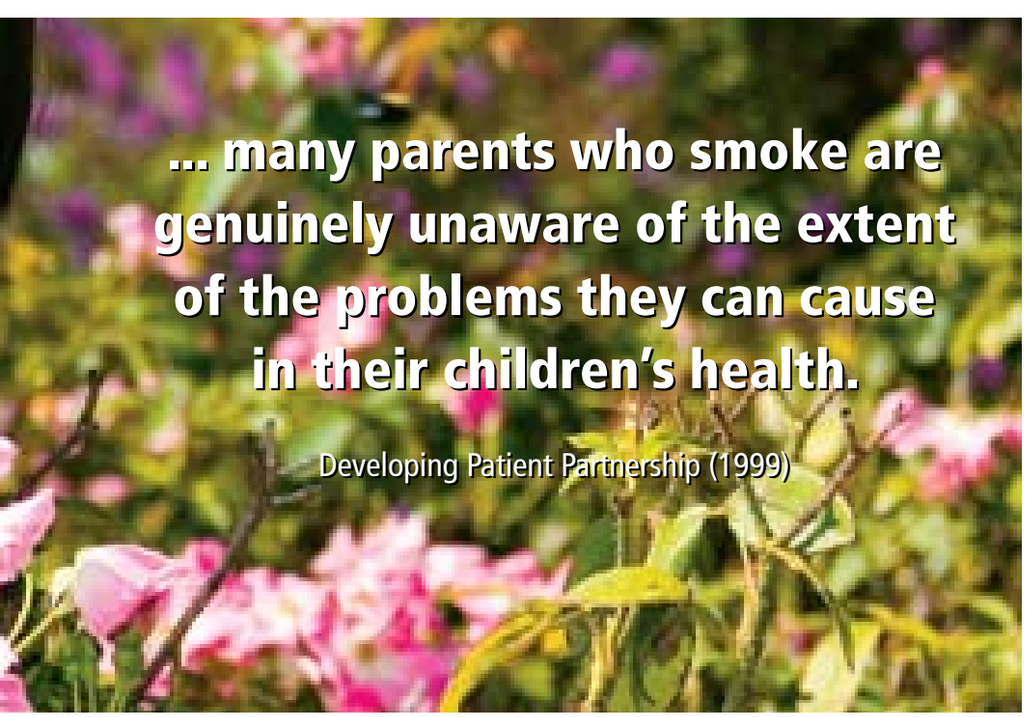
is that governments are obligated to protect health as a fundamental human right and freedom for all people.[72] This duty is implicit in the right to life and the right to the highest attainable standard of health as recognized in many international legal instruments, formally incorporated into the Preamble of the Framework Convention, and ratified in the constitutions of more than 100 countries. Forced exposure to second-hand smoke clearly infringes upon this right.

Countering false arguments by the tobacco industry and its lobbyists and front groups is crucial to gaining support for smoke-free legislation as a basic human right. Smoke-free environments help guarantee the right of non-smokers to breathe clean air, motivate smokers to quit, and allow governments to take the lead in tobacco prevention through highly popular health measures that benefit everyone.

Offer help to quit tobacco use

People who are addicted to nicotine are victims of the tobacco epidemic. Among smokers who are aware of the dangers of tobacco, three out of four want to quit.[73] Like people dependent on any addictive drug, it is difficult for most tobacco users to quit on their own and they benefit from help and support to overcome their dependence.

Countries' health-care systems hold the primary responsibility for treating tobacco dependence. Treatment includes various methods, from simple medical advice to pharmacotherapy, along with telephone help lines known as quit lines, and counselling. These treatment methods have differing cost efficiencies, and do not have a uniform impact on individual tobacco users. Treatment should be adapted to local conditions and cultures, and tailored to individual preferences and needs.



In most cases, a few basic treatment interventions can help tobacco users who want to quit. Three types of treatment should be included in any tobacco prevention effort: (i) tobacco cessation advice incorporated into primary health-care services; (ii) easily accessible and free quit lines; and (iii) access to low-cost pharmacological therapy.

Cessation incorporated into primary care

Integrating tobacco cessation into primary health care and other routine medical visits provides the health-care system with opportunities to remind users that tobacco harms their health and that of others around them. Repeated advice at every medical visit reinforces the need to stop using tobacco.[74,75] Advice from health-care practitioners can greatly increase abstinence rates.[76] This intervention is relatively inexpensive because it is part of an existing service that most people use at least occasionally. It can be particularly effective because it is provided by a well-respected health professional with whom tobacco users may have a good relationship.[77,78]

Incorporating tobacco cessation into basic medical care is especially appropriate in countries that have an existing network of primary care. But it can also be integrated into any type of widely available health-care services. Beyond basic training for health-care workers on cessation counselling and development of informational materials for tobacco users, there is no major investment required, nor are there political risks. This treatment approach can also mobilize health-care workers and patients to support other tobacco control efforts.

Quit lines

Well-staffed quit lines should be accessible to a country's entire population through toll-free phone numbers and waivers of access charges for mobile phone users. Quit lines are inexpensive to operate, easily accessible, confidential and can be staffed for long hours; many tobacco users may be unable or unwilling to call during business hours. Quit lines also can help introduce users to other tobacco dependence treatment such as counselling and nicotine replacement therapy. Additionally, quit lines can reach individuals in remote places and can be tailored to specific population groups. For example, the United Kingdom's Asian Quit Line receives 20 000 calls a year and reaches 10% of all South Asian tobacco users in that country.[79]

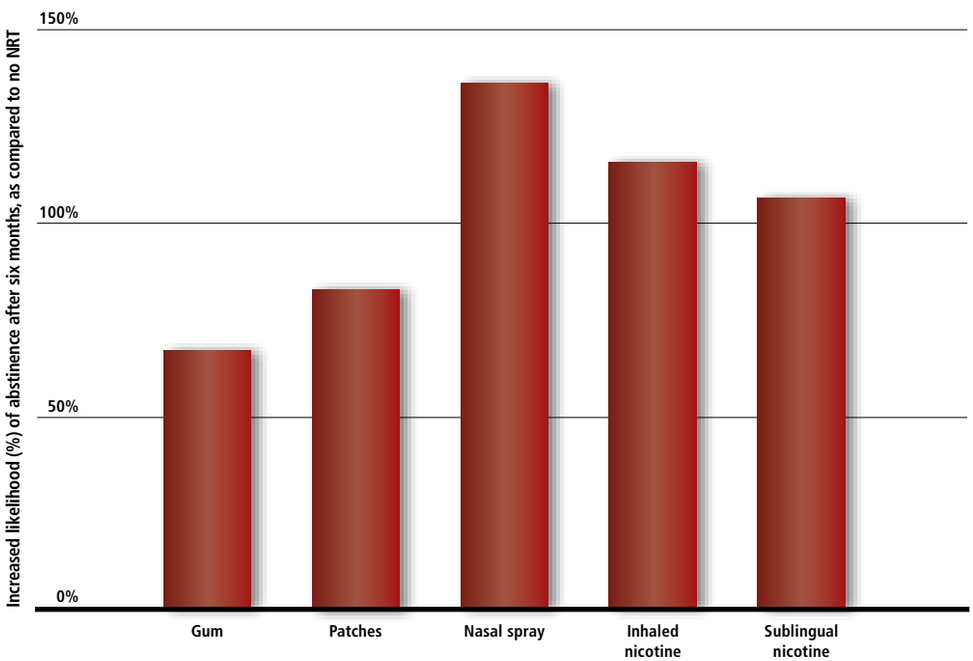
Although traditional quit lines only answer incoming calls, they can show significant results.[80] Quit lines linked to counselling services are even more effective in helping people overcome nicotine addiction. The best and most effective quit lines assign staff members to call people back and follow up on their progress, in effect providing a counselling service. Some quit lines have expanded onto the Internet, providing continuous availability of free support materials and links to other services.

Pharmacological treatment

In addition to medical advice and quit lines, effective treatment can also include pharmacological treatment such as nicotine replacement therapy in the form of patches, lozenges, gum and nasal sprays, and prescription medications such as bupropion and varenicline. Nicotine replacement therapy is usually available over-the-counter, whereas other drugs require a doctor's prescription for them to be dispensed.

MPOWER gives a voice to children

NICOTINE REPLACEMENT THERAPY (NRT) CAN DOUBLE QUIT RATES



Source: Silagy C, Lancaster T, Stead L, Mant D, Fowler G. *Nicotine replacement therapy for smoking cessation*. Cochrane Database System Review 2004;(3):CD000146.

Doctors, nurses, midwives, dentists, pharmacists, chiropractors, psychologists and all other professionals dedicated to health can help people change their behaviour. They are on the frontline of the tobacco epidemic and collectively speak to millions of people.

Dr LEE Jong-wook, former Director-General,
World Heath Organization (2005)

Nicotine replacement therapy reduces withdrawal symptoms by substituting for some of the nicotine absorbed from tobacco. Bupropion, an antidepressant, can reduce craving and other negative sensations when tobacco users cut back or stop their nicotine intake. Varenicline attaches to nicotine receptors in the brain to prevent the release of dopamine, thus blocking the sensations of pleasure that people can experience when they smoke.[81]

Pharmacological therapy is generally more expensive and considered to be less cost effective than physician advice and quit lines, but it has been shown to double or triple quit rates.[82] The retail cost of a course of treatment with nicotine replacement therapy may be less than the cost of smoking over that same time period. Nicotine replacement therapy and other medications can be covered or reimbursed by public health services to reduce out-of-pocket expenses for people trying to quit.

Government support for treatment of tobacco dependence

Cessation programmes provide a significant political advantage by enabling governments to help those most directly affected by the epidemic at the same time that they are enacting new restrictions on tobacco. They generally encounter few political obstacles and help foster a national policy of opposition to tobacco use, an important step in creating a tobacco-free society. Governments can use some tobacco tax revenues to help users free themselves from addiction.

New Zealand provides a good example for government action. Following a lobbying campaign by the tobacco control community, the country went from offering virtually no tobacco cessation treatment to one of the world's most advanced initiatives in only five years, with government spending on smoking cessation rising from almost zero to US$ 10 million per year. The initiatives include a national quit line that is now one of the busiest in the world, subsidized nicotine replacement therapy and quit services focusing on the minority Maori population.

However, governments should carefully weigh the impact of their support against the financial cost of such policies. The context within which governmental support is provided is crucial. Treatment of tobacco dependence might be inefficient without strong incentives for tobacco users to quit. For these reasons, cessation services will not decrease tobacco use prevalence unless they are combined with tax and price increases, advertising, promotion and sponsorship bans, anti-tobacco advertising and establishment of smoke-free places.

Warn about the dangers of tobacco

Most users are unaware of the risks of tobacco use

Despite conclusive evidence on the dangers of tobacco, relatively few tobacco users worldwide fully grasp its health risks. People may know generally that tobacco use is harmful, but it is usually seen merely as a bad habit that people choose to indulge in.[83] The extreme addictiveness of tobacco and the full range of health dangers have not been adequately explained to the public. Consequently, people believe they can reduce or stop tobacco use before health problems occur. The reality is that most tobacco users will be unable to quit, and up to half will die from tobacco-related illnesses.

Most people are unaware that even the smallest level of tobacco use is dangerous, in part because this is not the case with other behavioural health risks. Many tobacco users cannot name specific diseases caused by smoking other than lung cancer,[84] and do not know that smoking also causes heart disease, stroke and many other diseases, including many types of cancer.[85]

Changing the image of tobacco

Comprehensive warnings about the dangers of tobacco are critical to changing its image, especially among adolescents and young adults. People need to associate tobacco with its extreme addictiveness and dangerous health consequences, and to see it as socially undesirable and negative. All this can be achieved through action by governments and civil society.

Governments, with input from non-governmental organizations (NGOs) when possible, should launch anti-tobacco counter-

Today's teenager is tomorrow's potential regular customer, and the overwhelming majority of smokers first begin to smoke while still in their teens.

Philip Morris internal document (1981)

advertising campaigns in all forms of media to publicize the full extent of tobacco's dangers. These campaigns can strip away tobacco's false glamorous image, expose its harmful impact on personal health, reveal its negative financial impact on families and national economies, and explain the benefits of a tobacco-free society. Hard-hitting campaigns using graphic images of the harm of tobacco use can be especially effective in convincing users to quit.[85] In contrast, anti-tobacco advertisements sponsored by the tobacco industry have been shown to be ineffective or to actually increase tobacco use.[86]

Anti-tobacco counter-advertising campaigns should also speak about protecting families, especially children, from the dangers of second-hand smoke. They should explain the economic impact on families from personal spending on tobacco and the early death of a parent. Messages should also highlight tobacco cessation successes, while at the same time seek to prevent smoking experimentation and initiation among young people.

Counter-advertising in any media should be professionally produced to the same technical standards as other product advertisements, and should be subjected to screening among focus groups to ensure that the messaging resonates with target audiences. As a result, effective counter-advertising campaigns may be expensive; the US Centers for Disease Control and Prevention recommend that governments generally spend US$ 2–4 per person per year on anti-tobacco health communication and counter-advertising efforts, which should comprise about 15%–20% of total tobacco control programme costs.[87] In some cases, governments or NGOs can subsidize the costs of producing and disseminating these advertisements, or they can be provided at reduced cost or donated outright by corporate sponsors not affiliated with the tobacco industry in exchange for tax benefits.

The role of pack warnings

Health warnings on the packaging of all tobacco products are guaranteed to reach all users. Tobacco manufacturers have always used packaging as a platform to reinforce brand loyalty and users' perceived self-image, particularly among young people. Pack warnings reduce this marketing effect. The industry also uses packaging to deceive smokers by employing false terms such as "light", "ultra-light", "low tar" or "mild" – none of which actually signify any reduction in health risk.[11]

Health warnings on tobacco packages increase smokers' awareness of their risk.[83] Use of pictures with graphic depictions of disease and other negative images has greater impact than words alone, and is critical in reaching the large number of people worldwide who cannot read. Experience in Australia,[88] Belgium, Brazil,[89] Canada,[90] Thailand and other countries[83] shows that strong health warnings on tobacco packages, particularly pictorial warnings, are an important information source for younger smokers and also for people in countries with low literacy rates. Pictures are also effective in conveying messages to children – especially the children of tobacco users, who are the most likely to start using tobacco themselves.

Although some countries already mandate pack warnings, standards vary widely. Many countries do not require warnings at all. To be effective, warnings should be large, clear and legible, and include both pictures and words. They should cover at least half of the pack's main display areas and feature mandated descriptions of harmful health effects and specific illnesses caused by

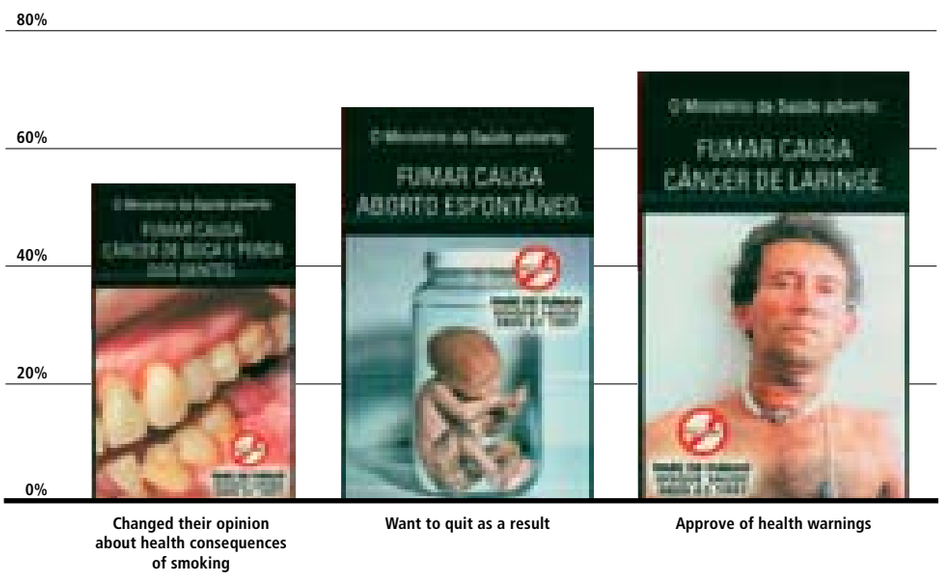
Fight to educate people about tobacco

tobacco use. Written warnings should appear in countries' principal languages and use specified colours, backgrounds and font types and sizes to maximize visibility and ease of comprehension. Warnings should appear on individual packs, on all outside packaging and on retail displays, and should be periodically rotated to remain interesting. In 2005, the European Commission approved 42 pictures and colour images for European Union Member States to adopt as rotating health warnings.

Policies mandating health warnings on tobacco packages cost governments nothing to implement. Pictorial warnings are overwhelmingly supported by the public and generally encounter little resistance except from the tobacco industry itself. Expanded warnings encourage tobacco users to quit and young people not to start, and help gain public acceptance of other tobacco control measures such as establishing smoke-free environments.

SMOKERS APPROVE OF PICTORIAL WARNINGS

Impact of pictorial warnings on Brazilian smokers



Source: Datafolha Instituto de Pesquisas. *76% são a favor que embalagens de cigarros tragam imagens que ilustram males provocados pelo fumo; 67% dos fumantes que viram as imagens afirmam terem sentido vontade de parar de fumar.* Opinião pública, 2002 (http://datafolha.folha.uol.com.br/po/fumo_21042002.shtml, accessed 6 December 2007).

The world is accustomed to thinking of the law as an instrument of justice, but not as an instrument of health ...It is time that the tools of law be harnessed in the service of global health and global justice.

WHO's report Towards health with justice, 2002

Enforce bans on tobacco advertising, promotion and sponsorship

Tobacco marketing contributes greatly to illness and death

To sell a product that kills up to half of all its users requires extraordinary marketing savvy. Tobacco manufacturers are some of the best marketers in the world – and increasingly aggressive at circumventing prohibitions on advertising, promotion and sponsorship that are designed to curb tobacco use.

The tobacco industry claims that its advertising and promotion efforts are not intended to expand sales or attract new users, but simply to reallocate market share among existing users.[91] This is not true. Marketing and promotion increase tobacco sales and therefore contribute towards killing more people by encouraging current smokers to smoke more and decreasing their motivation to quit. Marketing also urges potential users – and young people specifically – to try tobacco and become long-term customers.[92] Tobacco advertising targeting youth and specific demographic subgroups is particularly effective.[93,94]

Marketing creates other obstacles that blunt tobacco control efforts. Widespread tobacco advertising "normalizes" tobacco, depicting it as being no different from any other consumer product. That makes it difficult for people to understand the hazards of tobacco use. Marketing falsely associates tobacco with desirable qualities such as youth, energy, glamour and sex appeal. It also strengthens the tobacco industry's influence over the media, as well as sporting and entertainment businesses, through billions of dollars in annual spending on advertising, promotion and sponsorship.

Leaders can build healthy communities

A powerful tool to protect citizens

The tobacco industry strongly opposes marketing bans because they are highly effective in reducing tobacco use; the industry will lobby heavily against even the narrowest restrictions. National-level studies before and after advertising bans found a decline in tobacco consumption of up to 16%.[95,96,97,98] Advertising bans reduce tobacco use among people of all income and educational levels.[99]

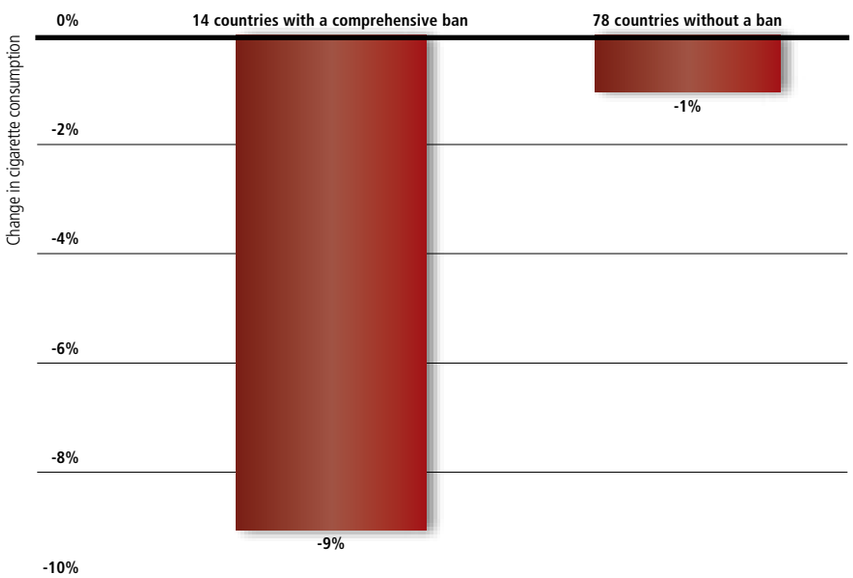
Governments enacting marketing bans must take into account that businesses other than the tobacco industry also benefit from tobacco advertising, promotion and sponsorship. Media outlets, tobacco importers and retailers, and sporting and entertainment businesses will act as proxies for the tobacco industry to fight marketing bans and other tobacco control policies because they fear losing customers or advertising, promotion and sponsorship revenues.

Comprehensive bans and full enforcement needed

A ban on marketing and promotion is a powerful weapon against the tobacco

COMPREHENSIVE ADVERTISING BANS AMPLIFY OTHER INTERVENTIONS

Average change in cigarette consumption 10 years after introduction of advertising bans in two groups of countries



Source: Saffer H. Tobacco advertising and promotion. In: Jha P, Chaloupka FJ, eds. *Tobacco control in developing countries*. Oxford, Oxford University Press, 2000.

While sports is by far the best avenue to attract, sample and influence our core target smokers, it's not the only way. International movies and videos also have tremendous appeal to our young adult consumers in Asia.

Philip Morris internal document (1990)

epidemic. Tobacco manufacturers know that most people will not start smoking after they reach adulthood and develop the capacity to make informed decisions.[34,35,36,37] The industry designs advertising campaigns featuring happy young people enjoying life with tobacco so they can get new, young tobacco consumers hooked, with life-long addiction.

To be effective, bans must be complete and apply to all marketing and promotional categories.[66,91] If only television and radio advertising is blocked, the tobacco industry will move its budgets to other marketing avenues such as newspapers, magazines, billboards and the Internet. If all traditional advertising is blocked, the industry will convert advertising expenditure to sponsorship of events popular among youth such as racing, sports and music festivals.

Other marketing channels used by the tobacco industry include price discounts at retail stores and free or discounted tobacco distribution at events or by mail. Other promotional activities include placing tobacco product logos on clothing and other items, tobacco products co-branded with other consumer products or with celebrities, and placement of tobacco brands in movies and television. A comprehensive ban should block all of these activities.

Partial bans usually do not include indirect or alternative forms of marketing and promotion such as event sponsorship that are particularly attractive to young people.[100,101] Partial bans enable the industry to maintain its ability to market to young people who have not started using tobacco yet, and to adult tobacco users who want to quit.

Implementing effective prohibitions

Policy-makers should announce bans on advertising, promotion and sponsorship, well in advance of implementation. This provides sufficient time for media and other businesses to find new advertisers and sponsors. To reduce tobacco consumption – and in fairness to the media industry as a whole – a ban should be complete. Comprehensive marketing bans must be periodically amended to include innovations in industry tactics and media technology. Industry advertising can also be reduced if companies are not allowed tax deductions for their marketing and promotion expenses as business expenses.

Although bans on international media are often rejected as unrealistic, many countries publish national editions of international newspapers and magazines that respect the laws of the countries in which they operate. Local servers can block objectionable Internet advertising provided by web sites located in other countries. International satellite broadcasts can be edited at a centralized downlink before being transmitted within a country. International bans can also be achieved when culturally close countries simultaneously ban tobacco marketing.

The tobacco industry often argues that outright bans on advertising, promotion and sponsorship are not necessary and that voluntary codes and self-regulation are sufficient. However, the tobacco industry often fails to comply with its own voluntary regulations because there is no force of law.[102,103] The industry will also claim that bans restrict its right to free speech, including the right to promote a legal product. These claims can be effectively countered by noting the health and economic damage tobacco does, as well as the industry's pattern of appealing to children, and by emphasizing that people's right to live free of addiction is more important than the financial interests of the tobacco industry.

A bright and healthy future

Raise taxes on tobacco

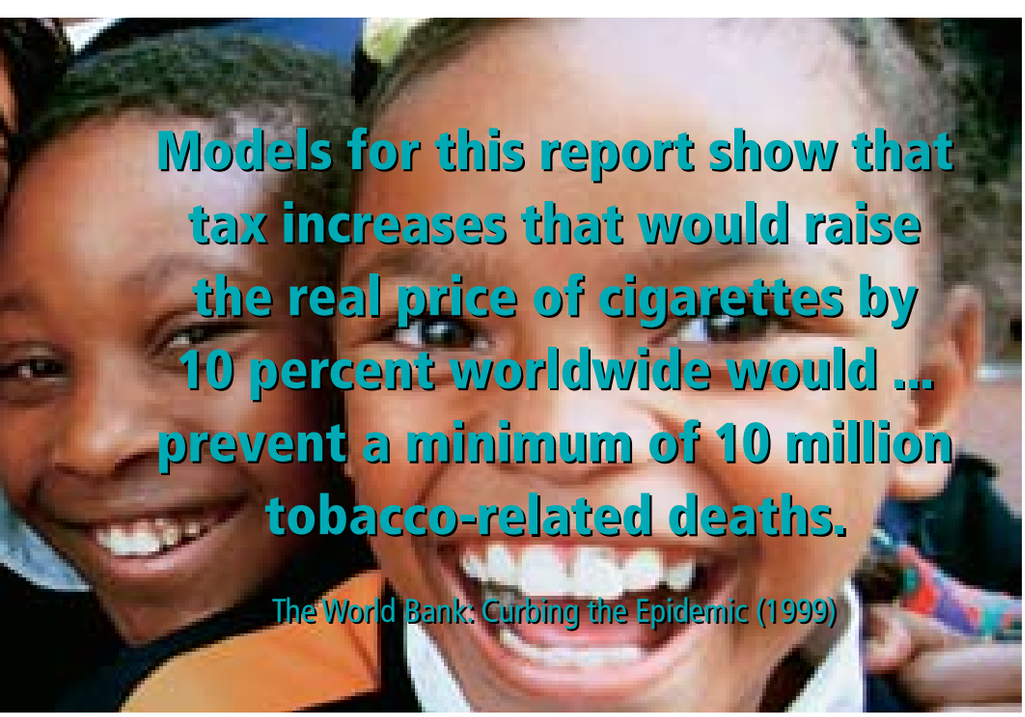
Taxation – the best way to cut tobacco use

Increasing the price of tobacco through higher taxes is the single most effective way to decrease consumption and encourage tobacco users to quit.[66] A 70% increase in the price of tobacco could prevent up to a quarter of all smoking-related deaths worldwide.[104] A tax increase also directly benefits governments through increased revenues, which can be used for tobacco control and other important health and social programmes.

Tobacco taxes have been used for centuries by governments worldwide. They are well accepted by both the public and political leadership because tobacco is not an essential good and is straightforward to tax. Tobacco taxes are probably the most easily accepted form of taxation, even among the poor, because most people understand that tobacco is harmful. In fact, tobacco tax increases are often the only type of tax increase popular with a majority of the public. Tax increases are supported by non-smokers, who still represent the majority of voters in most countries, and are increasingly supported by smokers as well. Allocating tax revenues for tobacco control and other health and social programmes further increases their popularity.[104]

Higher taxes increase government revenues

Contrary to tobacco industry propaganda, tobacco tax increases do not decrease government revenues.[105] Increasing tobacco taxes by 10% generally decreases tobacco consumption by 4% in high-income countries and by about 8% in low- and middle-income countries, while tobacco tax revenues increase by nearly 7%.[104,105,106] Although the impact of taxes is slightly higher in low- and



middle-income countries,[97] experience has shown that government revenues still do not decrease. For example, in South Africa, every 10% increase in excise tax on cigarettes has been associated with an approximate 6% increase in cigarette excise revenues, such that from 1994 to 2001, excise revenues more than doubled.[107]

Higher taxes help the young and the poor

Higher taxes are especially important for deterring tobacco use among the young and the poor, who will benefit most from a decrease in consumption. People in these socioeconomic groups are much more sensitive to the price of goods. Higher tobacco prices help convince them to quit or not to start using tobacco in the first place.

In South Africa, for example, tobacco tax rates were increased by 250% during the 1990s to slightly less than 50% of the retail price. Cigarette consumption fell by 5% to 7% for every 10% increase in the price of cigarettes, resulting in a sharp decline in consumption, with the largest smoking decreases among the young and the poor.[107]

Tobacco industry officials and others argue that higher tobacco taxes hurt the poor. In fact, tobacco tax increases increase government revenues, which are often used to fund social programmes. A portion of new tax receipts can be used to support anti-tobacco advertising campaigns as well as cessation services for smokers who want to quit.

Furthermore, tax increases help the poor stop tobacco use and allow them to reallocate their money to essential goods, including food, shelter, education and health care. Higher taxes that reduce tobacco use help poor families get out and stay out of poverty. In addition, productivity and wage-earning capacity increase when tobacco-related illness decreases.

Higher taxes do not increase smuggling

Contrary to tobacco industry claims, increased smuggling does not automatically follow tax increases. For years, Spain had both lower tobacco taxes and more smuggling than most other European countries, due largely to lax enforcement of tax laws and active criminal networks. When Spain raised tobacco taxes and strengthened law enforcement in the late 1990s, smuggling declined dramatically while tobacco revenues increased by 25%.[108]

Smuggling can be reduced by prominently affixing tax stamps to every package intended for retail sale. Improved border security, measures to reduce money laundering, aggressive law enforcement and effective government record keeping also help combat smuggling. The costs of stringent law enforcement policies add up to only a fraction of the additional revenue earned from higher tobacco taxes.

Global action against tobacco smuggling is strengthening. Parties to the Framework Convention are negotiating and drafting a new, legally binding protocol on illicit trade that will fight smuggling and counterfeiting as part of global efforts to reverse the tobacco epidemic. This protocol should markedly increase coordination at the international level to address this important issue.

Effective tobacco taxation policies

There are many types of tobacco taxes, but the most effective is usually an excise tax of a specific amount levied on a given quantity of tobacco, such as a tax paid per pack or carton of cigarettes. Excise taxes should not be confused with sales taxes or value-added taxes that apply to all goods,

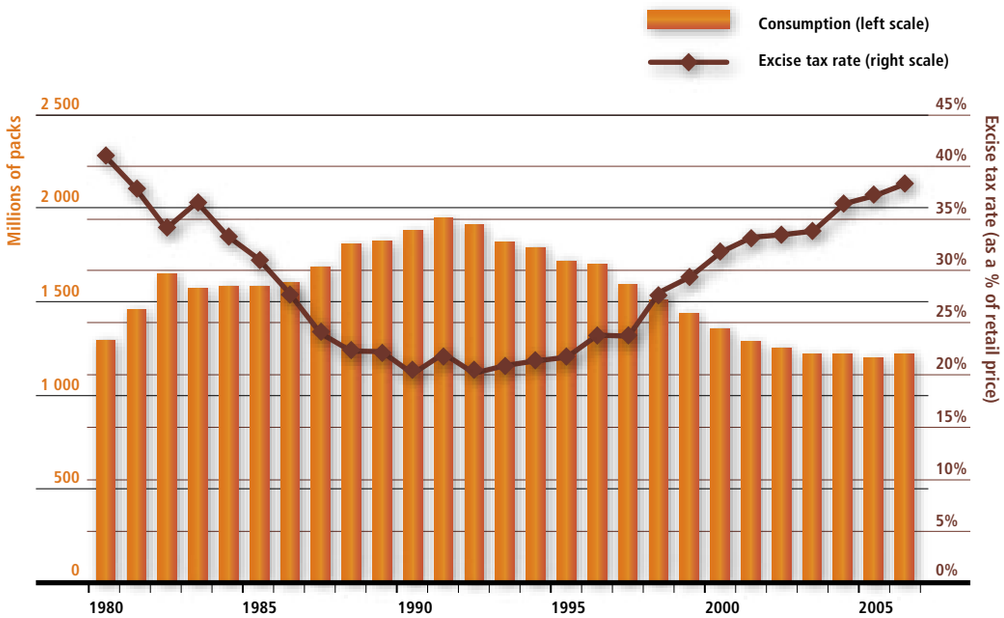
or with corporate income tax levied on all business entities. By stating a specific amount of tax per unit of tobacco product, governments can avoid manipulation of the tax rate.

Excise taxes should be simple and easy for countries to implement, and need to be regularly adjusted for inflation and consumer purchasing power to maintain their ability to reduce tobacco use. They should ideally be applied at the manufacturer level and certified by a stamp, rather than being levied at the wholesale or retail level, to reduce the administrative burden on these smaller businesses and to minimize tax evasion. The same type of amount-specific excise tax should be applied to imported cigarettes.

All tobacco products should be taxed similarly. Taxes on cheap tobacco products should be equivalent to products that are more heavily taxed, such as cigarettes, to prevent substitution in consumption.

TOBACCO TAXES REDUCE CONSUMPTION

Relationship between cigarette consumption and excise tax rate in South Africa



Source: van Walbeek C. *Tobacco excise taxation in South Africa: tools for advancing tobacco control in the XXIst century: success stories and lessons learned*. Geneva, World Health Organization, 2003. Additional information obtained from personal communication with C. van Walbeek. (http://www.who.int/tobacco/training/success_stories/en/best_practices_south_africa_taxation.pdf, accessed 6 December 2007).

SUMMARY

The MPOWER policies are not complex. They are, in fact, common-sense policies backed by evidence that they work, and are within the reach of governments. The impact of these six policies, if implemented in each country as a comprehensive package, would transform public health. As yet, however, no country has fully embraced them and very few are even close to doing so. Member States have a long way to go before they are effectively protecting their citizens from the tobacco epidemic.

We must become the change we want to see.

Mahatma Gandhi (1869–1948)

The state of global tobacco control

Implementation of effective measures is just beginning

A global effort to implement and enforce the MPOWER package of effective policies can reverse the tobacco epidemic and help countries build on their WHO Framework Convention on Tobacco Control commitment to protect the health of their people. To establish a benchmark and monitor future progress of worldwide tobacco control efforts, the *WHO Report on the Global Tobacco Epidemic, 2008* details the current status of tobacco control among Member States. This report shows what national governments have already done – and how much more needs to be done.

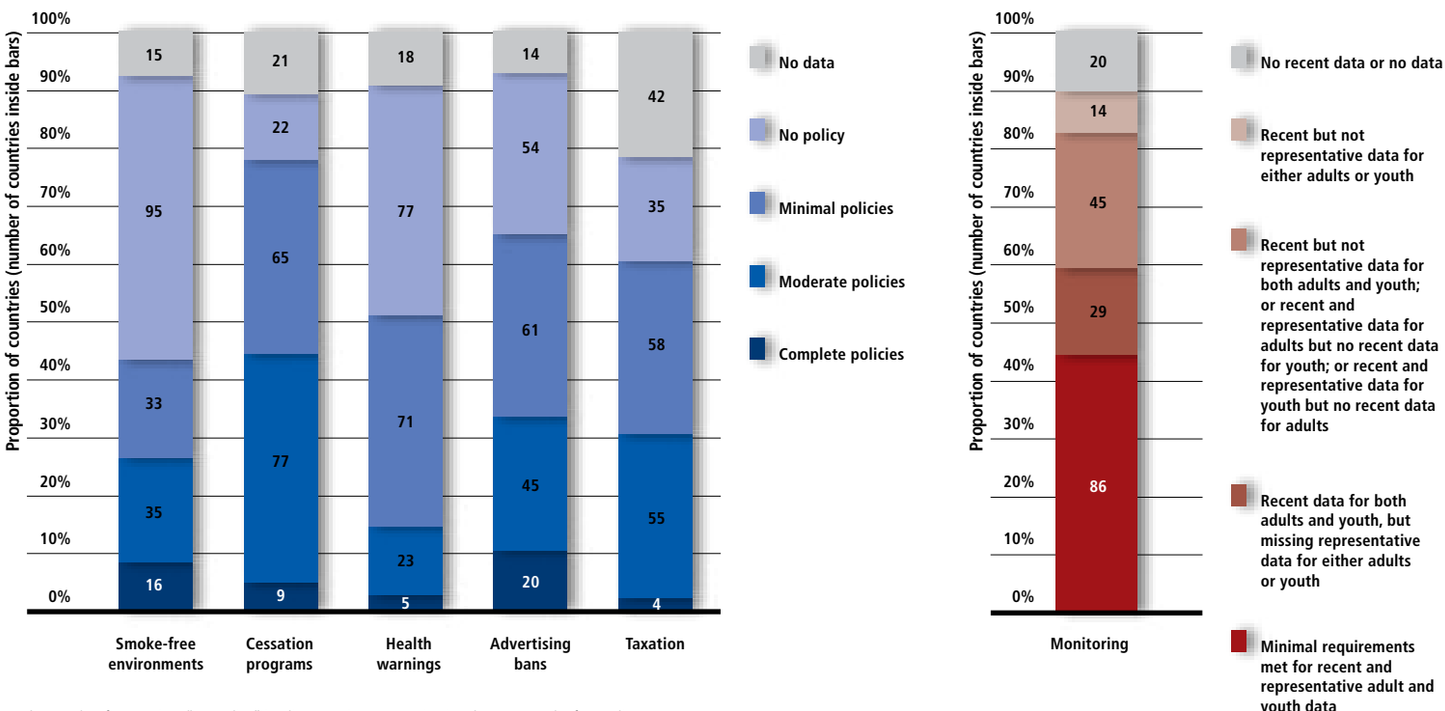
WHO sought information on the six MPOWER policies from all Member States. This was accomplished through reviews of country reports, analyses of original documents (e.g. laws and regulations) and formal consultations on enforcement with in-country experts. For this first report, at least some data were available for 179 Member States and one territory, representing 99% of the world's population. Although every effort has been made to obtain valid, comparable data, this was the first such global attempt; gaps and inconsistencies will be addressed in future reports.

The primary finding of this first-ever systematic global assessment is that virtually every country needs to do much more to stop the tobacco epidemic. Although there has been progress in recent years, no government is fully implementing all key effective interventions — monitoring, smoke-free environments, treatment of tobacco dependence, health warnings on packages, bans on advertising, promotion and sponsorship, and tobacco taxation. Many challenges lie ahead, but these challenges also present opportunities for country leaders to stop one of the worst health crises of modern times.

Note that throughout this section, figures referring to the percentage of the world's population covered by any given policy are extrapolated from the population of the sample of countries for which responses to that particular question were obtained.

Envision a tobacco-free world

THE STATE OF TOBACCO CONTROL POLICIES IN THE WORLD



* Note that for taxation, "No policy" implies an exise tax rate 25% or less. For smoke-free policy, "No policy" means no smoke-free legislation or no smoke-free legislation covering either health care or educational facilities.

The industry has consistently hidden product information on the ill effects of smoking, used the power of its advertising dollars to dissuade lay journals from reporting on smoking's health effects, and resorted to other methods to decrease information available to smokers.

World Health Organization: The World Health Report 1999

More than half of countries do not have minimum monitoring information

Monitoring provides essential data that governments need to fight the tobacco epidemic. Comprehensive monitoring tracks tobacco use as well as public attitudes and knowledge regarding tobacco and allows governments to document the extent and nature of the epidemic, target groups for specific interventions, monitor the impact of various policies and improve policies as needed. For this first report, WHO assessed monitoring activities conducted at the country level through youth and adult tobacco use surveys.

Only 86 of 193 Member States have recent, nationally representative data for both adults and youths. More than half of the world's population lives in areas that lack even minimally adequate recent information on tobacco use. Monitoring systems are particularly weak in low- and middle-income countries; high-income countries are more likely to collect at least minimally adequate monitoring information (73% of countries) than are middle- (43%) or low-income (24%) countries. However, basic monitoring need not be expensive, and is within reach of virtually all countries.

In 44 of the 127 countries with recent and representative adult surveys, data were collected through international survey tools such as the World Health Survey or WHO's STEPwise approach to Surveillance (STEPS).[109] Out of these 127 countries, 25 have sub-national Global Youth Tobacco Survey data and 68 have national Global Youth Tobacco Survey data. This means that out of the 86 Member States with recent, nationally representative data for both adults and youths, one fifth of the countries generated their own data without any form of international support.

Much more comprehensive monitoring is necessary, especially among the 108 countries with no data at all or with old or unrepresentative national data. Initiatives such as the Global Adult Tobacco Survey, Global Youth Tobacco Survey and the WHO STEPS approach are critical for building tobacco surveillance capacity in most countries.

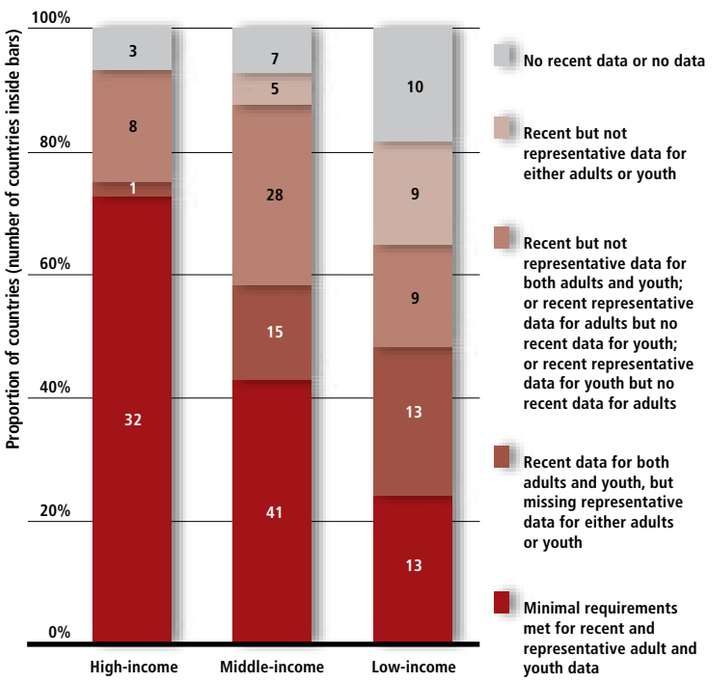
Only 5% of the world's population is covered by comprehensive smoke-free laws

Smoke-free environments are crucial for protecting the health of smokers and non-smokers alike, as well as for sending a clear message that smoking in public places is not socially accepted. Smoke-free laws protect workers from chemicals that cause cancer and change the way blood clots and flows to the heart, and they provide a strong incentive for smokers to quit. Only completely smoke-free places, without any indoor smoking areas and with effective enforcement, can protect workers and the public and also encourage smokers to quit. Exceptions make enforcement difficult and negate the effectiveness of smoke-free laws.

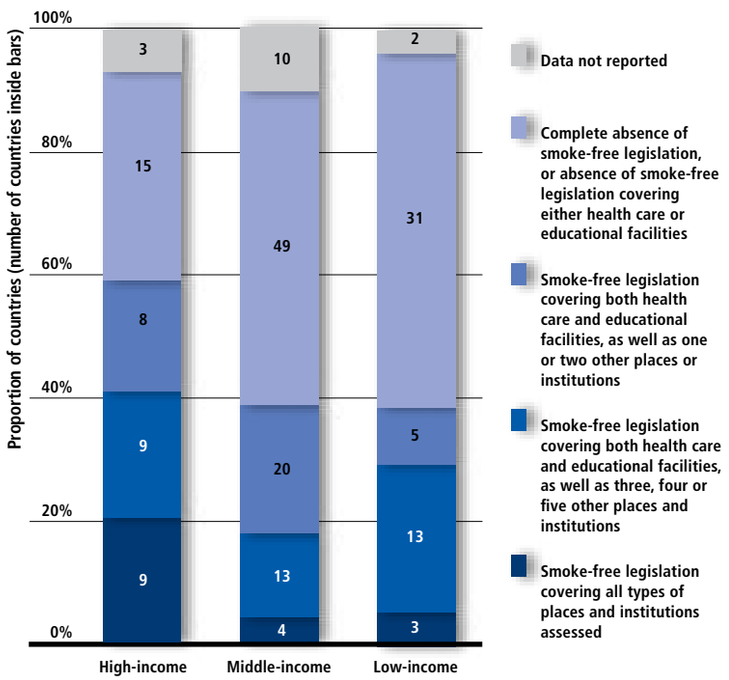
Although an increasing number of countries have passed legislation mandating smoke-free environments, the overwhelming majority of countries have no smoke-free laws, very limited laws or ineffective enforcement.

Protecting children and the sick should be a priority in any country, but 74 countries (more than 40% of the 179 countries and 1 territory reporting information about the status of smoke-free laws) still allow smoking in health-care institutions, and roughly the same number of countries still allow smoking in schools. As a result, almost half of the world's people live in countries whose governments do not protect them from second-hand smoke in hospitals, and about 40% of countries do not protect their

MONITORING INFORMATION



SMOKE-FREE LEGISLATION



Within the total market, there are areas of strong growth, particularly in Asia and Africa. ...It is an exciting prospect.

British American Tobacco internal document (1990)

children from second-hand smoke in schools. In total, 80 countries do not ban smoking in either schools or hospitals, or both, thereby failing to protect schoolchildren and/or the sick.

More than half of countries, accounting for nearly two thirds of the population of the world, allow smoking in government offices, workplaces and other indoor places. Consequently, most office workers worldwide are forced to breathe other people's tobacco smoke. Only 24 (13%) of the 179 countries and 1 territory protect restaurant workers from tobacco smoke; although any country can implement smoke-free laws, the proportion of high-income countries with smoke-free restaurants (12 of 41, 29%) is more than three times higher than the proportion of low- and middle-income countries (and one territory) with similar measures (12 of 139, 9%). Surveys in countries and regions that have banned smoking in dining and drinking establishments consistently show that these laws are extremely popular and that the vast majority of people would not want to return to an era of smoke-filled restaurants and bars.

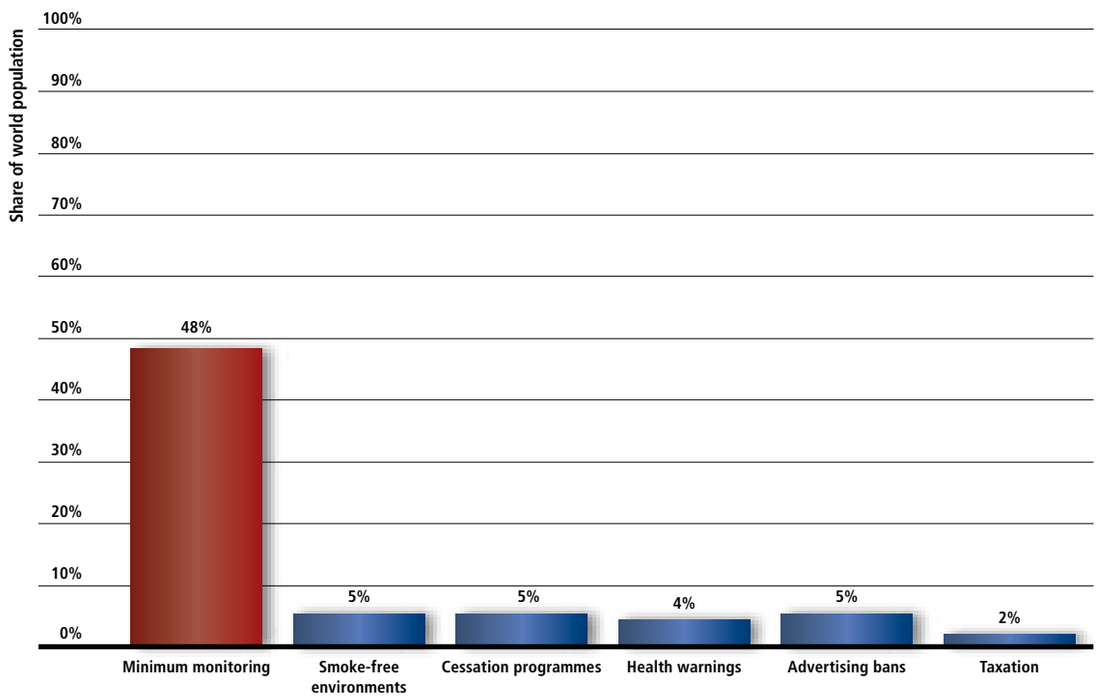
Although protecting the right of non-smokers to clean air is within the means of all countries, only 16 countries, representing just 5% of the world's population, have smoke-free laws that cover all institutions included in this assessment. Enforcement of smoke-free laws, as judged by an independent panel of five experts in each country, was almost uniformly low. Bans that purport to be comprehensive, but that are not well enforced, do not protect against second-hand smoke exposure. And minimal bans, even if well enforced, also do not provide significant protection.

Of the countries reporting smoke-free laws that are moderate or complete, only one third have even moderate levels of enforcement documented (scores of 3 or higher out of 10). Only four countries achieved a score of 8 or higher (out of 10 possible points) and only two countries – Uruguay and New Zealand – had both comprehensive smoke-free laws and an enforcement score of 8 or higher. Many countries with completely smoke-free environments are in Europe; independent evaluation of the enforcement level of smoke-free laws in Europe was not available for this report. Other countries have enacted comprehensive smoke-free laws, such as Uganda and Niger, although in many cases enforcement remains a challenge.

Some countries have made great strides protecting citizens from second-hand smoke. In March 2004, Ireland became the first country in the world to create and enjoy smoke-free indoor workplaces and public places, including restaurants, bars and pubs. Within three months, Norway's smoke-free legislation entered into force. Since then, these examples have been followed by many countries including Italy and Uruguay, along with many cities across the globe. Most people in Canada, Australia and the United States are protected by state or local smoke-free legislation.

While experience in Uruguay and elsewhere shows that any country or jurisdiction, regardless of resource level, can enact and enforce a complete smoking ban, only a small proportion of the world's population currently has meaningful protection from the dangers of second-hand smoke. Most high-population countries with large numbers of smokers do not effectively restrict smoking in public places. To prevent illness and death among workers and the general public, governments need to enforce existing smoke-free laws more effectively and enact and enforce comprehensive laws that protect all people from second-hand smoke.

SHARE OF THE WORLD POPULATION COVERED BY TOBACCO CONTROL POLICIES



For the definitions of highest categories depicted here, please refer to the graph *The State of Tobacco Control Policies in the World* on page 43.

Few tobacco users get the help they need to quit

Many tobacco users want to quit to save their own lives and to protect the health of their families, but are unable to because of their addiction to nicotine. The vast majority of countries do not help tobacco users who want to quit. Currently, only nine of 173 Member State respondents offer the highest assessed level of support, which includes a full range of treatment and at least partial financial subsidies. These countries account for a mere 5% of the world's population – meaning that the remaining 95% do not have access to treatment for tobacco dependence.

There is a wide range of effective cessation services, including brief routine advice from health-care workers, quit lines, and medications made available through retail stores if not provided directly by either health-care or public health programmes. Currently, 22 countries offer tobacco users no help at all in the form of basic services such as counselling or pharmacotherapy. It is impossible for people to obtain nicotine replacement therapy at all in 39 countries, even if they have the means to pay for it themselves. Quit lines are fairly inexpensive and within the means of many countries, yet only 44 countries, covering less than two fifths of the world's population, provide them.

The United Kingdom government implemented a comprehensive National Health Service Stop Smoking Service to provide counselling, support and medications to smokers who want to quit. In 2004, the National Health Service dispensed approximately two million prescriptions for nicotine replacement therapy, valued at about £44 million (about US$ 90 million at 2007 exchange rates). An evaluation found that these cessation services reduce health inequalities, result in long-term quit rates of about 15% at 52 weeks (comparable to results of clinical trials) and are cost effective.[110]

In Brazil, the government began to fund smoking cessation treatment in 2004. Treatment includes brief advice by health-care staff and pharmaceutical products such as nicotine patches and bupropion provided at no cost to patients. Between 2004 and 2006, 22 of 27 Brazilian states helped around 50 000 smokers try to quit, of whom about 45% used medications and about 40% remained abstinent after four weeks. Brazil also has a government-sponsored quit line; its telephone number must be printed on health warnings for all tobacco products as well as on advertising at retail outlets.[111]

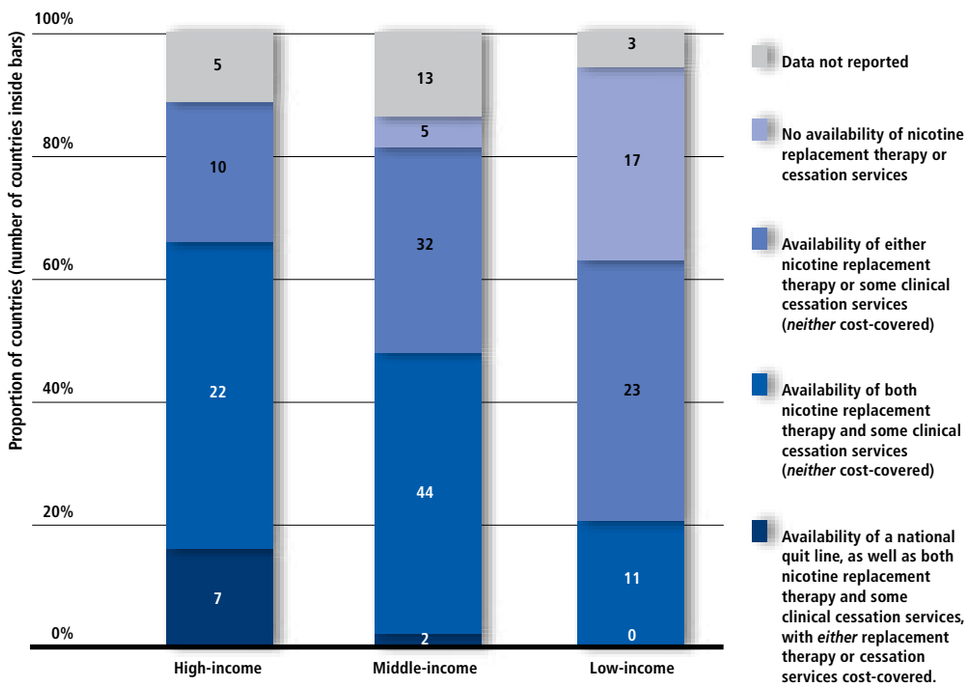
Given the immense burden of illness and death caused by tobacco and the existence of effective treatment, cessation services should be included in government health-care services. While some types of cessation treatment are less expensive than others, all require government expenditure, which can be difficult for some countries to fund. Incorporating tobacco cessation into existing health-care programmes is a key part of the solution. Tobacco tax increases can fund cessation treatment that will save lives and greatly reduce the burden of disease and the economic loss caused by the epidemic.

Few countries have comprehensive pack warnings

Warning people about the harms of tobacco use is essential and can be achieved in many ways. This initial report on the global tobacco epidemic reviews countries' requirements for size and characteristics of health warnings on tobacco packs, which disseminate health information at no cost to government except

The tide now favors tobacco control legislation

TOBACCO DEPENDENCE TREATMENT



for enforcement. Government action to prevent deceptive and misleading terms (such as "light" and "low-tar") was also reviewed. Future reports will assess a wider range of public education measures, including public education campaigns.

Pack warnings should cover at least half of packaging display areas and feature rotating, pictorial warnings. Widespread use of effective warning labels would provide important knowledge about tobacco's health threat and counter false information spread by the tobacco industry.

Weak health warnings on tobacco packs – or no warnings at all – continue to be the global norm. As a result, the least expensive way to convey the health risks of tobacco consumption to users and potential users is largely unused. Of the 176 countries that provided information on pack warnings, only 15 countries, covering 6% of the world's population, require pictorial warnings (covering at least 30% of the principal surface area) on packs of cigarettes and other tobacco products, and only five countries, representing 4% of the world's population, meet all criteria for pack warnings. These countries, which are in different regions and have diverse social characteristics and income levels, show what can and should be done.

Of the countries that provided information, 77 do not mandate any warnings at all. There are 25 countries that require pack warnings covering less than 30% of the main display areas; most of these warnings are very small. Another 45 countries have warnings that cover 30% of the main display areas, and only 29 have warnings larger than 30% of the main display areas. Warnings are often weakly worded, vaguely stating that tobacco is bad for health but without mentioning specific diseases that it causes. Only 66 countries have laws that ban the use of deceptive tobacco industry marketing terms, such as "light" and "low-tar", from tobacco packaging. More than 40% of the world's population lives in countries that do not prevent the tobacco industry from using these and other misleading and deceptive terms.

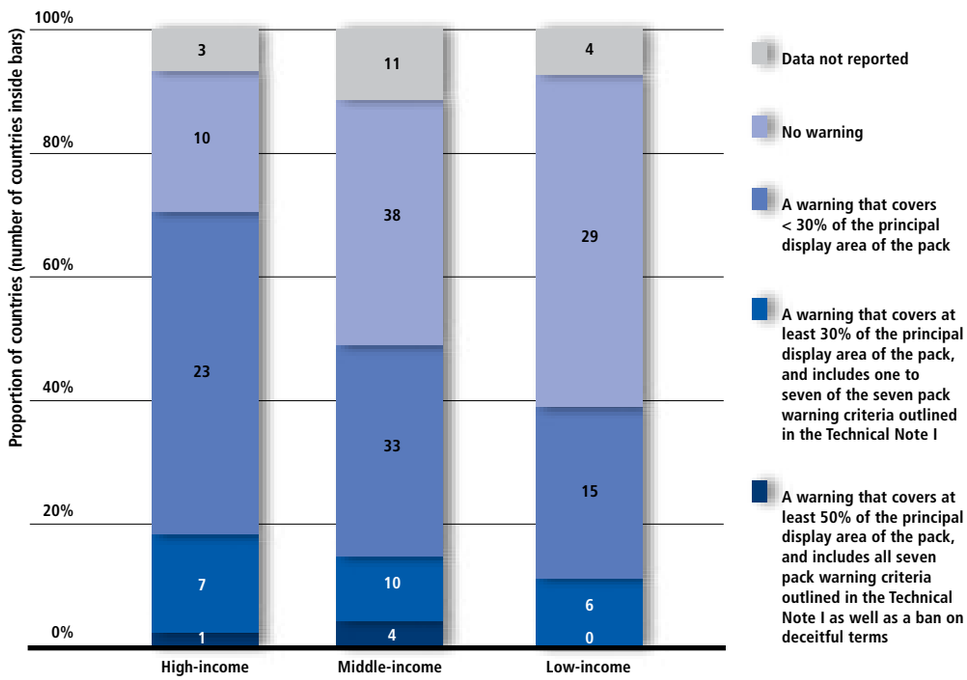
Some countries have implemented effective pack warnings. Thailand requires that each pack of cigarettes include a pictorial health warning that covers at least 50% of both sides of the package. These startling pictorial warnings, which feature images of rotting teeth, blackened lungs and babies breathing tobacco smoke, were mandated by the government despite threats of legal action from a tobacco company.

Countries can easily improve their policies by increasing warning sizes, strengthening the wording of warnings and including pictures. Countries that do not mandate effective pack warnings and do not prohibit deceptive and misleading terms fail to provide their populations with the most basic form of protection from a serious health threat – accurate information and protection from deception by the tobacco industry.

Few countries enforce bans on tobacco advertising, promotion and sponsorship

For the global tobacco industry to survive and thrive, it must keep existing customers hooked and attract new customers to its addictive, deadly products. To accomplish this, it spends tens of billions of dollars a year on advertising, promotion and sponsorship. One of the most effective ways countries can protect the health of their people is to ban all forms of tobacco advertising, promotion and sponsorship – something few countries have done.

HEALTH WARNINGS



The graphic images, in combination with the health warnings and explanatory messages, are intended to increase consumer knowledge of health effects relating to smoking, to encourage cessation and to discourage uptake or relapse.

Department of Health and Ageing, Australia (2004)

Only 20 of the 179 countries (and 1 territory) that responded to questions on advertising, promotion and sponsorship bans, representing just 5% of the world's population, have complete bans. Another 106 Member States have minimal or moderate bans on tobacco industry advertising, promotion and sponsorship, and 54 countries have no restrictions of any kind. Countries have enacted complete, moderate or minimal bans in roughly the same proportions regardless of their relative wealth, clearly showing that bans on advertising, promotion and sponsorship are within all countries' reach.

The assessment of a country's advertising ban is based on its laws on tobacco industry promotional activities and whether legislation applies to direct or indirect marketing. Direct marketing focuses on all forms of advertisements. Indirect marketing includes price discounts, product giveaways and sponsorship of sporting and entertainment events and festivals.

Many countries have legislation banning some advertising, promotion and sponsorship activities but do not enforce these laws consistently. Enforcement scores of 8 or higher (on a 0–10 scale) were reported by 30 of 58 countries with an expert assessment of enforcement for any form of direct advertising ban, and by 17 of 53 countries with an expert assessment of enforcement for any type of indirect promotional ban. Even when enforced, partial bans have limited impact, because tobacco companies simply reallocate spending to other marketing channels. If television advertising is banned, tobacco companies spend money on magazine and billboard advertising. If these forms of advertising are banned, the companies shift to event sponsorships, product discounts and giveaways.

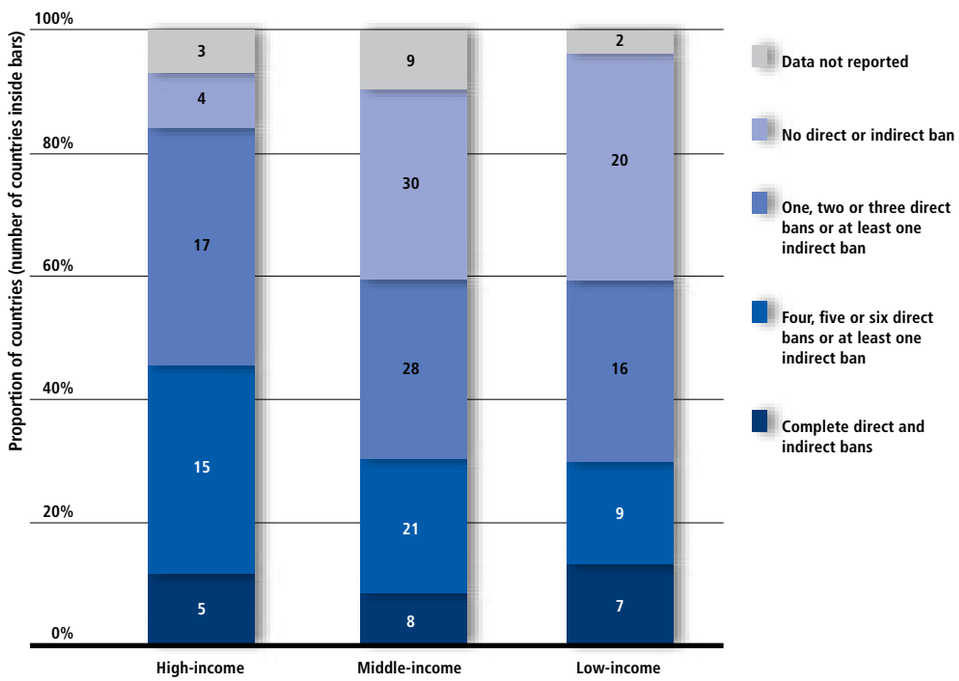
Of the countries that provided data on direct marketing bans, two thirds ban tobacco advertising on local television. Although this is the most widespread of any restriction, one third of reporting countries still allow television advertisements – more than 40 years after they were first abolished by other countries. Advertising in local magazines and on billboards has been prohibited in only slightly more than half of countries. Less than half of countries ban other advertising practices. Bans on advertising in tobacco retail outlets are in place in almost one third of countries. Internet advertising is rarely controlled; only 26 countries report prohibiting online advertising.

In the area of indirect marketing bans, only 75 countries, covering less than half the world's population, ban free distribution of tobacco products. One of the least used measures is a prohibition on the use of brand extensions – tobacco brands on other products such as clothing. Only one third of countries ban brand extensions. Only 59 countries, about one third of those reporting on this policy and covering only a third of the world's population, prohibit retail price discounts; these are designed to lure young people, who are most sensitive to price, into becoming addicted.

Much more remains to be done, but some countries show the way. Norway is in the fourth decade of its tobacco-advertising ban. The tobacco industry and its allies fought this ban for years, making many false claims along the way, such as that the ban would hurt the country's economy – a prediction that did not come true. The advertising ban appears to have helped decrease tobacco consumption, particularly among young people.[112]

Although many countries have implemented some restrictions on tobacco industry promotion, the restrictions are still incomplete in most of the world and, where present, are

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP



often poorly enforced. Expanding existing measures into comprehensive bans that prohibit all direct and indirect tobacco advertising, promotion and sponsorship should be the goal for every country's leadership.

Countries can save lives by raising tobacco taxes

Tobacco tax increases are the most effective way to reduce tobacco use, and also have the benefit of increasing government revenues. Although many countries have raised tobacco taxes, they remain low in the overwhelming majority of countries. With inflation and increased consumer purchasing power, cigarettes are becoming relatively more affordable, even in many countries where the tax accounts for a large proportion of the purchase price. Furthermore, in many countries, low levels of taxation on smoked tobacco products other than cigarettes (e.g. bidis and kreteks) and low prices for inexpensive brands of cigarettes reduce the potential health benefits of tobacco taxation and can undermine other tobacco control interventions. Countries could cut tobacco use significantly and save lives through higher tobacco taxes.

Among 152 countries that provided information, cigarette tax rates range from near zero to more than 80%. Most countries could increase taxes significantly. One quarter of countries report tax rates less than 25% of the tobacco retail price. Only four countries, representing 2% of the world's population, have tax rates greater than 75% of retail price. While more than four fifths of high-income countries tax tobacco at more than 50% of retail price, less than a quarter of low- and middle-income countries tax tobacco at 50% or more of retail price. This pattern is particularly disturbing given the shift in the epidemic from high-income countries to developing countries.

Increasing taxes in all countries is essential. Many are already raising taxes – without increasing smuggling or experiencing other negative economic impacts predicted by the tobacco industry. In South Africa, tobacco tax increases led to a doubling of the retail price of cigarettes and a large increase in tax revenues in the 1990s. During the same period, cigarette consumption declined dramatically; approximately 40% of the decrease was due to smokers quitting. The largest decreases were among young people and low-wage earners, those who reduce smoking most when prices increase.[107]

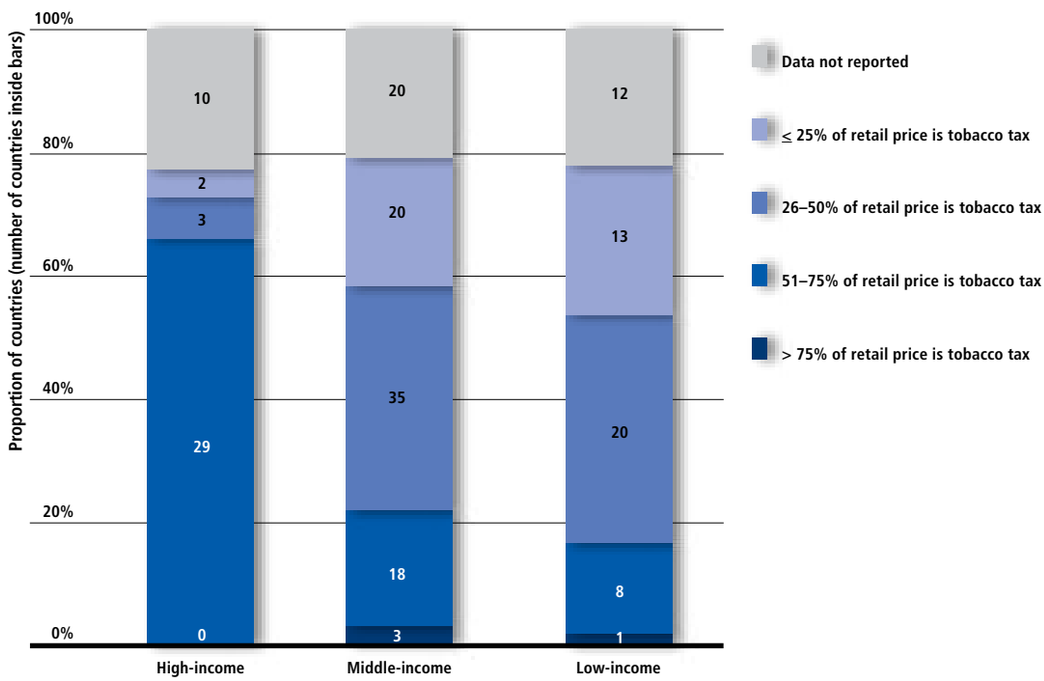
Increasing taxes is the most effective tobacco control measure. Higher taxes reduce consumption, lower health-care costs, help households save money by reducing tobacco use, and increase government revenues, which can help pay for tobacco control interventions and other policy priorities.

Global tobacco control funding is inadequate

The lack of funding for the global fight against the tobacco epidemic is indefensible. The 89 countries that provided estimated tobacco control budgets spend US$ 343 million per year – with 95% of this amount spent by high-income counties and nearly 90% spent by seven of these wealthy nations. In contrast, about 4% of the global total is spent by medium-income countries, and less than 1% is spent by low-income countries.

Tobacco tax revenues have significant potential to fund tobacco control activities, and the data demonstrate that there is considerable room for most countries to use currently available national resources to substantially increase tobacco control funding. A comparison of countries' total tobacco tax revenues with

TOBACCO TAX LEVELS



In developing countries, among poor families, the proportion of household expenditures used to purchase tobacco products can easily represent up to 10% of total household expenditures.

Report of the Secretary-General, United Nations Economic and Social Council (2004)

their tobacco control expenses is revealing. Data compiled from 70 countries, covering two thirds of the world's population, show that aggregate tobacco tax revenues in these countries are more than 500 times higher than expenses for tobacco control activities.

Low-income countries with available information, having a population of two billion, collect US$ 13.8 billion in tobacco tax revenues (about US$ 7 per capita) and spend about US$ 1.5 million for tobacco control (less than one tenth of one cent per capita), a ratio of more than 9100:1. Middle-income countries with available information, having a population of 1.9 billion, collect US$ 52.7 billion (about US$ 28.40 per capita) in tobacco taxes and spend about US$ 12.5 million for tobacco control (just over half a cent per capita), a ratio of nearly 4200:1. High-income countries collect US$ 110 billion total tobacco tax revenue (about US$ 205 per capita) and spend about US$ 321.3 million on tobacco control for 536 million people (60 cents per capita), a ratio that is still indefensibly high – about 340:1 – but still much lower than the ratio in low- and middle-income countries.

Staffing levels of tobacco control programmes are equally dismal. Among the 174 countries that submitted data on staffing, 129 (75%) have a national/federal agency or technical unit with responsibility for tobacco control. No such agencies exist in 45 countries (25%). Of the countries that have established a tobacco control agency, 86 countries (67%) provided staffing data showing a total of about 604 full-time equivalent staff. However, a single country, Canada, accounts for 179 of those (30% of the global aggregate total), and five other countries account for another 153. That leaves 272 full-time equivalents for the remaining 80 reporting countries, or about 3.4 full-time equivalent staff per country.

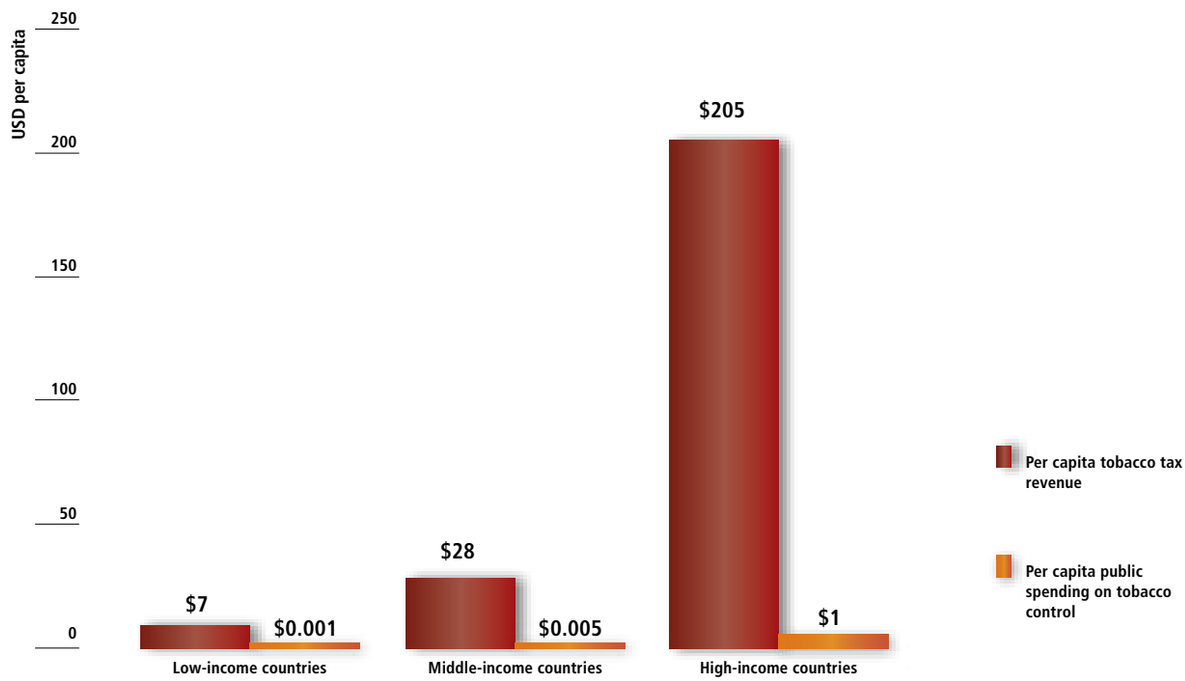
Overall, low- and middle-income countries reported an average of five staff per country, and high-income countries reported an average of 18 staff per country. Although several high-population countries with large numbers of smokers did not provide staffing data, these figures clearly show that many national governments could benefit from stronger commitment to tobacco control. An effective, well-staffed tobacco control programme can lead efforts to implement effective interventions that can reduce the number of tobacco users and save millions of lives.

SUMMARY

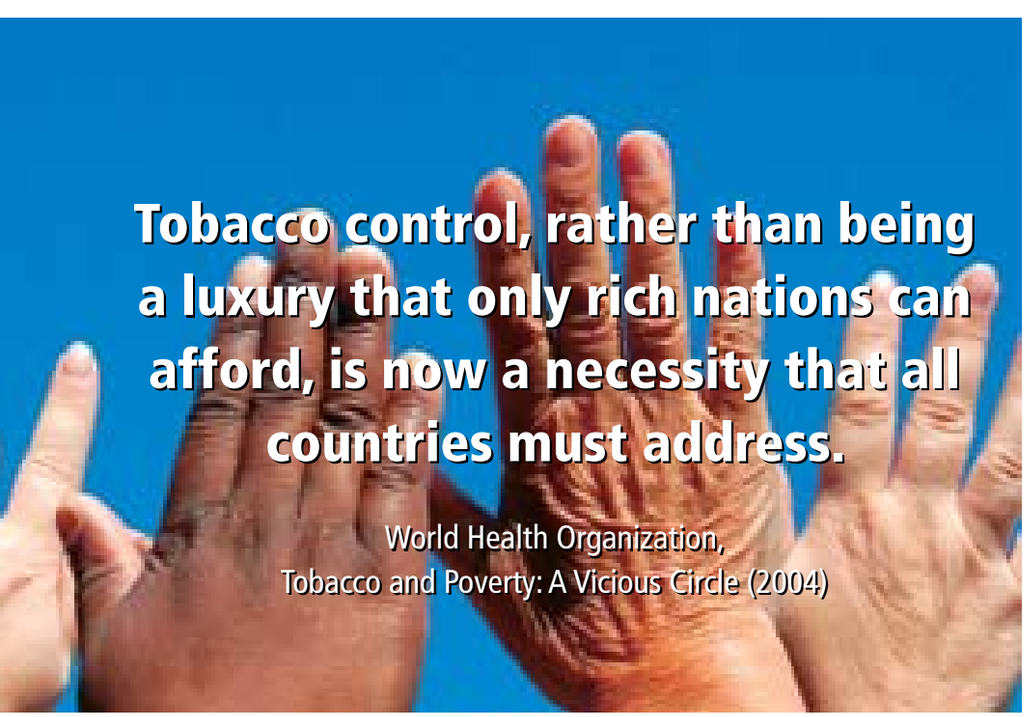
In summary, only around 5% of the world's population is covered by any one of the key interventions of effective advertising, promotion and sponsorship bans, smoke-free spaces, prominent pack warnings, protection from deceptive and misleading advertising, promotion and sponsorship, and cessation support. Governments collect more than US$ 200 billion in tobacco tax revenues and have the financial resources to expand and strengthen tobacco control programmes. Further tobacco tax increases can provide additional funding for these initiatives.

Everyone can benefit from MPOWER

TOBACCO CONTROL IS UNDERFUNDED



Based on 70 countries that provided information on both tobacco tax revenues and expenditure for tobacco control.



Conclusion

The number of people killed each year by tobacco will double over the next few decades unless urgent action is taken. But just as the epidemic of tobacco-caused disease is manmade, people – acting through their governments and civil society – can reverse the epidemic.

The WHO Framework Convention on Tobacco Control, with over 150 Parties, demonstrates global commitment to taking action and identifies key effective tobacco control policies. Through this landmark treaty, country leaders affirm their citizens' right to the highest attainable standard of health. To fulfil this fundamental human right, the MPOWER package of six effective tobacco control policies, if fully implemented and enforced, will protect each country's people from the illness and death that the tobacco epidemic will otherwise inevitably bring. The impact of the MPOWER policies can turn the vision of the Framework Convention into a global reality.

Although the tobacco epidemic can be countered, countries need to take effective steps to protect their populations. Furthermore, the tobacco epidemic is making health inequalities worse, both within countries, where in most cases the poor smoke far more than the wealthy, and internationally, with poor countries soon to make up more than 80% of the illness and death caused by tobacco.

Tobacco is unique among today's leading public health problems in that the means to curb the epidemic are clear and within our reach. If countries have the political commitment and technical and logistic support to implement the MPOWER policy package, they can save millions of lives.

This report shows that the overwhelming majority of the world's population:

- is not fully protected from other people's smoke;

- is not adequately protected from tobacco company advertising, promotion, and sponsorship;
- is not paying tobacco prices that are high enough to substantially reduce tobacco use;
- does not receive sufficient health information from tobacco pack warnings that are graphic, prominent and clear;
- does not have adequate access to help for quitting tobacco use.

And in more than half of the world, there is little accurate information on the full scope of the epidemic.

Governments around the world collect more than US$ 200 billion in tobacco taxes each year. They spend less than one fifth of 1% of that amount on tobacco control. In many low- and middle-income countries, governments receive about US$ 5 000 in tobacco tax revenues for every US$ 1 they spend on tobacco control activities. Yet the costs for the most effective tobacco control interventions – taxation, smoke-free public places, advertising, promotion and sponsorship bans and graphic pack warnings – are very low. Only anti-tobacco advertising and cessation services require significant financial resources, which in many cases can be covered through increased tax revenues and partnerships.

But all tobacco control measures require political commitment. Because the tobacco industry is far better funded and more politically powerful than those who advocate to protect children and non-smokers from tobacco and to help tobacco users quit, much more needs to be done by every country to reverse the tobacco epidemic. By taking action to implement the MPOWER policies, governments and civil society can create the enabling environment necessary to help people quit tobacco use. WHO, with the help of its global partners, stands ready to support Member States as they face the challenges ahead.

Unless urgent action is taken, more than one billion people could be killed by tobacco during this century. But this dire future can be changed by the leaders of governments and civil society. As the tobacco epidemic is entirely manmade, the end of the tobacco epidemic must also be manmade. We must act now.

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TECHNICAL NOTES

APPENDICES

TECHNICAL NOTE I

Evaluating existing policies and enforcement

The *WHO Report on the Global Tobacco Epidemic, 2008* used a 32-question survey instrument to assess countries' implementation of the six MPOWER policies. The questionnaire was completed by the WHO Tobacco Free Initiative country focal point and is available online at www.who.int/tobacco/mpower. The large body of information generated by this survey cannot be adequately presented via text alone, so summary measures were developed to assess implementation and guide policy.

Policy assessment was classified by grouping countries into four categories in each area (five categories in the case of monitoring), in addition to prevalence of tobacco use reported as a percentage of the adult population. This analysis was intended to better identify and target efforts on policy areas in each country that require most urgent action, as well as to track progress over time towards full implementation of the MPOWER package.

Enforcement of smoke-free policies and advertising, promotion and sponsorship bans (both direct and indirect marketing) were assessed by a group of five country-specific local experts, who evaluated their countries' legislation in these two areas as "minimally," "moderately" or "highly" enforced. These five experts were selected by the country's WHO Tobacco Free Initiative focal point, such that one each matched the following profiles:

- the person in charge of tobacco prevention in the country's Ministry of Health, or the most senior government official in charge of tobacco control or tobacco-related conditions;
- the head of a prominent NGO dedicated to tobacco control;
- a health professional (e.g. physician, nurse, pharmacist or dentist) specializing in tobacco-related conditions;
- a staff member of a public health university department;
- the Tobacco Free Initiative focal point of the WHO country office.

The experts performed their assessments independently. Summary scores were calculated by WHO from the five individual assessments by assigning two points for highly enforced policies, one point for moderately enforced policies and no points for minimally enforced policies, with a potential minimum of 0 and maximum of 10 points in total from these five experts. This methodology has been piloted in this first release of the report and will be reviewed in subsequent reports.

The country-reported answers to each survey question are listed in Tables 2.1.1 to 2.6.7. Tables 2.1 to 2.6 summarize this information. Enforcement scores are represented separately, i.e. enforcement is not included in the calculation of the four categories. The definitions of these categories and enforcement could change with further data collection and analyses in subsequent reports.

Monitoring

As a first step to a complete assessment of monitoring capabilities, information on tobacco use prevalence at the national level was collected. The available information was assessed based on how recent it was, whether it was representative of the country's population, and whether it covered adults, youth, or both.

To account for variances in monitoring capabilities, countries with recent information

on adult prevalence (i.e. less than five years old) were given one point, with an additional point awarded if the survey data were also representative. A similar method was used for youth tobacco use data, for a potential maximum total of four points. Countries were then grouped based on the number of accumulated points.

	Recent but not representative data for either adults or youths
	Recent but not representative data for both adults and youths; or recent and representative data for adults but no recent data for youths; or recent and representative data for youths but no recent data for adults
	Recent data for both adults and youths, but missing representative data for either adults or youths
	Minimum requirements met for recent and representative adult and youth data
...	No recent data or no data

Smoke-free environments

There are a wide range of places and institutions where it is possible to prohibit smoking. These include:

- health-care facilities;
- educational facilities other than universities;
- universities;
- government facilities;
- indoor offices;
- restaurants;
- pubs and bars;
- other indoor workplaces.

However, banning smoking in schools and hospitals was determined to be an overall minimal level of protection; countries were assigned to the lowest category if a ban was missing for either of these. Assignment to higher categories was determined by the number (rather than the types) of other places and institutions that are regulated.

	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health-care or educational facilities
	Smoke-free legislation covering both health-care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health-care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions
...	Data not reported

Treatment of tobacco dependence

Despite the low cost of quit lines, few countries other than high-income countries have implemented such programmes. Thus, including quit lines as a qualification for the second-lowest category would have relegated almost all countries to that group, and would not have provided a sufficiently clear picture of existing policies. Reimbursement for treatment was considered only for the highest category, to take the tight national budgets of many lower-income countries into consideration. The top three categories reflect varying levels of government commitment to the availability of nicotine replacement therapy and basic counselling.

	No availability of nicotine replacement therapy or cessation services
	Availability of either nicotine replacement therapy or some clinical cessation services (*neither* cost-covered)
	Availability of both nicotine replacement therapy and some clinical cessation services (*neither* cost-covered)
	Availability of a national quit line, as well as both nicotine replacement therapy and some clinical cessation services, with *either* replacement therapy or cessation services cost-covered.
...	Data not reported

Health warnings

The assessment of cigarette pack warnings was based on the size of the warning as well as on its characteristics and contents, including whether deceitful terms are banned. The data collection thus gathered information on the size of the warnings as a percentage of the main pack display areas, bans on deceitful terms and inclusion of the following characteristics:

- inclusion in the law mandating specific health warnings;
- health warnings appear on individual packages as well as on any outside packaging and labelling used in retail sale;
- descriptions of specific harmful effects of tobacco use on health;
- warnings are large, clear, visible and legible (e.g. specific colours and font sizes are mandated);
- health warnings rotate;
- health warnings written in all principal language(s) of the country;
- health warnings include a picture.

The grouping was done empirically, i.e. in analysing the data there were clear groupings of countries, with one group having no pack warnings at all, and a second group with

only minimal policies. Assigning countries to the highest two categories was more complex because many countries with health warning legislation require many of the pack characteristics outlined above, including warning labels that cover 30% or more of main pack display areas, but most miss one of the most important ones, pictorial warnings. For this reason, the second-highest category includes up to six of the characteristics, and the highest includes all of them in addition to a ban on deceitful terms.

	No warning
	A warning that covers < 30% of the principal display area of the pack
	A warning that covers at least 30% of the principal display area of the pack, and includes one to six of the seven pack warning criteria outlined above
	A warning that covers at least 50% of the principal display area of the pack, and includes all seven pack warning criteria outlined above as well as a ban on deceitful terms
...	Data not reported

Bans on advertising, promotion and sponsorship

Countries do not implement direct and indirect marketing bans in a universally clear, progressive pattern. Direct marketing bans generally progress from bans in local media to bans in international media, but this progression is far from uniform. The number of bans implemented was used as the basis for assessment, and took into account the general lag in implementing indirect bans, compared with direct bans. The bans surveyed included the following direct marketing practices:

- national television and radio;
- local magazines and newspapers;
- billboards and outdoor advertising;
- point of sale.

Also monitored was the implementation of bans on indirect marketing through the following policies:

- free distribution of tobacco products in the mail or through other means;
- promotional discounts;
- non-tobacco products identified with tobacco brand names (brand extension);
- brand names of non-tobacco products used for tobacco products;
- appearance of tobacco products in television and/or films;
- sponsored events.

	No direct or indirect ban
	One, two or three direct bans or at least one indirect ban
	Four, five, or six direct bans and at least one indirect ban
	Complete direct and indirect bans
...	Data not reported

Taxation

Countries were grouped based on the percentage contribution of tobacco-specific taxes to the total retail price of the most widely sold local brand. The decision to include or exclude a certain tax was not based on statutory definitions, but rather on its final contribution to retail prices. Depending on the national context, these might include excise taxes, import duties or any other tax specific to cigarettes. Given the lack of information on country- and brand-specific retailer's profit margin, retailer's profit was assumed to be nil in order to provide an upper bound to calculated shares of taxes in the price of the pack.

	≤ 25% of retail price is tobacco tax
	26–50% of retail price is tobacco tax
	51–75% of retail price is tobacco tax
	> 75 % of retail price is tobacco tax
...	Data not reported

Prevalence

The WHO InfoBase[113] adjusted estimates of smoking prevalence were used to group countries. See Appendix III to review gender-specific prevalence data.

	≥ 30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	< 15% of adults are smokers
...	No comparable data

TECHNICAL NOTE II

Smoking prevalence in WHO Member States

Data for the *WHO Report on the Global Tobacco Epidemic, 2008* includes the latest available surveys on tobacco use prevalence in each country. However, surveys on tobacco use differ widely. For example, some surveys cover only cigarettes, while others include pipes or cigars; some surveys include only daily users in prevalence figures, while others also include occasional users; surveys may have been performed in different years. For these reasons, prevalence figures obtained from these surveys cannot be directly compared with each other, and any comparison must explicitly take these differences into account by correcting the estimates for the following factors:

- date of the survey: comparison must be done for a common year;
- sampling methodology: corrections might be needed if surveys are not nationally representative;
- definition of smoking: comparing current daily smoking in one country with occasional smoking in another might lead to erroneous conclusions;
- age categories for which data are reported: comparing smoking among individuals 35 years old and over in one country with that of people 18 years old and over in another is misleading; there is a strong association between age and tobacco use, and measured differences in tobacco use might reflect the age of the population surveyed more than its tobacco use;
- age structure of countries: although age-specific rates might be identical, the overall prevalence rate might differ because of differences in the age structure of the two populations; differences in prevalence may be erroneously attributed to policies or other factors when the actual cause is strictly demographic.

National surveys on tobacco use prevalence provided through the data collection process were compared with WHO's Global InfoBase to ensure that the most current information was provided. Based on this comparison, data were included in the estimation process if they came from surveys that:

- provided country survey summary data for one or more of four tobacco use definitions: current smoker, current cigarette smoker, daily smoker, or daily cigarette smoker;
- included randomly selected participants who were representative of a general population;
- presented prevalence values by age groupings and by sex;
- surveyed the adult population aged 15 years and above.

The resulting estimates were therefore produced for the four definitions of tobacco use listed above. The use of these categories relates directly to an individual's risk of tobacco-related illness and death. Summary data were taken from all data sources and analysis of tobacco use prevalence data was performed according to three main steps: exploratory data analysis techniques were used to assess the general shape of the age association with prevalence and the relationships between the preferred definitions of tobacco use, and to check for data errors; models were fitted to country-reported data and country-level estimates were made; regional and subregional estimates were obtained by pooling across country-level estimates using the United Nations Statistics Division regional and subregional designations.

Using all available sources, the relationships between current smokers and daily smokers and between current and daily cigarette smokers were examined, and these results were applied to countries reporting only one

definition. The regression models were run separately for both sexes and for each of the 18 United Nations subregions. The logit transformation was used to provide continuous unbounded variables for the regression analysis, since prevalence is bounded within the range 0 to 1. For example, the complete regression models for daily and current smokers were as follows:

$$\text{logit (prevalence of daily smokers)} = \alpha + \beta_1 * \text{logit (prevalence of current smokers)} + \beta_2 * \text{logit (prevalence of current smokers)} * \text{mid-age} + \beta_3 * \text{mid-age} + \varepsilon$$

$$\text{logit (prevalence of current smokers)} = \alpha + \beta_1 * \text{logit (prevalence of daily smokers)} + \beta_2 * \text{logit (prevalence of daily smokers)} * \text{mid-age} + \beta_3 * \text{mid-age} + \varepsilon$$

where **mid-age** is the midpoint of the age range in years for each of the observations and ε is the error term, assumed to be normally distributed. The interaction term was dropped if it was not a statistically significant predictor of either current or daily smokers.

In order to estimate prevalence for standard age ranges (i.e. five-year groups starting from age 15), the association between age and tobacco use was examined for each country and by sex, using scatter plots of data from the latest nationally representative surveys. The second-order or third-order function best fitting the country-reported values was applied to derive prevalence values for the standard age ranges for each country, where the data were sufficient to allow this.

The adjustment of country-reported survey data was limited by the availability and quality of country survey data. If a survey was recent, representative and complete with regard to definition and age and sex-specific rates, the results of the survey would differ only slightly from the adjusted WHO estimates. If survey data were not available for a country, no estimate was attempted. The methods used for calculating these estimates have been published in the European Tobacco Control Report[114] and have been peer reviewed.[115]

For countries with no recent survey data, or where the most recent national survey did not provide the age and sex breakdown necessary to make these calculations, Appendix IV of the *WHO Report on the Global Tobacco Epidemic, 2008* provides the most recent national-level data, but these are not comparable with the adjusted figures provided here. If no data existed, nothing was reported. The number of countries in each of these three data categories is:

Countries with recent internationally comparable adjusted data	135
Countries with national data that are neither recent nor comparable internationally	18
Countries with no data	41

In Appendix III, two types of estimates are shown in Tables 3a and 3b: adjusted estimates and age-standardized estimates. The adjusted estimates correct national crude data. The age-standardized estimates provided in the data tables were used to group countries.

Appendix IV includes national data and their sources. Definitions of smoking, age ranges, survey year and representativeness differ between country-specific surveys. More details on the national data can be found at www.who.int/Infobase.

APPENDIX I: **COUNTRY PROFILES**

The *WHO Report on the Global Tobacco Epidemic, 2008* provides essential data on the tobacco epidemic and evidence-based tobacco prevention policies in 179 participating WHO Member States and 1 territory. Appendix I provides detailed information about tobacco prevention policies and tobacco economics in the 27 countries that have the largest number of tobacco smokers in the world. Together, these countries represent over 85% of the smokers in the world, as measured by their population and WHO's adjusted estimates of prevalence of current tobacco use among adults aged 15 and older (see Table 3a for adjusted, non-age-standardized estimates).

The data reported in the "Socioeconomic Context" section in these profiles are for the latest available year in the WHO Statistical Information System. The cigarette consumption figures reported in these profiles were estimated as cigarette production plus (minus) net imports (net exports). The following additional sources were used, as required, to supplement the data collected from Member States for this report:

- *EIU CityData 2006*, The Economist Intelligence Unit
- FAOSTAT, Food and Agriculture Organization
- The World Bank, World Development Indicators Database 2005
- United Nations Commodity Trade Statistics Database
- United Nations Statistics Division Common Database
- United States Department of Agriculture Economic Research Service
- *World Cigarettes Report 2005*, ERC Group Plc.
- World Health Organization Statistical Information System

Countries that have not validated the policy data are identified by footnotes. For some of the countries, notes in Appendix II provide additional information on tobacco prevention policies and tobacco economics.

Data were collected at the national/federal level only and, therefore, provide incomplete policy coverage for Member States where subnational governments play an active role in tobacco control.

Data for the European Region were largely obtained from the *European Report on Tobacco Control 2007*.

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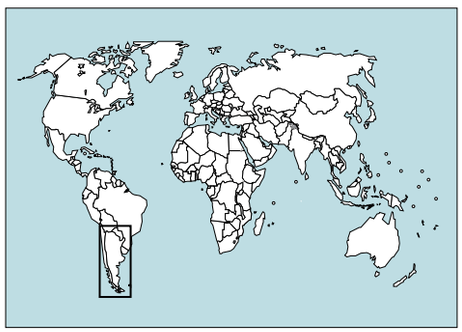
Argentina



SOCIOECONOMIC CONTEXT

Population (thousands)	**38 747**
Adults (>15 years)	**73.6%**
Urban	**90.0%**
Growth rate	**1.1%**

Income group	**Middle**
Income per capita[1]	**$13 920**
Extreme poverty rate	**7.0%**
Literacy rate	**97.2%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**22.4**
Females	**27.5**
Both	**24.9**

Age group: **13–15 years**
Sample: **Capital Federal**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

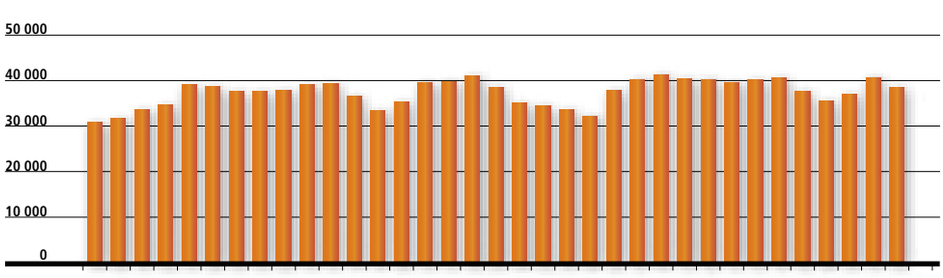
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily cigarette use	**Current cigarette use**
Males	**26.2**	**35.1**
Females	**18.6**	**24.9**
Both	**22.2**	**29.7**

Age group: **18 +**
Sample: **National**
Survey year: **2005**
Reference: **Encuesta nacional de factores de riesgo, 2005**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

Estimated from trade and production data



The Americas

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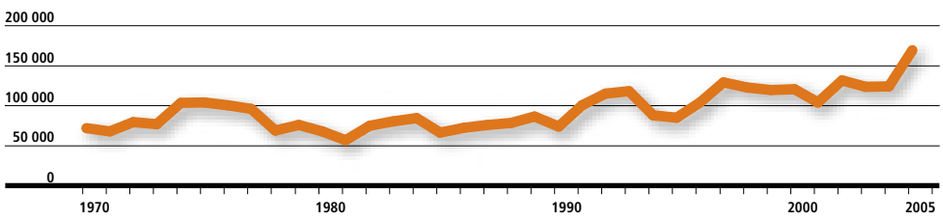
LEAF PRODUCTION (METRIC TONS)



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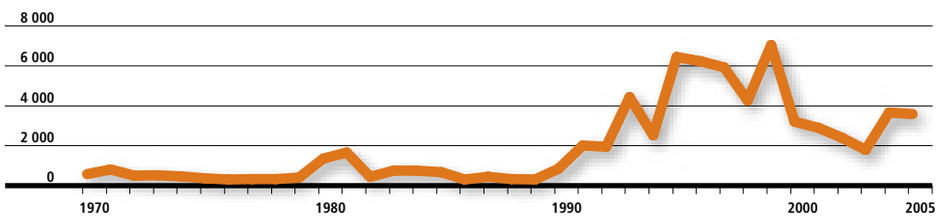

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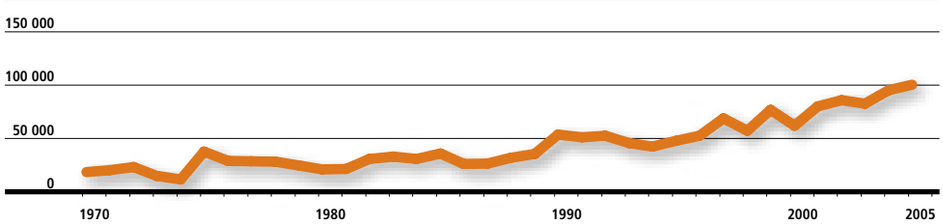

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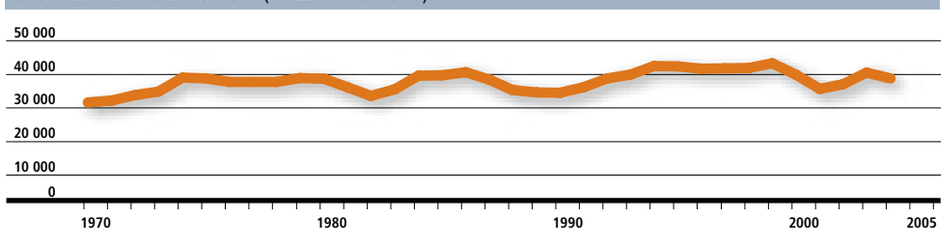

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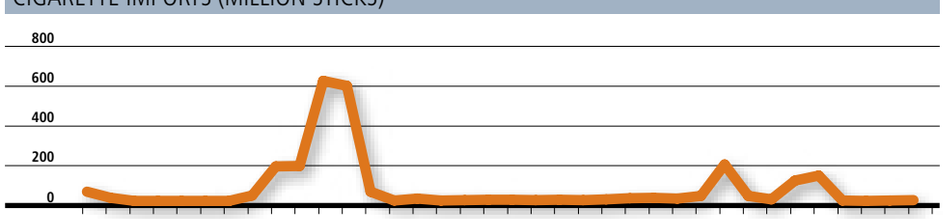
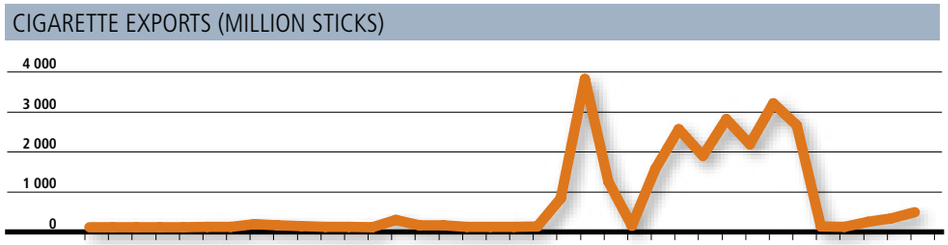


CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**3.40 ARA**
USD at official rate	**$1.11**
International dollars[3]	**$3.21**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**No**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**— / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Argentina
The Americas

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**Not mandated**
Warnings are mandated and specific	—
Warnings appear in/on each package/label	—
Warnings describe harmful effects of tobacco use	—
Warnings are large, clear, visible and legible	—
Warnings rotate	—
Warnings are written in the principal language(s)	—
Warnings include a picture	—

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**13**

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**867 000 USD**
In USD, at official exchange rate	**$867 000**

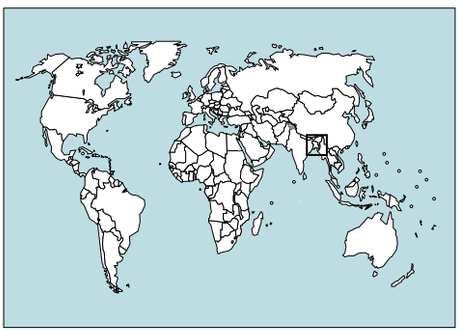
WHO FCTC STATUS

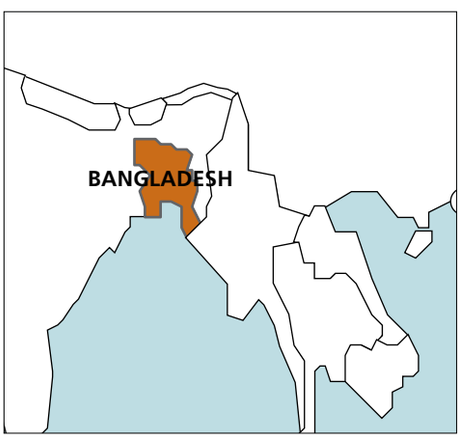
Date of signature	25 September 2003
Date of ratification (or legal equivalent)	

. . . Data not reported/not available.
— Data not required/not applicable.

Bangladesh

The market for tobacco is considerably larger than the market for cigarettes would suggest in the Tobacco Industry and Tobacco Taxation sections of this profile. There is widespread smoking of bidis, which are a much cheaper alternative to cigarettes.





SOCIOECONOMIC CONTEXT

Population (thousands)	**141 822**
Adults (>15 years)	**64.5%**
Urban	**25.0%**
Growth rate	**2.0%**

Income group	**Low**
Income per capita[1]	**$2 090**
Extreme poverty rate	**36.0%**
Literacy rate	**42.6%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**5.9**
Females	**4.7**
Both	**5.8**

Age group: **13–15 years**
Sample: **Dhaka**
Survey year: **2004**
Reference: **Global Youth Tobacco Survey**

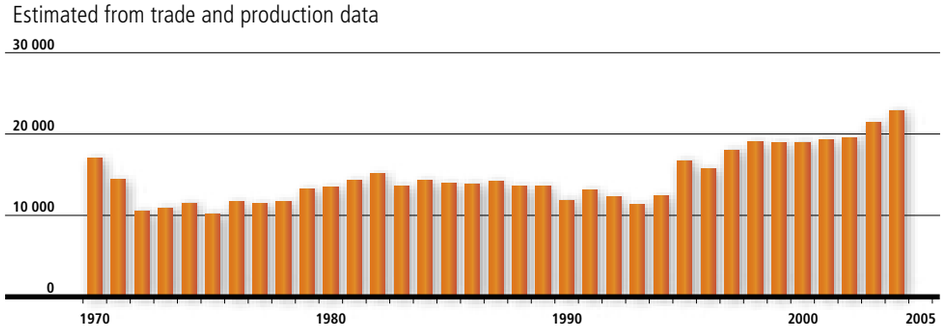
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Current tobacco smoking	**Current any tobacco use**
Males	**41.0**	**48.6**
Females	**1.8**	**25.4**
Both	**20.9**	**36.8**

Age group: **15 +**
Sample: **National**
Survey year: **2004**
Reference: **Impact of tobacco-related illness in Bangladesh (WHO-SEARO)**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

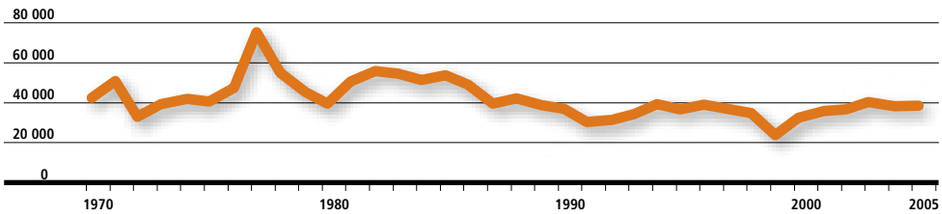
Estimated from trade and production data



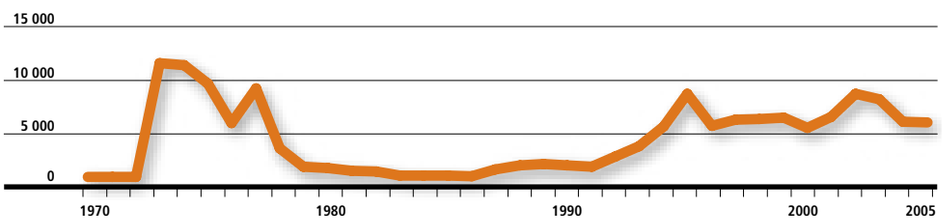
South-East Asia

. . . Data not reported/not available.
— Data not required/not applicable.

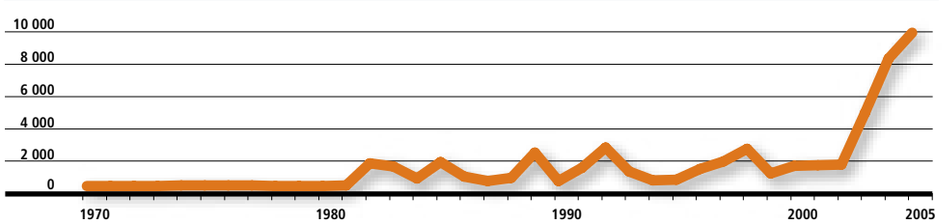
LEAF PRODUCTION (METRIC TONS)



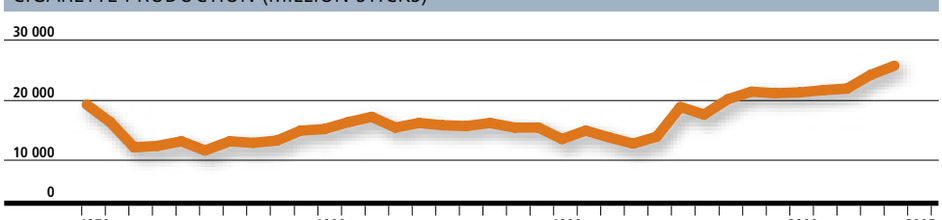
LEAF IMPORTS (METRIC TONS)



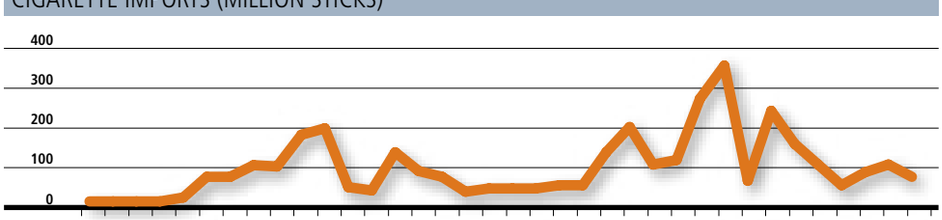
LEAF EXPORTS (METRIC TONS)



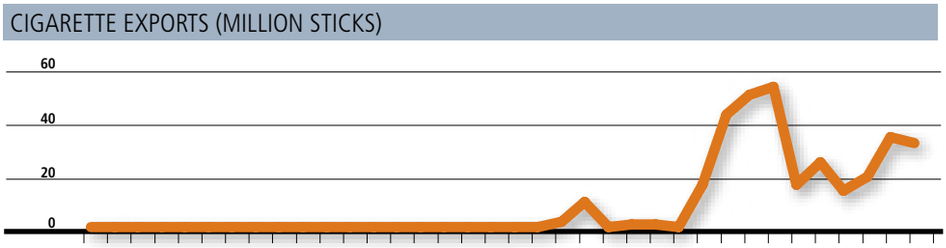
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



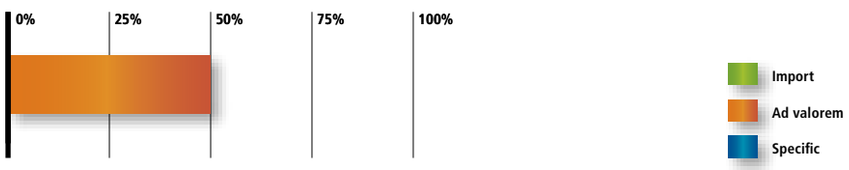
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**18.00 BOT**
USD at official rate	**$0.26**
International dollars[3]	**$1.38**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**7%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**No**
Free distribution	**Yes**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**Yes**
Enforcement*	**5 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Bangladesh
South-East Asia

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**0 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**No**
Counselling in health clinics	**No**
Counselling in hospitals	**No**
Counselling in offices of health professionals	**No**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**2**

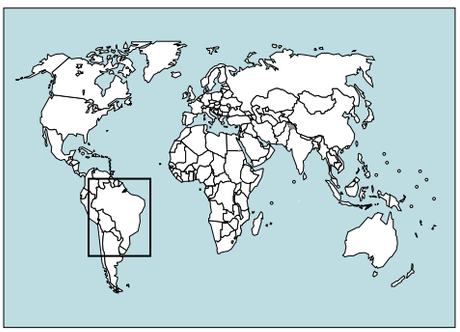
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**50 000 USD**
In USD, at official exchange rate	**$50 000**

WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	14 June 2004

. . . Data not reported/not available.
— Data not required/not applicable.

Brazil



SOCIOECONOMIC CONTEXT

Population (thousands)	**186 405**
Adults (>15 years)	**72.1%**
Urban	**84.0%**
Growth rate	**1.5%**

Income group	**Middle**
Income per capita[1]	**$8 230**
Extreme poverty rate	**7.5%**
Literacy rate	**88.6%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**17.2**
Females	**15.7**
Both	**17.2**

Age group: **13–15 years**
Sample: **Rio de Janeiro**
Survey year: **2005**
Reference: **Global Youth Tobacco Survey**

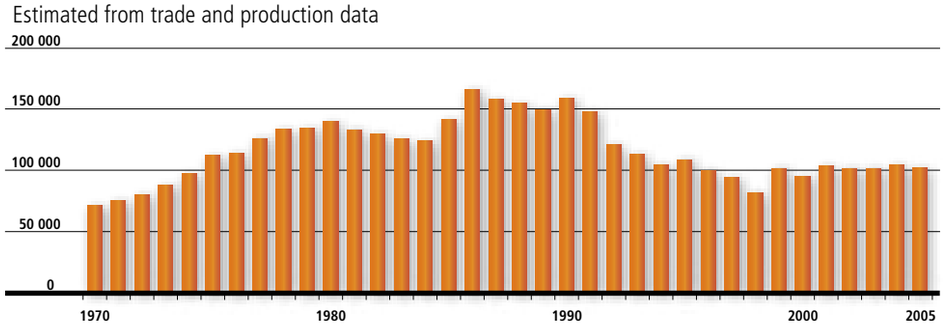
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**16.9**	**20.3**
Females	**10.0**	**12.8**
Both	—	**16.2**

Age group: **18 +**
Sample: **National**
Survey year: **2006**
Reference: **VIGITEL Brasil 2006: Vigilancia de Factores de Risco e Protecao para Doencas Cronicas por Inquerito Telefonico**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

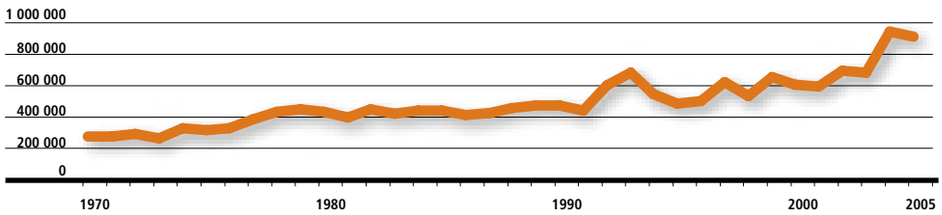
Estimated from trade and production data



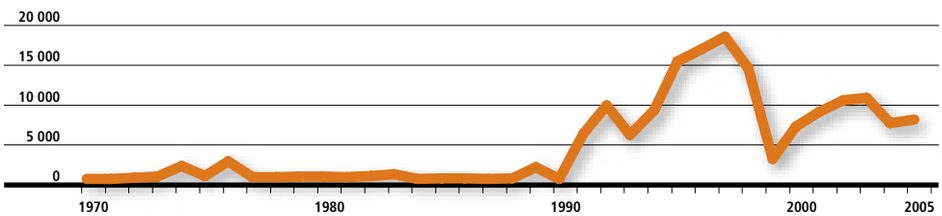
The Americas

. . . Data not reported/not available.
— Data not required/not applicable.

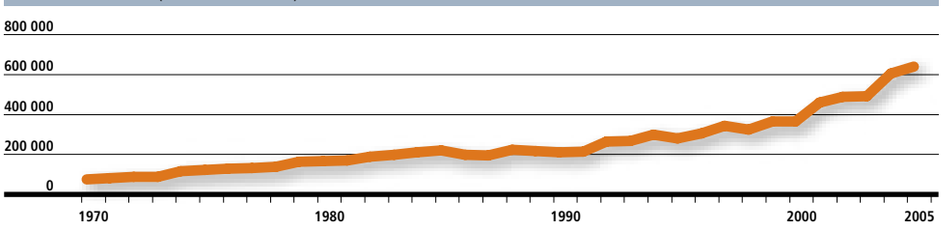
LEAF PRODUCTION (METRIC TONS)



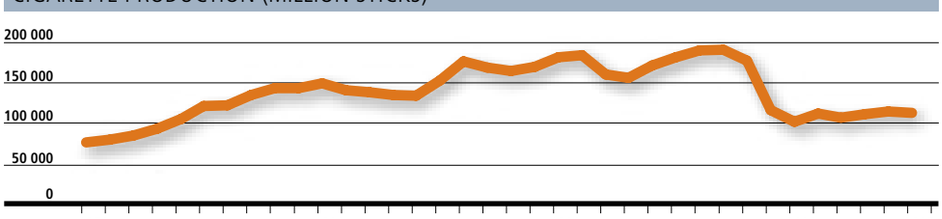
LEAF IMPORTS (METRIC TONS)



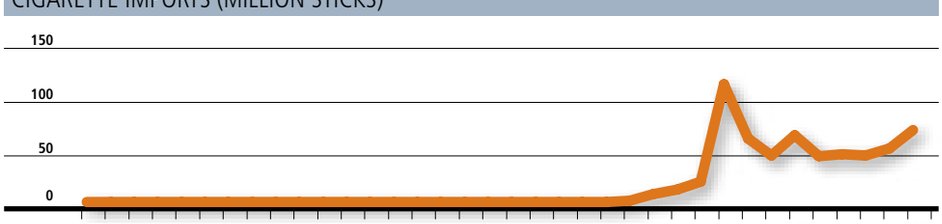
LEAF EXPORTS (METRIC TONS)



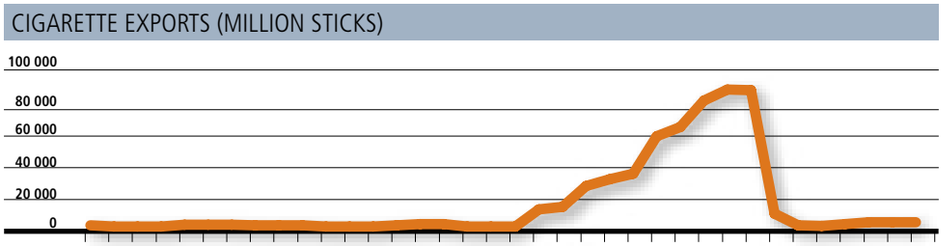
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



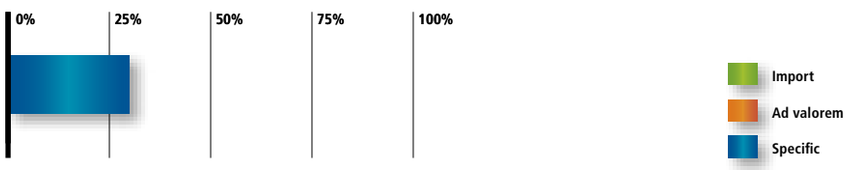
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**1.75 BRL**
USD at official rate	**$0.81**
International dollars[3]	**$1.29**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**Yes**
Enforcement*	**8 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Brazil
The Americas

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**50%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**Yes**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**30.5**

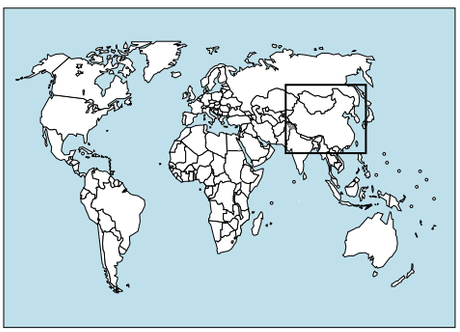
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**10 000 000**	**BRL**
In USD, at official exchange rate	**$4 608 295**	

WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	03 November 2005

. . . Data not reported/not available.
— Data not required/not applicable.

China



SOCIOECONOMIC CONTEXT

Population (thousands)	**1 323 345**
Adults (>15 years)	**78.6%**
Urban	**40.0%**
Growth rate	**0.8%**

Income group	**Middle**
Income per capita[1]	**$6 600**
Extreme poverty rate	**16.6%**
Literacy rate	**90.9%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**7.1**
Females	**4.1**
Both	**5.5**

Age group: **13–15 years**
Sample: **Shanghai**
Survey year: **2004**
Reference: **Global Youth Tobacco Survey**

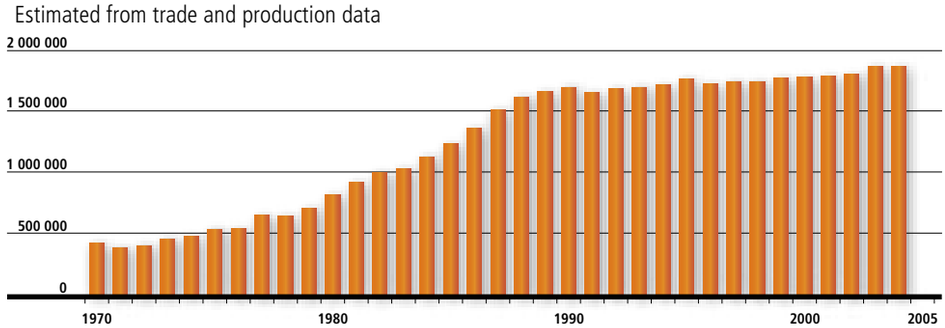
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Current cigarette use	**Cigarette ever smoking**
Males	**57.4**	**66.0**
Females	**2.6**	**3.1**
Both	**31.4**	**35.8**

Age group: **15-69 years**
Sample: **National**
Survey year: **2002**
Reference: **Smoking and passive smoking in Chinese, 2002**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

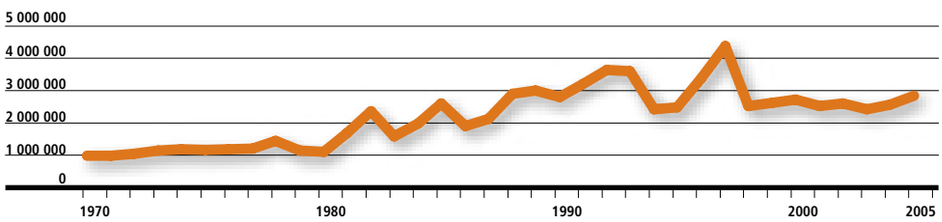
Estimated from trade and production data



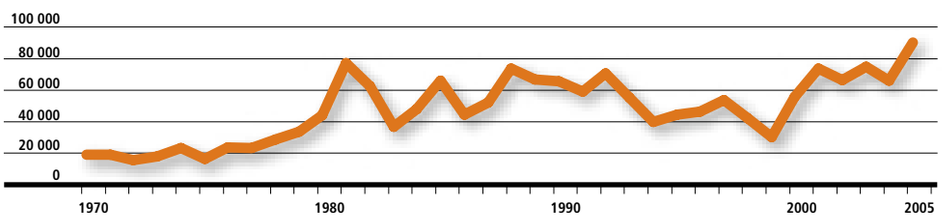
Western Pacific

. . . Data not reported/not available.
— Data not required/not applicable.

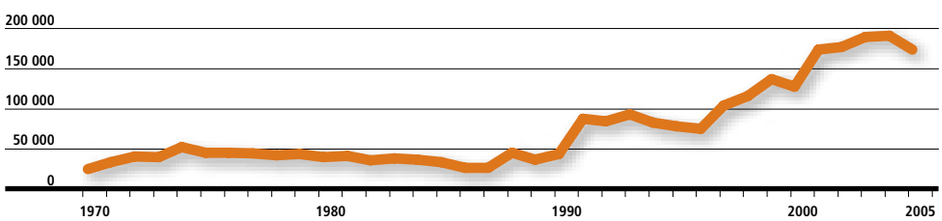
LEAF PRODUCTION (METRIC TONS)



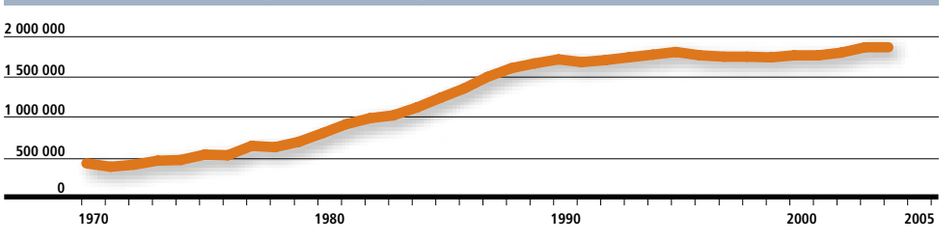
LEAF IMPORTS (METRIC TONS)



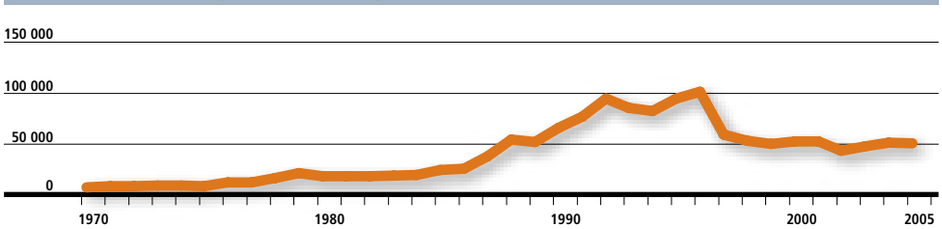
LEAF EXPORTS (METRIC TONS)



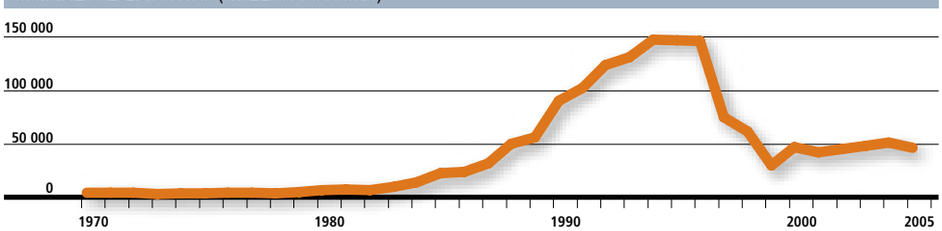
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



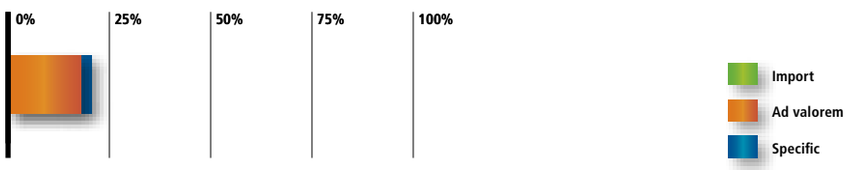
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**4.00 CNY**
USD at official rate	**$0.50**
International dollars[3]	**$1.92**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



Two excise tobacco tax rates are reported in Appendix II: 21% and 35%. The 35% rate includes the value added tax, in conformity with country practices; the 21% rate depicted in the above graph should be used for international comparison as other countries do not include the value added tax.

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**3%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**3 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

China
Western Pacific

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**Yes**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**1 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**Not mandated**
Warnings are mandated and specific	—
Warnings appear in/on each package/label	—
Warnings describe harmful effects of tobacco use	—
Warnings are large, clear, visible and legible	—
Warnings rotate	—
Warnings are written in the principal language(s)	—
Warnings include a picture	—

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	. . .
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**No**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**8.0**

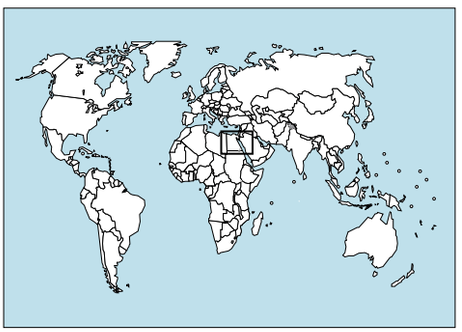
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**9 600 000 CNY**
In USD, at official exchange rate	**$1 204 517**

WHO FCTC STATUS

Date of signature	10 November 2003
Date of ratification (or legal equivalent)	11 October 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Egypt



SOCIOECONOMIC CONTEXT

Population (thousands)	**74 033**
Adults (>15 years)	**66.7%**
Urban	**43.0%**
Growth rate	**1.9%**

Income group	**Middle**
Income per capita[1]	**$4 440**
Extreme poverty rate	**3.1%**
Literacy rate	**71.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**16.0**
Females	**7.6**
Both	**12.6**

Age group: **13–15 years**
Sample: **National**
Survey year: **2005**
Reference: **Global Youth Tobacco Survey**

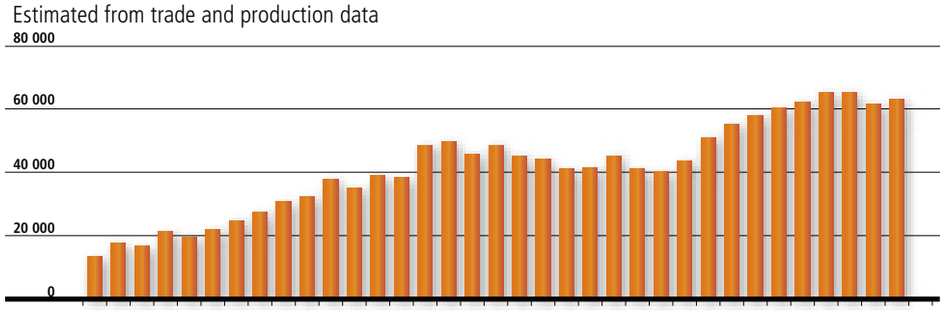
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**39.2**	**59.3**
Females	**0.4**	**2.7**
Both	**19.1**	**29.9**

Age group: **18 +**
Sample: **National**
Survey year: **2005**
Reference: **2005 Tobacco Survey**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

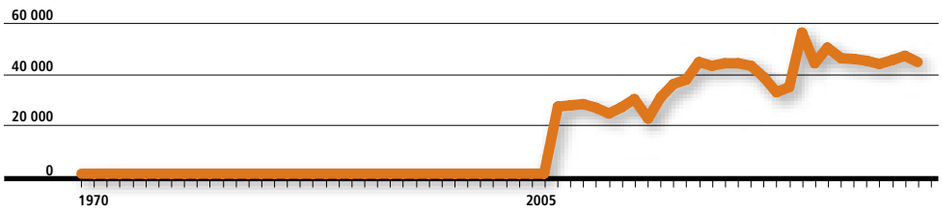
Estimated from trade and production data



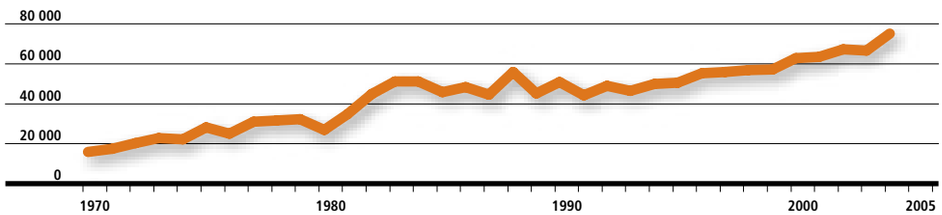
Eastern Mediterranean

. . . Data not reported/not available.
— Data not required/not applicable.

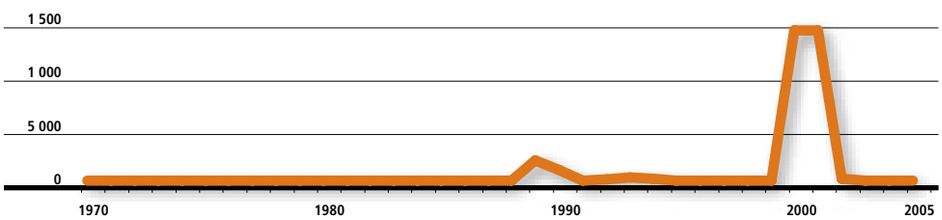
LEAF PRODUCTION (METRIC TONS)



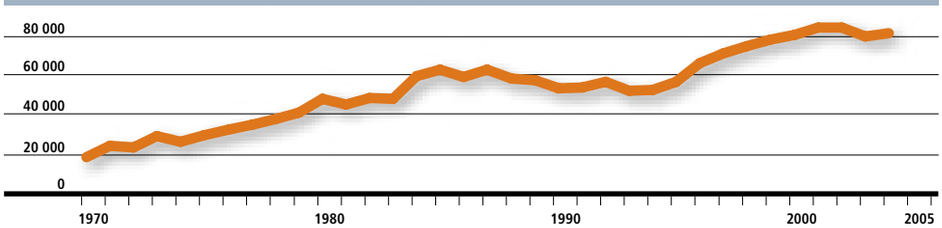
LEAF IMPORTS (METRIC TONS)



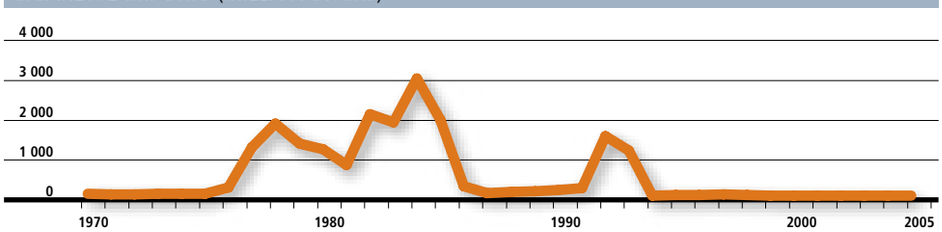
LEAF EXPORTS (METRIC TONS)



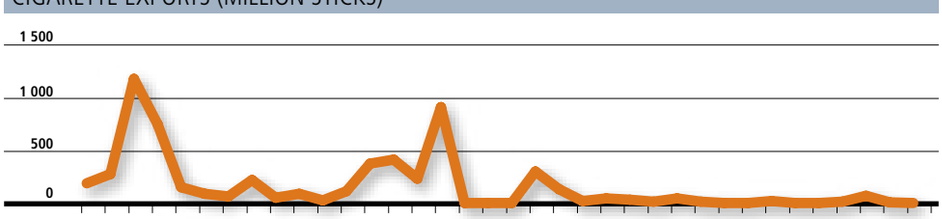
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



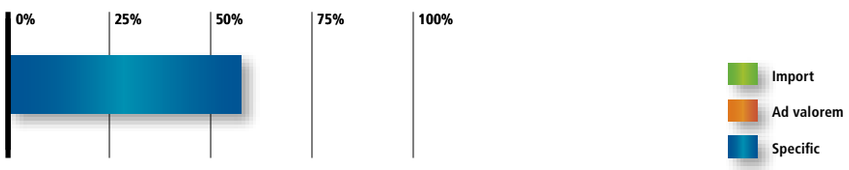
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**2.50 EGP**
USD at official rate	**$0.43**
International dollars[3]	**$1.42**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**3%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**No**
Free distribution	**Yes**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**Yes**
Enforcement*	**10 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Egypt

Eastern Mediterranean

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**3 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**50%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**No**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**No**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**No**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**No**
Counselling in the community	**No**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**2.0**

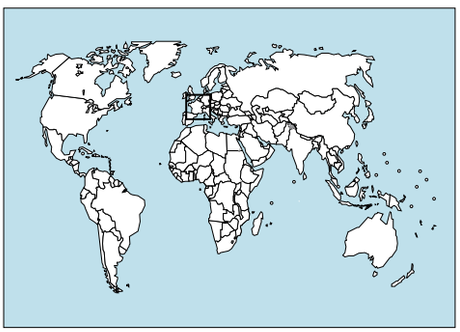
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**12 500 USD**
In USD, at official exchange rate	**$12 500**

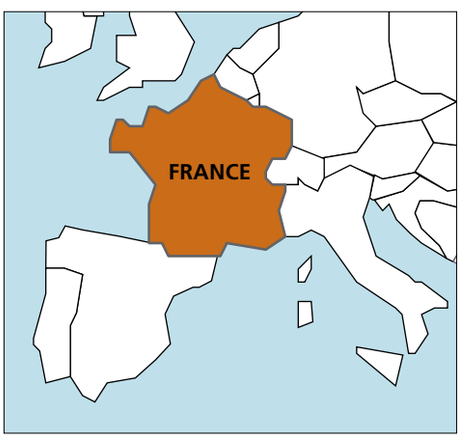
WHO FCTC STATUS

Date of signature	17 June 2003
Date of ratification (or legal equivalent)	25 February 2005

. . . Data not reported/not available.
— Data not required/not applicable.

France





SOCIOECONOMIC CONTEXT

Population (thousands)	**60 496**
Adults (>15 years)	**81.8%**
Urban	**77.0%**
Growth rate	**0.4%**

Income group	**High**
Income per capita[1]	**$30 540**
Extreme poverty rate	**. . .**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	. . .
Females	. . .
Both	. . .

Age group: . . .
Sample: . . .
Survey year: . . .
Reference: **Global Youth Tobacco Survey**

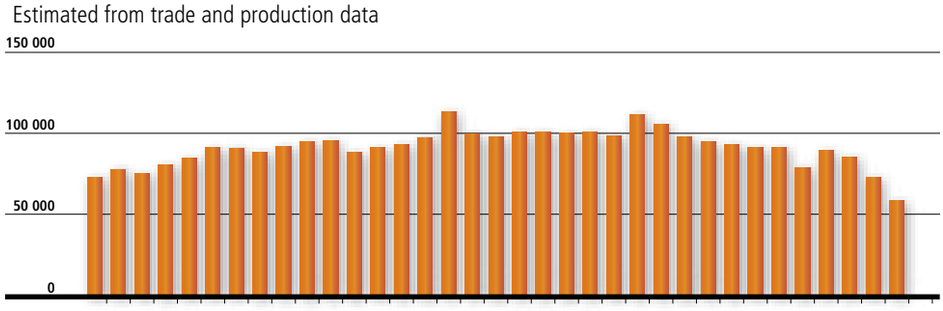
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**28.2**	**33.3**
Females	**21.7**	**26.5**
Both	**25.0**	**29.9**

Age group: **12 – 75 years**
Sample: **National**
Survey year: **2005**
Reference: **Baromètre santé 2005 (premiers résultats)**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

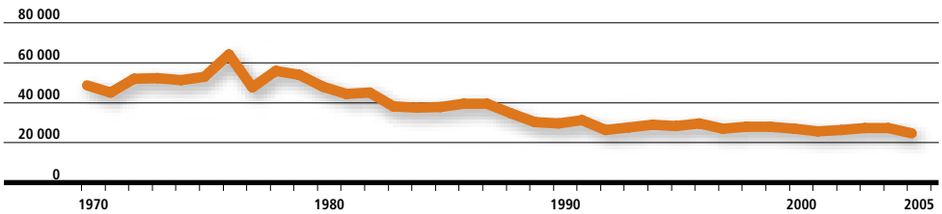
Estimated from trade and production data



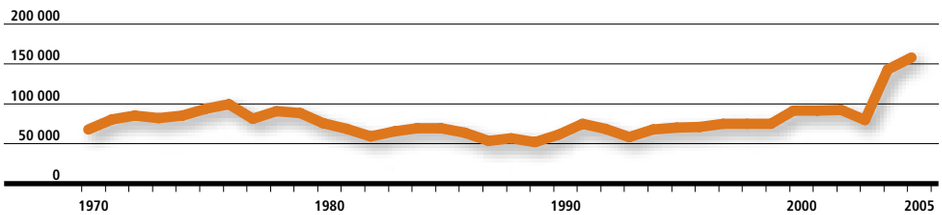
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

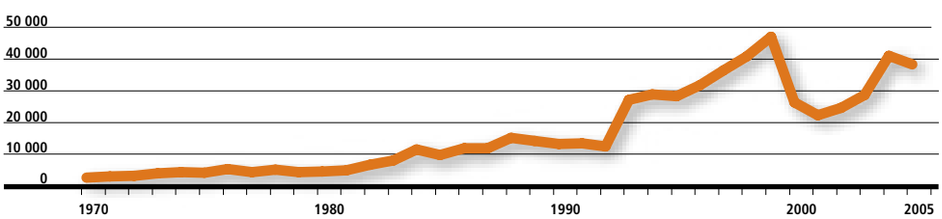
LEAF PRODUCTION (METRIC TONS)



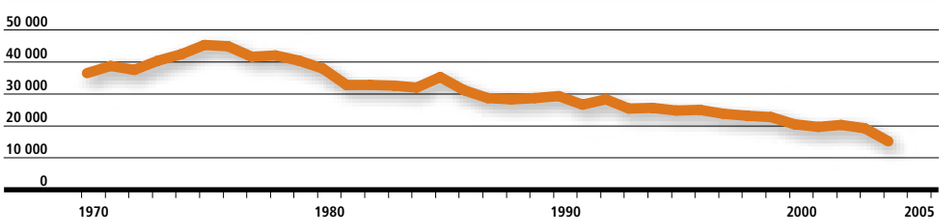
LEAF IMPORTS (METRIC TONS)



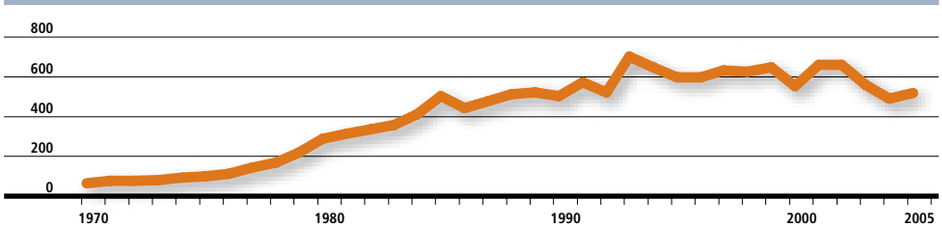
LEAF EXPORTS (METRIC TONS)



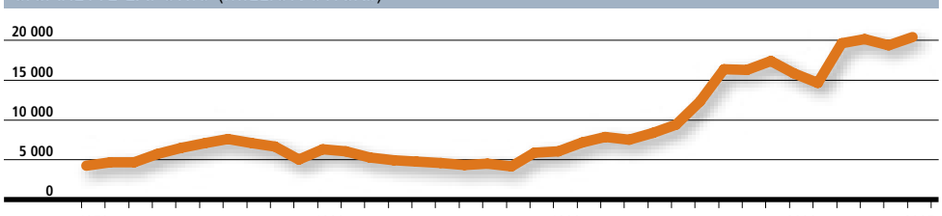
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**5.00 EUR**
USD at official rate	**$6.33**
International dollars[3]	**$5.73**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND

% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**. . .**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

*Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

France
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**Yes**
Pubs and bars	**Yes**
Enforcement*	**. . . / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**No**
Counselling in hospitals	**No**
Counselling in offices of health professionals	**No**
Counselling in the community	**. . .**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**. . .**

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**29 988 306**	**EUR**
In USD, at official exchange rate	**$37 959 881**	

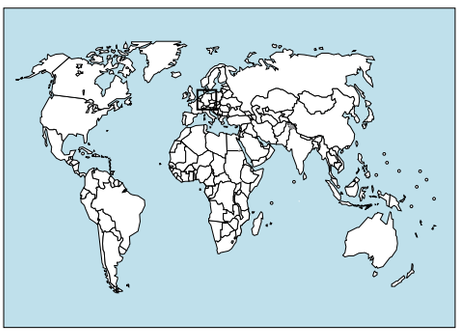
WHO FCTC STATUS

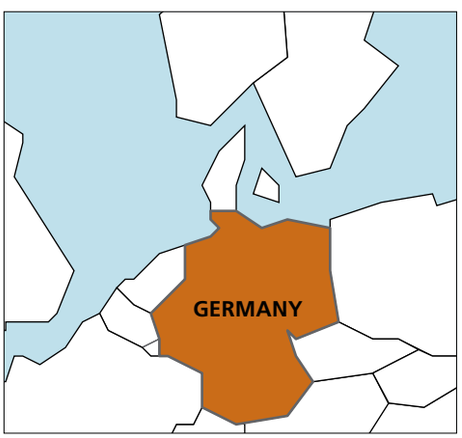
Date of signature	16 June 2003
Date of ratification (or legal equivalent)	19 October 2004 [AA]

[AA] – Approval is an international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

. . . Data not reported/not available.
— Data not required/not applicable.

Germany





SOCIOECONOMIC CONTEXT

Population (thousands)	**82 689**
Adults (>15 years)	**85.7%**
Urban	**75.0%**
Growth rate	**0.1%**

Income group	**High**
Income per capita[1]	**$29 210**
Extreme poverty rate	**. . .**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	. . .
Females	. . .
Both	. . .

Age group: . . .
Sample: . . .
Survey year: . . .
Reference: **Global Youth Tobacco Survey**

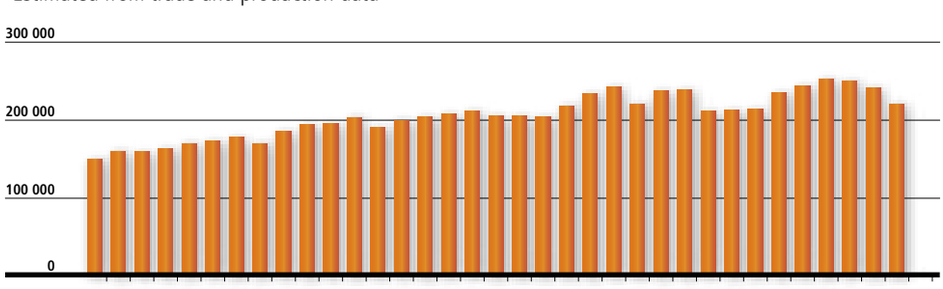
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**27.9**	**33.2**
Females	**18.8**	**22.4**
Both	**23.2**	**27.2**

Age group: **15 +**
Sample: **National**
Survey year: **2005**
Reference: **Leben in Deutschland - Haushalte, Familien und Gesundheit, Ergebnisse des Mikrozensus, 2005**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

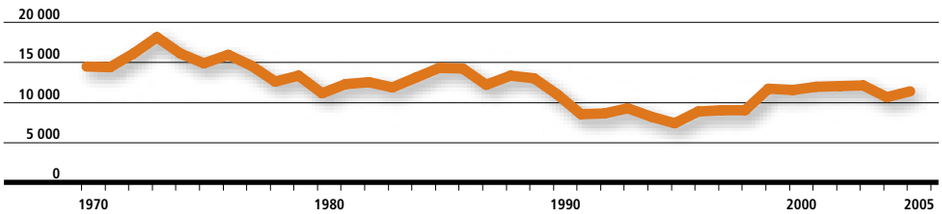
Estimated from trade and production data



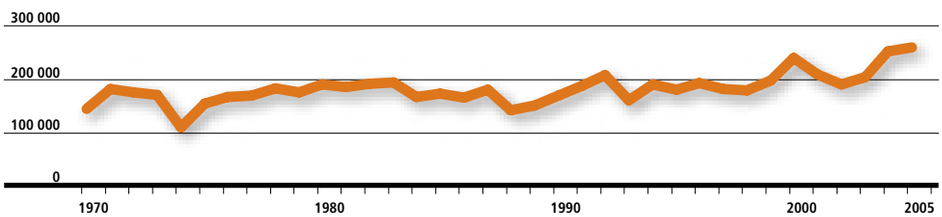
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

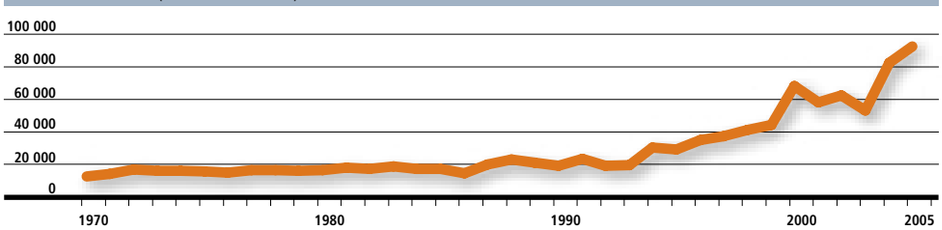
LEAF PRODUCTION (METRIC TONS)



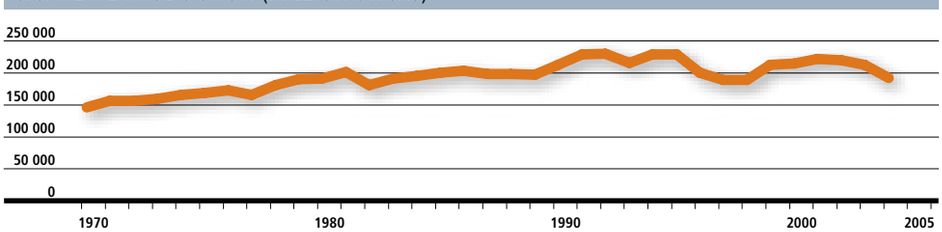
LEAF IMPORTS (METRIC TONS)



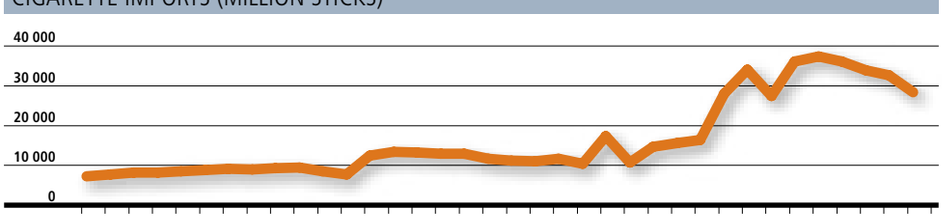
LEAF EXPORTS (METRIC TONS)



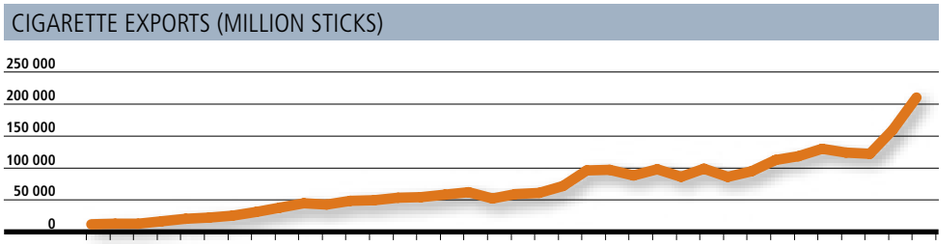
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**4.44 EUR**
USD at official rate	**$5.62**
International dollars[3]	**$5.01**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Germany
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**. . . / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**No**
National agency or technical unit for tobacco control	**No**
Number of full-time equivalent staff	—

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**1 000 000 EUR**
In USD, at official exchange rate	**$1 265 823**

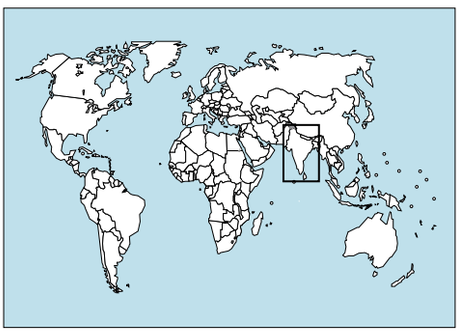
WHO FCTC STATUS

Date of signature	24 October 2003
Date of ratification (or legal equivalent)	16 December 2004

. . . Data not reported/not available.
— Data not required/not applicable.

India

The market for tobacco is considerably larger than the market for cigarettes would suggest in the Tobacco Industry and Tobacco Taxation sections of this profile. There is a wide range of alternative tobacco products available, including bidis and chewing tobacco, both of which are substantially cheaper and widely consumed.



SOCIOECONOMIC CONTEXT

Population (thousands)	**1 103 371**
Adults (>15 years)	**67.9%**
Urban	**29.0%**
Growth rate	**1.7%**

Income group	**Low**
Income per capita[1]	**$3 460**
Extreme poverty rate	**34.7%**
Literacy rate	**61.0%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**17.3**
Females	**9.7**
Both	**14.1**

Age group: **13–15 years**
Sample: **National**
Survey year: **2006**
Reference: **Global Youth Tobacco Survey**

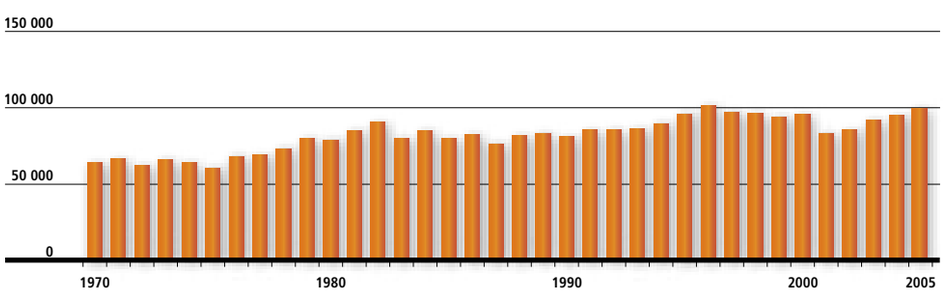
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Current cigarette or bidi use	**Current any tobacco use**
Males	**32.7**	**57.0**
Females	**1.4**	**3.1**
Both	. . .	. . .

Age group: **18-49 years**
Sample: **National**
Survey year: **2005**
Reference: **National Family Health Survey (NFHS-3), India, 2005-2006**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

Estimated from trade and production data



South-East Asia

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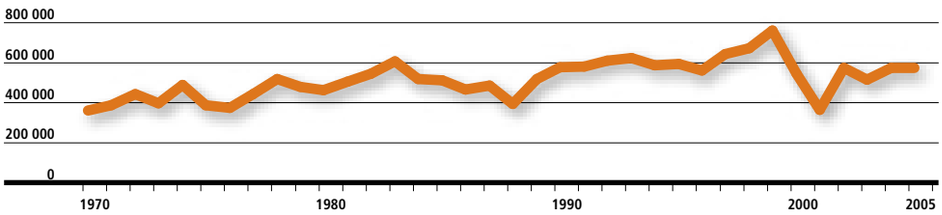
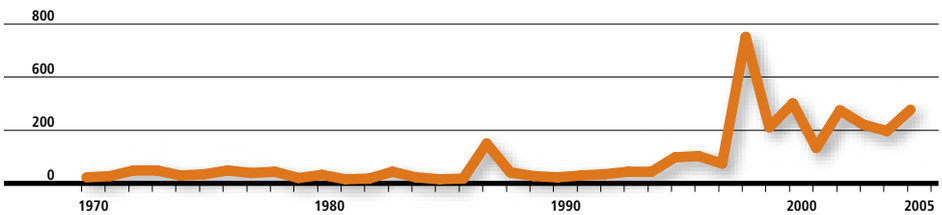
— Data not required/not applicable.

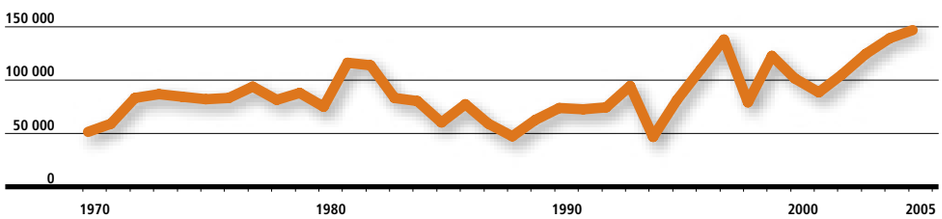
LEAF PRODUCTION (METRIC TONS)



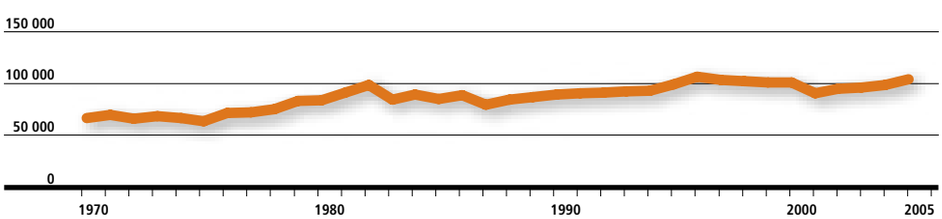
LEAF IMPORTS (METRIC TONS)



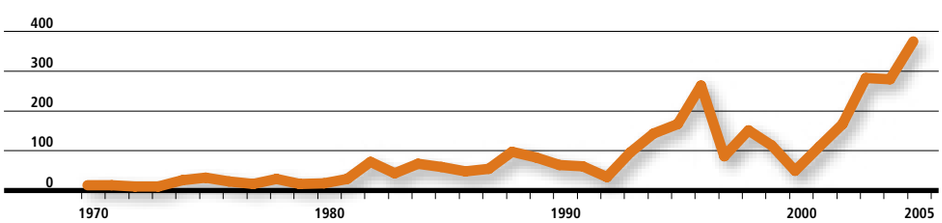
LEAF EXPORTS (METRIC TONS)



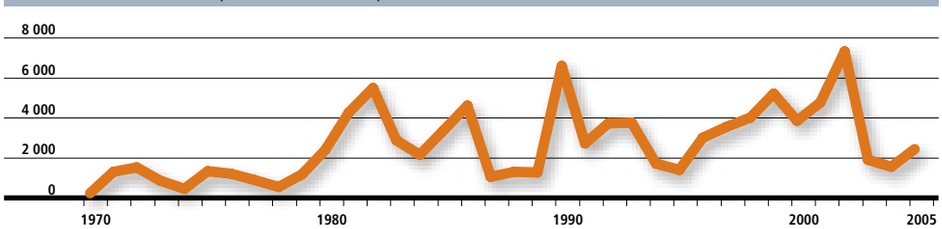
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



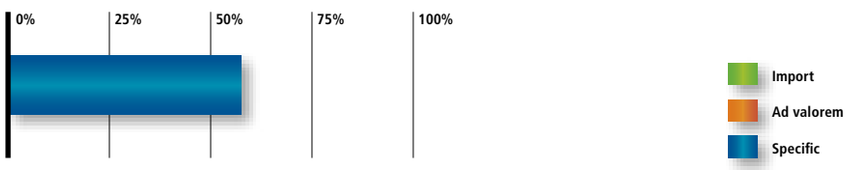
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**68.00 INR**
USD at official rate	**$1.50**
International dollars[3]	**$7.04**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**20%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**7 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

India
South-East Asia

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**No**
Pubs and bars	**Yes**
Enforcement*	**2 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**50%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**No**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**8**

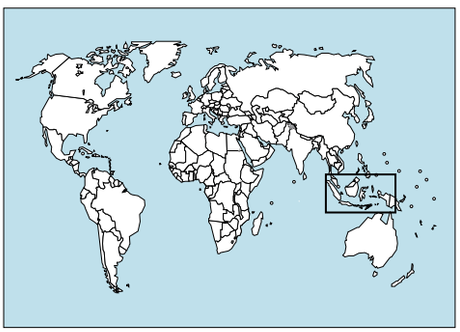
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**25 000 000**	**INR**
In USD, at official exchange rate	**$551 876**	

WHO FCTC STATUS

Date of signature	10 September 2003
Date of ratification (or legal equivalent)	05 February 2004

. . . Data not reported/not available.
— Data not required/not applicable.

Indonesia



SOCIOECONOMIC CONTEXT

Population (thousands)	**222 781**
Adults (>15 years)	**71.7%**
Urban	**48.0%**
Growth rate	**1.3%**

Income group	**Middle**
Income per capita[1]	**$3 720**
Extreme poverty rate	**7.5%**
Literacy rate	**90.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**24.1**
Females	**4.0**
Both	**13.5**

Age group: **13–15 years**
Sample: **National**
Survey year: **2006**
Reference: **Global Youth Tobacco Survey**

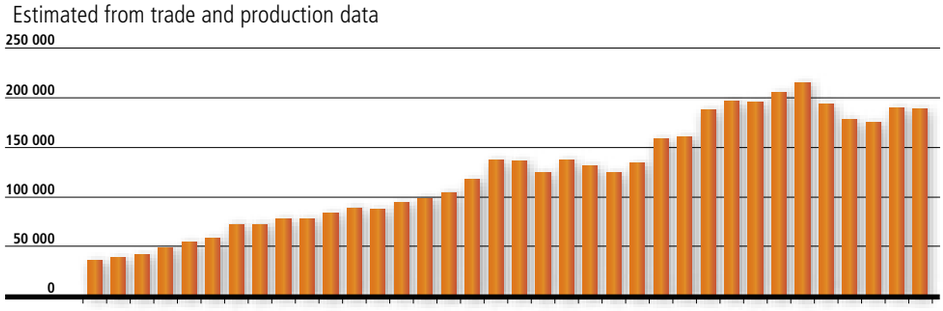
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**52.4**	**63.2**
Females	**3.3**	**4.5**
Both	**26.4**	**34.5**

Age group: **15 +**
Sample: **National**
Survey year: **2004**
Reference: **Indonesia Household Survey, 2004**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

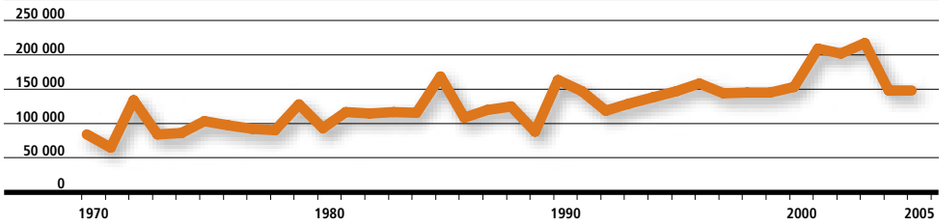
Estimated from trade and production data



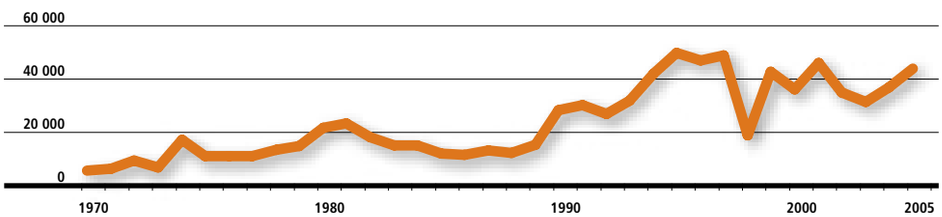
South-East Asia

. . . Data not reported/not available.
— Data not required/not applicable.

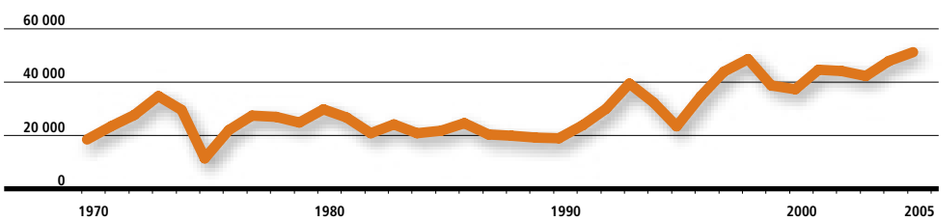
LEAF PRODUCTION (METRIC TONS)



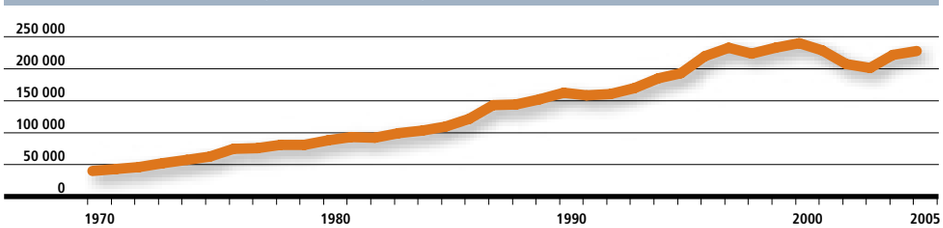
LEAF IMPORTS (METRIC TONS)



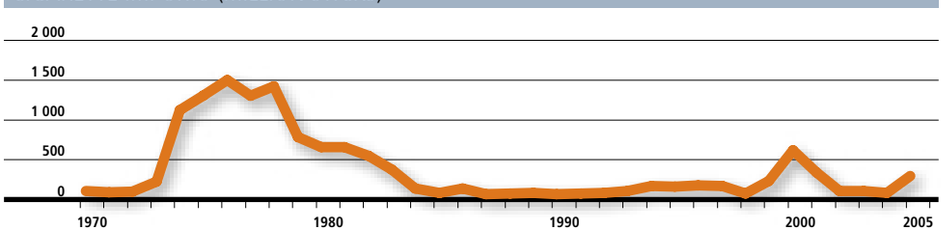
LEAF EXPORTS (METRIC TONS)



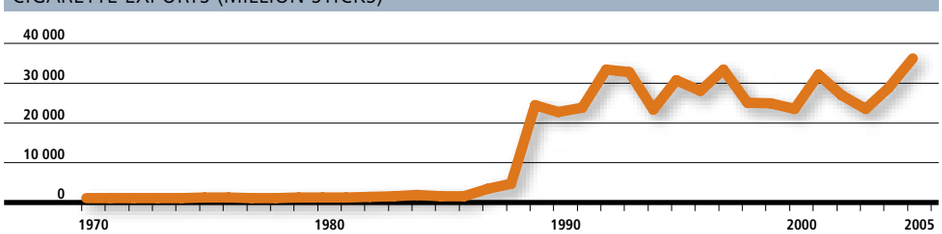
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**8 500 IDR**
USD at official rate	**$0.93**
International dollars[3]	**$2.32**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**6%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**No**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**Yes**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**2 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Indonesia
South-East Asia

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**3 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**Not mandated**
Warnings are mandated and specific	—
Warnings appear in/on each package/label	—
Warnings describe harmful effects of tobacco use	—
Warnings are large, clear, visible and legible	—
Warnings rotate	—
Warnings are written in the principal language(s)	—
Warnings include a picture	—

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**No**
Bupropion sold	**No**
Counselling in health clinics	**No**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**No**
Counselling in the community	**No**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	. . .

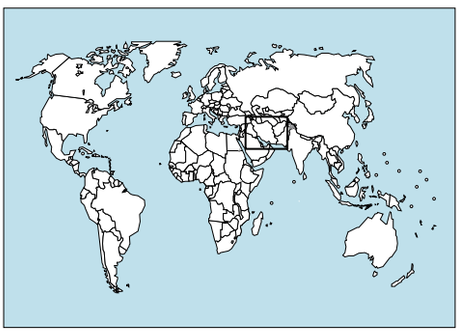
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

WHO FCTC STATUS

Date of signature	
Date of ratification (or legal equivalent)	

. . . Data not reported/not available.
— Data not required/not applicable.

Iran (Islamic Republic of)



SOCIOECONOMIC CONTEXT

Population (thousands)	**69 512**
Adults (>15 years)	**71.3%**
Urban	**67.0%**
Growth rate	**1.1%**

Income group	**Middle**
Income per capita[1]	**$8 050**
Extreme poverty rate	**< 2%**
Literacy rate	**77.0%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**17.6**
Females	**8.9**
Both	**13.0**

Age group: **13–15 years**
Sample: **National**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

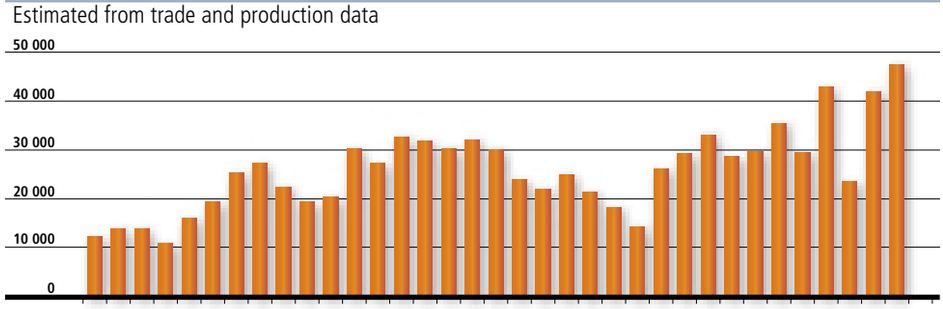
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**20.9**	**24.1**
Females	**2.9**	**4.3**
Both	**11.9**	**14.2**

Age group: **15-64 years**
Sample: **National**
Survey year: **2005**
Reference: **A national profile of non-communicable disease risk factors in the Islamic Republic of Iran, 2005**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

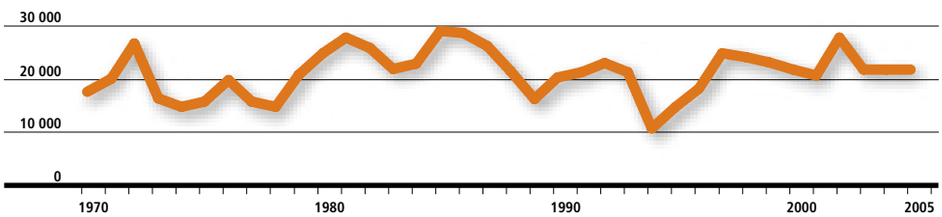
Estimated from trade and production data



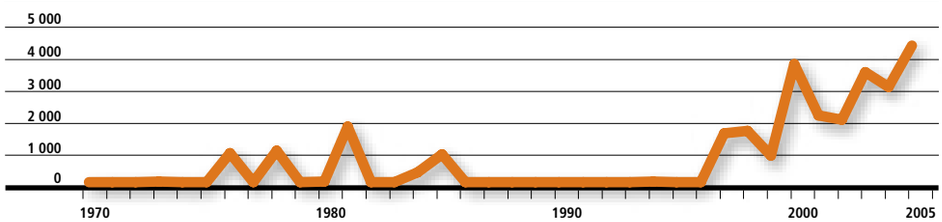
Eastern Mediterranean

. . . Data not reported/not available.
— Data not required/not applicable.

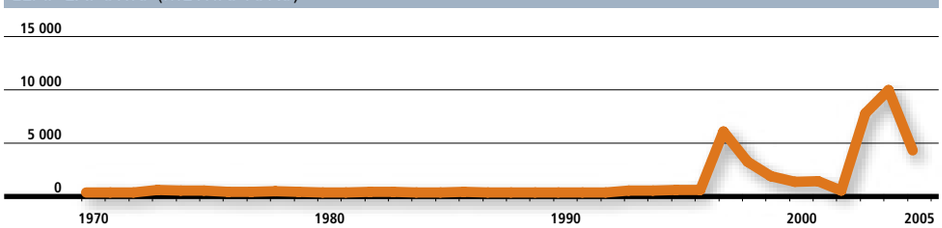
LEAF PRODUCTION (METRIC TONS)



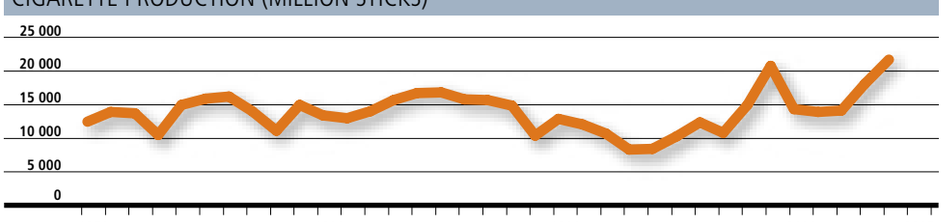
LEAF IMPORTS (METRIC TONS)



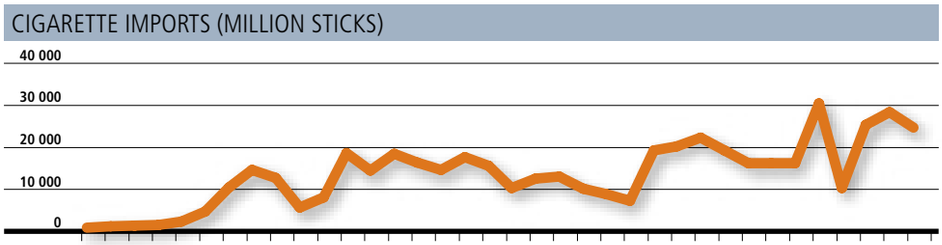
LEAF EXPORTS (METRIC TONS)



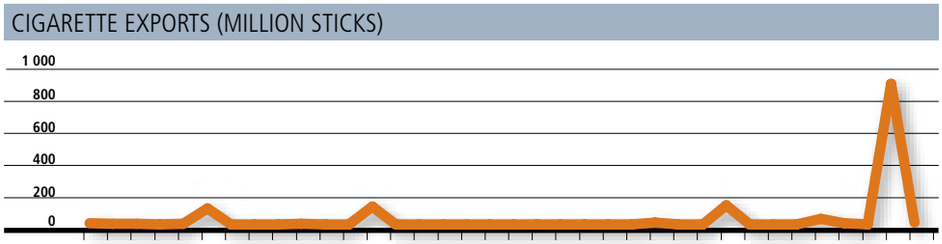
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



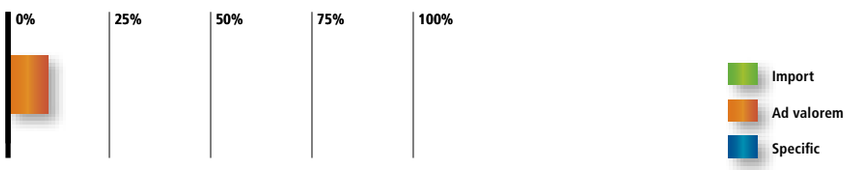
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**5500 IRR**
USD at official rate	**$0.60**
International dollars[3]	**$1.59**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**10 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Iran (Islamic Republic of)

Eastern Mediterranean

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**Yes**
Pubs and bars	**Yes**
Enforcement*	**5 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**50%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**10**

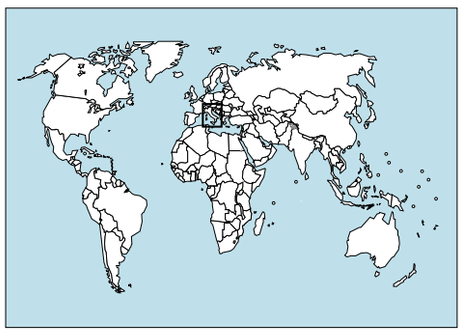
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**2 000 000 USD**
In USD, at official exchange rate	**$2 000 000**

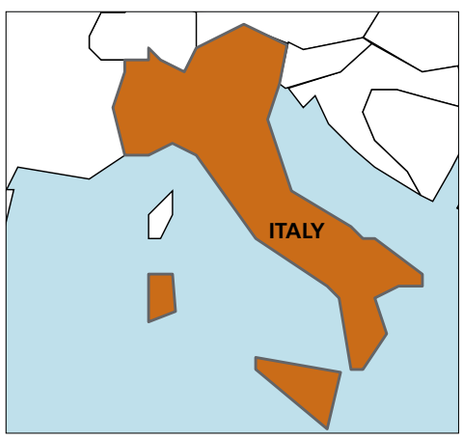
WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	06 November 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Italy





SOCIOECONOMIC CONTEXT

Population (thousands)	**58 093**
Adults (>15 years)	**86.0%**
Urban	**68.0%**
Growth rate	**0.1%**

Income group	**High**
Income per capita[1]	**$28 840**
Extreme poverty rate	**. . .**
Literacy rate	**98.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	. . .
Females	. . .
Both	. . .

Age group: . . .
Sample: . . .
Survey year: . . .
Reference: **Global Youth Tobacco Survey**

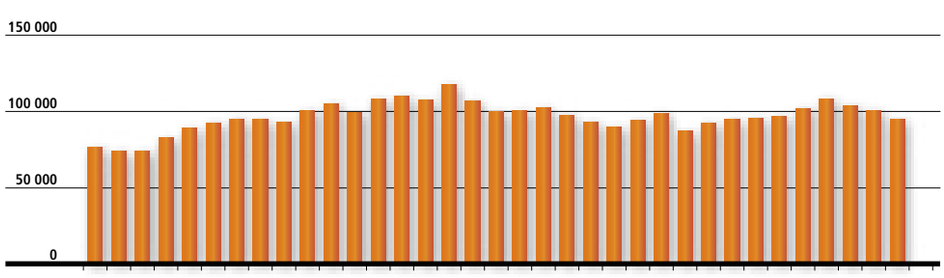
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	. . .	**28.3**
Females	. . .	**16.2**
Both	. . .	**22.0**

Age group: **14 +**
Sample: **National**
Survey year: **2005**
Reference: **Fumatori in Italia, 2005**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

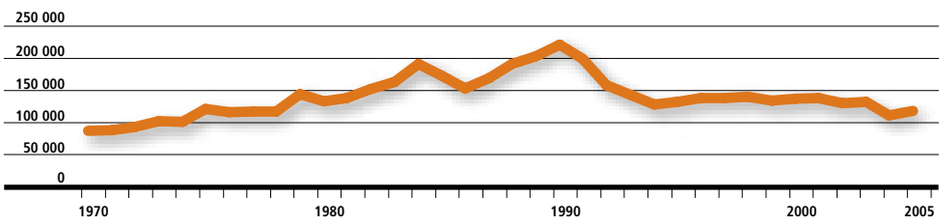
Estimated from trade and production data



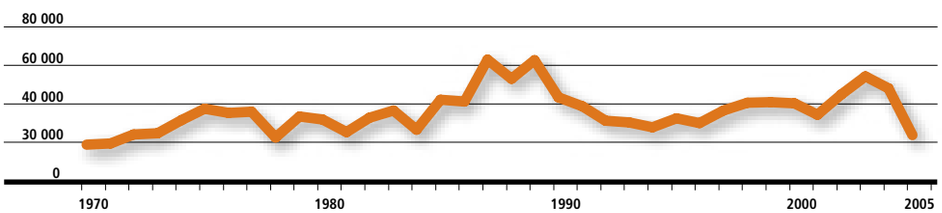
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

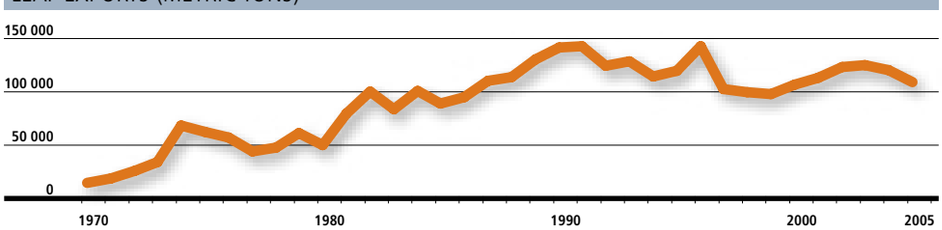
LEAF PRODUCTION (METRIC TONS)



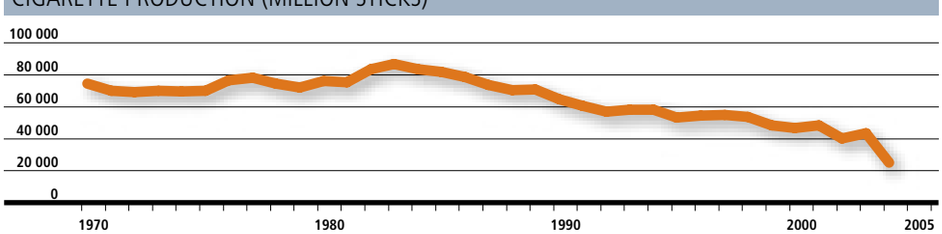
LEAF IMPORTS (METRIC TONS)



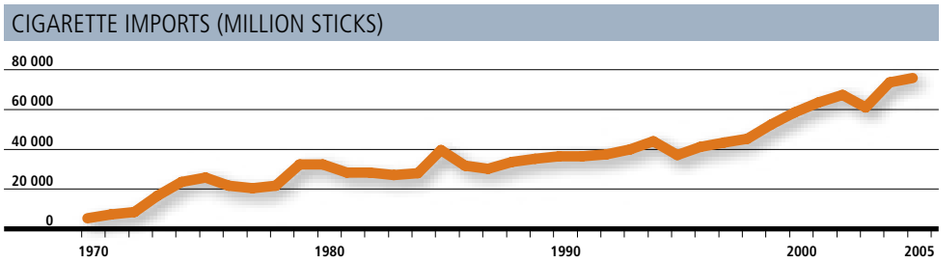
LEAF EXPORTS (METRIC TONS)



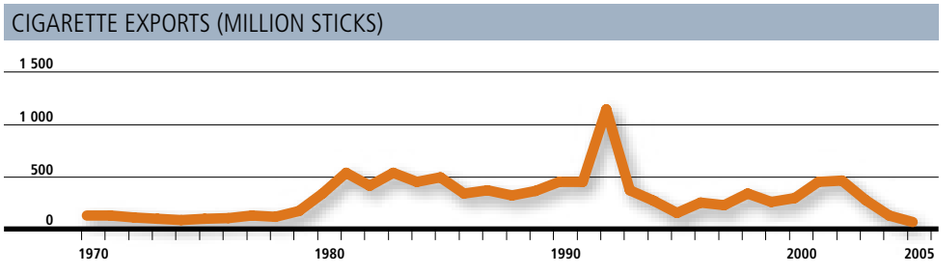
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**3.20 EUR**
USD at official rate	**$4.05**
International dollars[3]	**$3.91**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**1%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**No**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Italy
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**Yes**
Pubs and bars	**Yes**
Enforcement*	**. . . / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**. . .**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**No**
Number of full-time equivalent staff	**—**

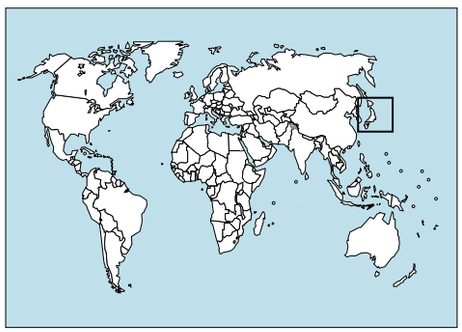
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**11 355 969 EUR**
In USD, at official exchange rate	**$14 374 644**

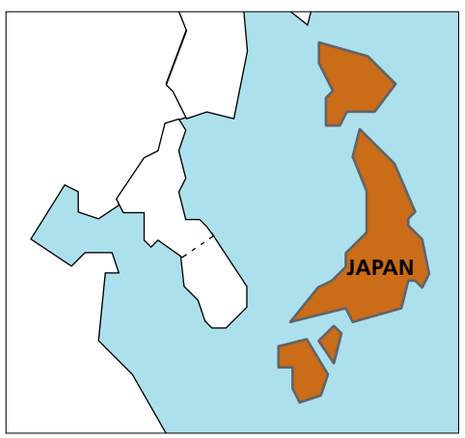
WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	

. . . Data not reported/not available.
— Data not required/not applicable.

Japan





SOCIOECONOMIC CONTEXT

Population (thousands)	**128 085**
Adults (>15 years)	**86.0%**
Urban	**66.0%**
Growth rate	**0.2%**

Income group	**High**
Income per capita[1]	**$31 410**
Extreme poverty rate	. . .
Literacy rate	. . .

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	. . .
Females	. . .
Both	. . .

Age group: . . .
Sample: . . .
Survey year: . . .
Reference: **Global Youth Tobacco Survey**

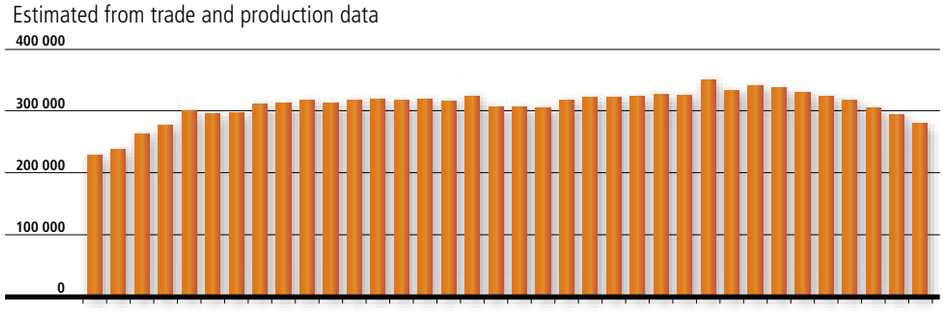
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current cigarette use**
Males	. . .	**43.3**
Females	. . .	**12.0**
Both	. . .	. . .

Age group: **20 +**
Sample: **National**
Survey year: **2004**
Reference: **Heisei 16-nen kokumin kenkou eiyou tyosa kekka no gaiyou, 2004**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

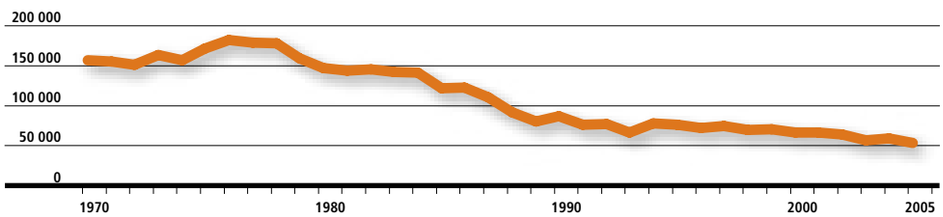
Estimated from trade and production data



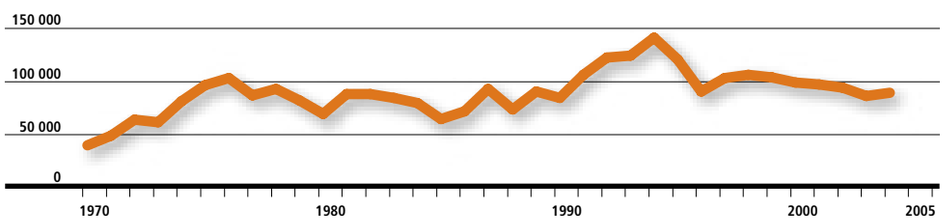
Western Pacific

. . . Data not reported/not available.
— Data not required/not applicable.

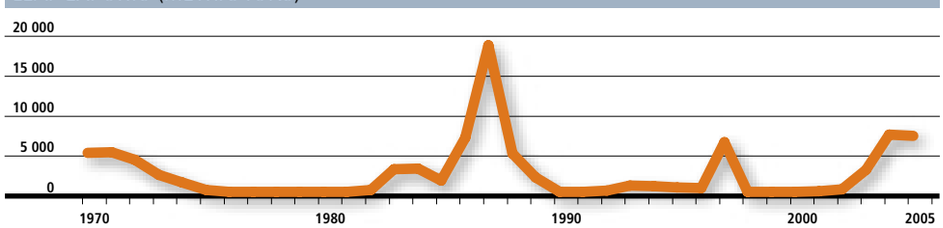
LEAF PRODUCTION (METRIC TONS)



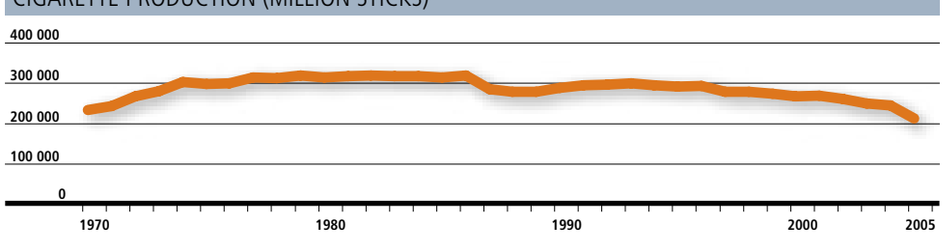
LEAF IMPORTS (METRIC TONS)



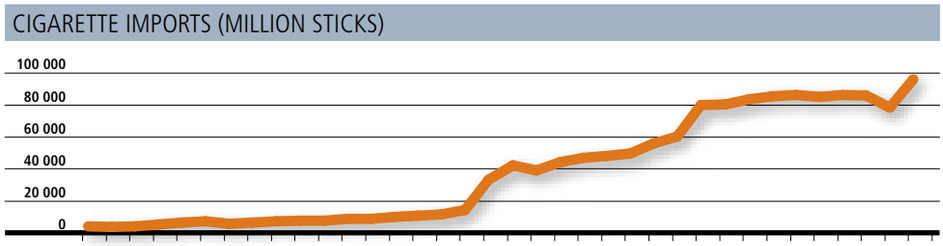
LEAF EXPORTS (METRIC TONS)



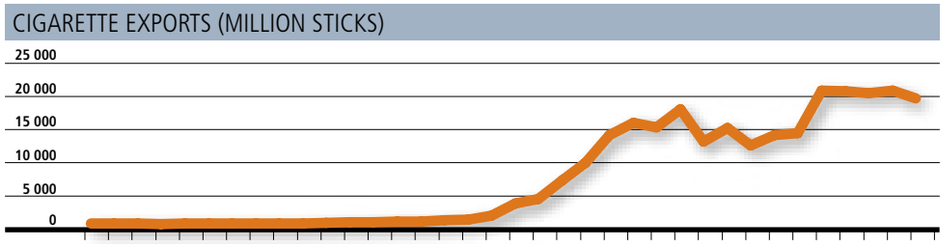
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**300 JPY**
USD at official rate	**$2.58**
International dollars[3]	**$2.46**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

(Graph is missing because of a lack of tax data)

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**1%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**No**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**... / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Japan
Western Pacific

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**No**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**3.0**

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**495 000 000**	**JPY**
In USD, at official exchange rate	**$4 256 600**	

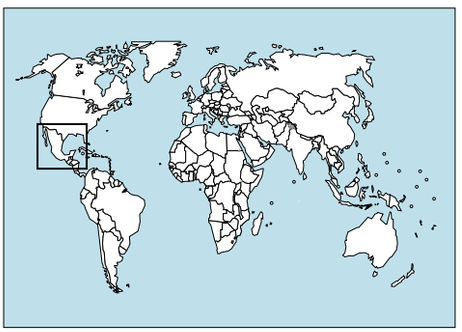
WHO FCTC STATUS

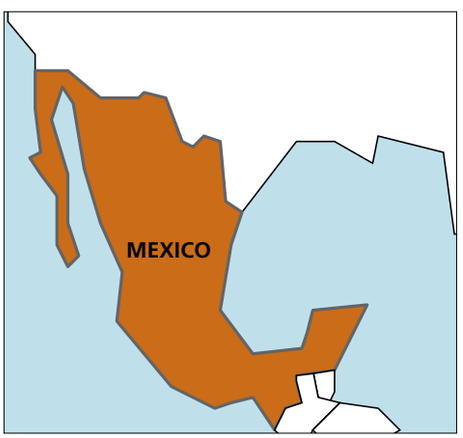
Date of signature	09 March 2004
Date of ratification (or legal equivalent)	08 June 2004 [A]

[A] – Acceptance is an international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

. . . Data not reported/not available.
— Data not required/not applicable.

Mexico





SOCIOECONOMIC CONTEXT

Population (thousands)	**107 029**
Adults (>15 years)	**69.0%**
Urban	**76.0%**
Growth rate	**1.5%**

Income group	**Middle**
Income per capita[1]	**$10 030**
Extreme poverty rate	**4.5%**
Literacy rate	**91.0%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**29.4**
Females	**24.8**
Both	**27.5**

Age group: **13–15 years**
Sample: **Mexico City**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

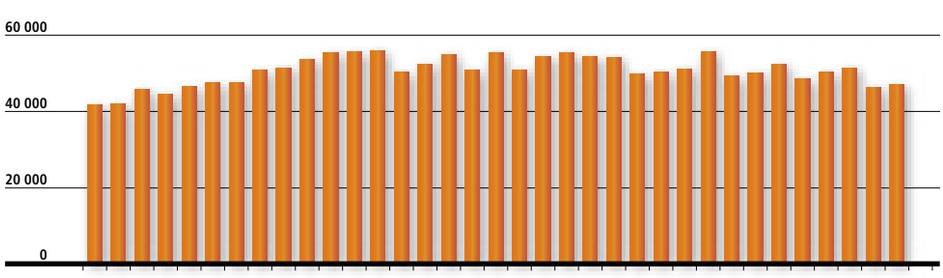
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily cigarette use	**Current cigarette use**
Males	**21.6**	**30.4**
Females	**6.5**	**9.5**
Both	**13.3**	**18.9**

Age group: **20 +**
Sample: **National**
Survey year: **2006**
Reference: **Encuesta Nacional de Salud y Nutrición, 2006**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

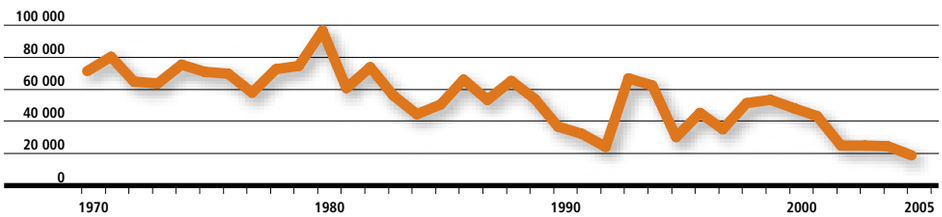
Estimated from trade and production data



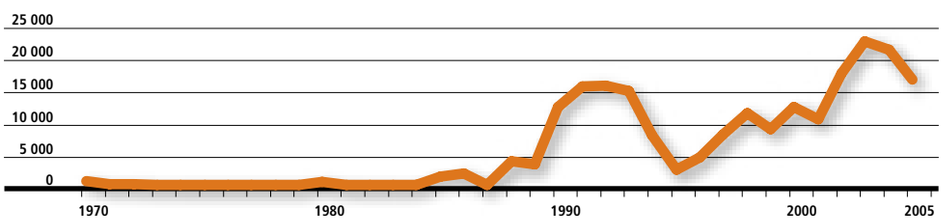
The Americas

. . . Data not reported/not available.
— Data not required/not applicable.

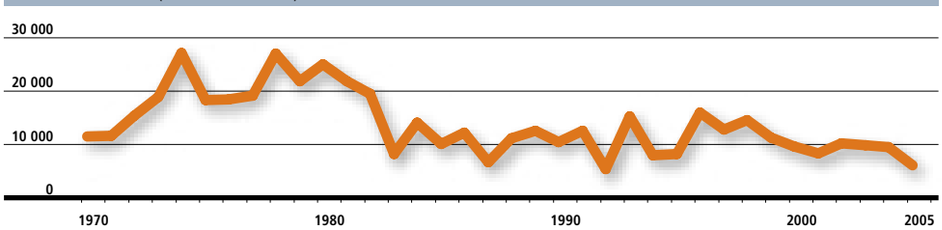
LEAF PRODUCTION (METRIC TONS)



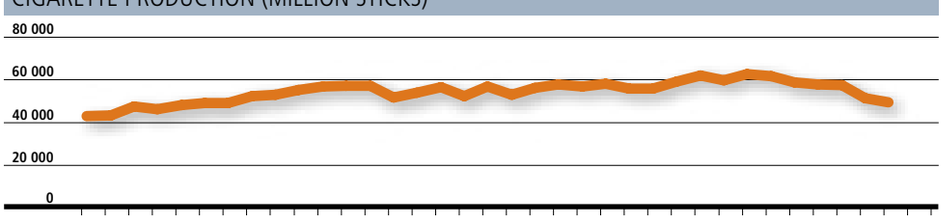
LEAF IMPORTS (METRIC TONS)



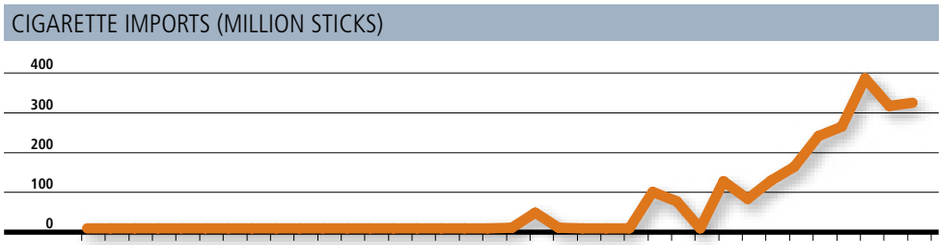
LEAF EXPORTS (METRIC TONS)



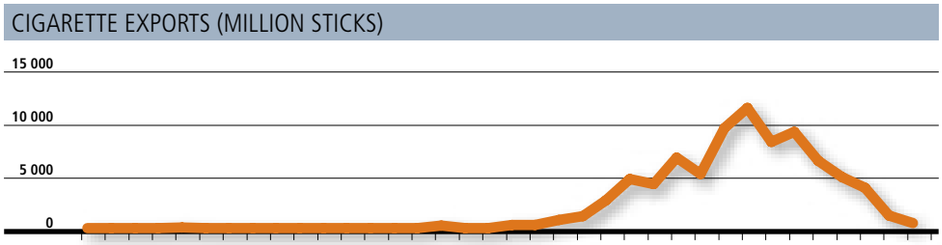
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



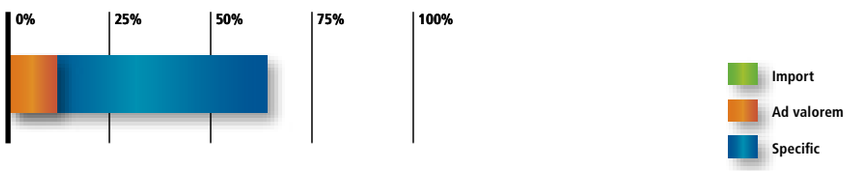
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**16 MXN**
USD at official rate	**$1.47**
International dollars[3]	**$2.10**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**9 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Mexico
The Americas

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**25%**
Warnings are mandated and specific	**—**
Warnings appear in/on each package/label	**—**
Warnings describe harmful effects of tobacco use	**—**
Warnings are large, clear, visible and legible	**—**
Warnings rotate	**—**
Warnings are written in the principal language(s)	**—**
Warnings include a picture	**—**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in most**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**. . .**

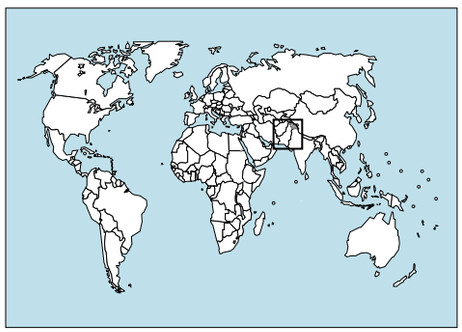
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

WHO FCTC STATUS

Date of signature	12 August 2003
Date of ratification (or legal equivalent)	28 May 2004

. . . Data not reported/not available.
— Data not required/not applicable.

Pakistan



SOCIOECONOMIC CONTEXT

Population (thousands)	**157 935**
Adults (>15 years)	**61.7%**
Urban	**35.0%**
Growth rate	**2.3%**

Income group	**Low**
Income per capita[1]	**$2 350**
Extreme poverty rate	**17.0%**
Literacy rate	**49.9%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**12.4**
Females	**7.5**
Both	**10.1**

Age group: **13–15 years**
Sample: **Islamabad**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

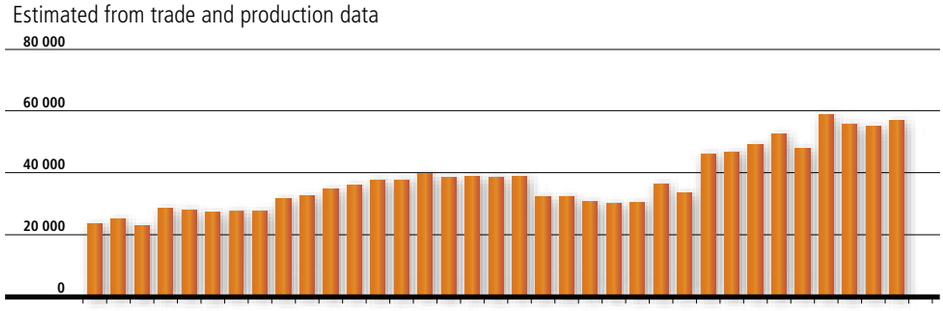
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**27.3**	**32.4**
Females	**4.4**	**5.7**
Both	**15.9**	**19.1**

Age group: **18 +**
Sample: **National**
Survey year: **2002-2003**
Reference: **World Health Survey, 2003**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

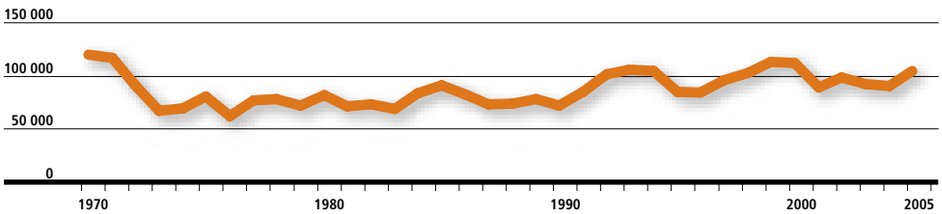
Estimated from trade and production data



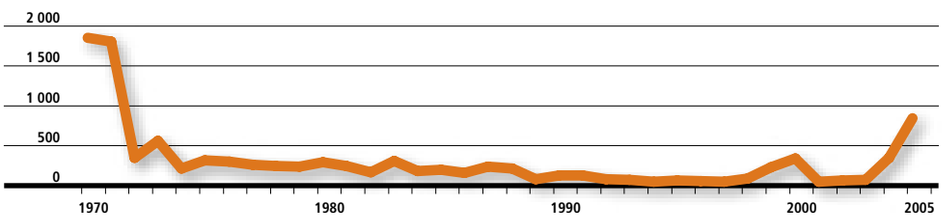
Eastern Mediterranean

. . . Data not reported/not available.
— Data not required/not applicable.

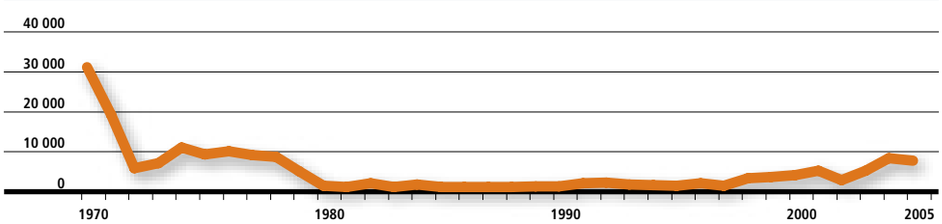
LEAF PRODUCTION (METRIC TONS)



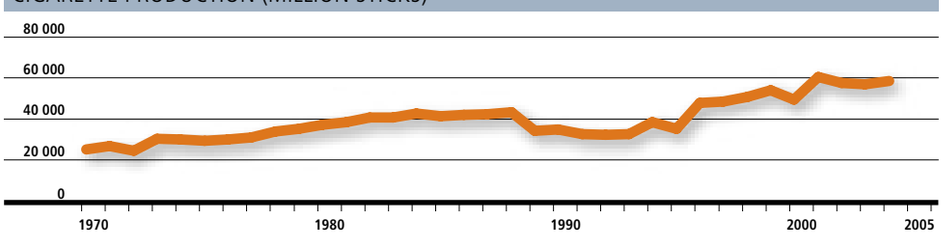
LEAF IMPORTS (METRIC TONS)



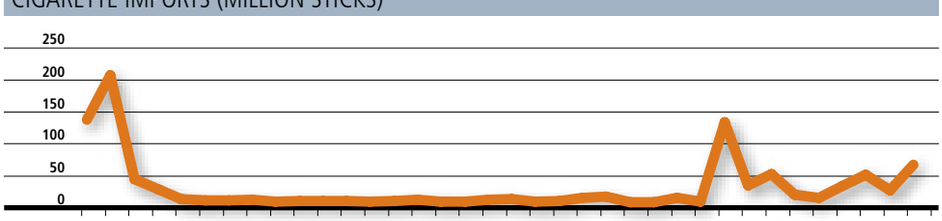
LEAF EXPORTS (METRIC TONS)



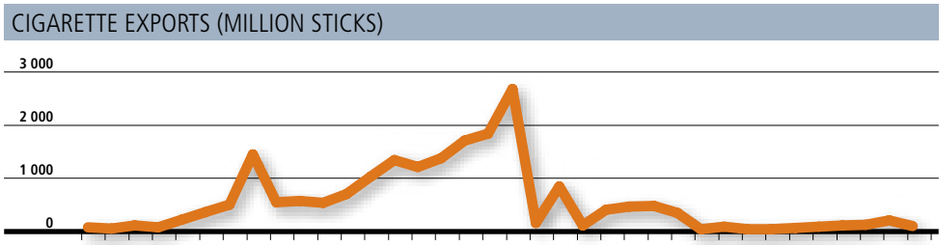
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
Reported currency	**15.25 PKR**
USD at official rate	**$0.25**
International dollars[3]	**0.80**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

(Graph is missing because of a lack of tax data)

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**. . .%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**No**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**Yes**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**4 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Pakistan

Eastern Mediterranean

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**Yes**
Pubs and bars	**—**
Enforcement*	**2 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**No**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**No**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**No**
Bupropion sold	**No**
Counselling in health clinics	**No**
Counselling in hospitals	**No**
Counselling in offices of health professionals	**No**
Counselling in the community	**No**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**2**

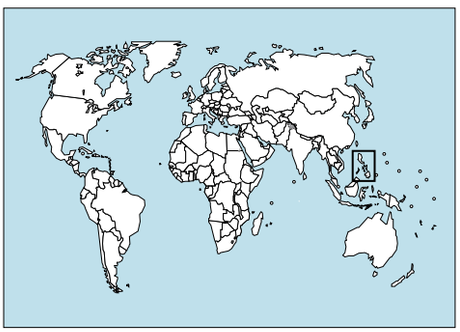
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**5 000 000**	**PKR**
In USD, at official exchange rate	**$82 960**	

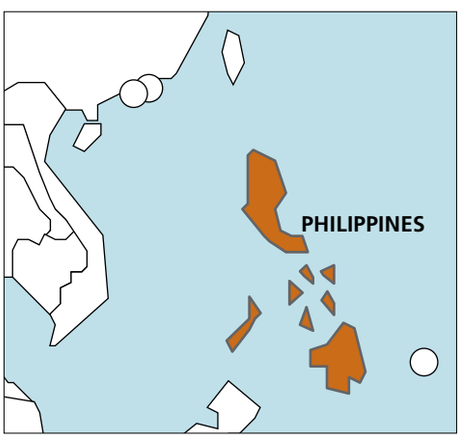
WHO FCTC STATUS

Date of signature	18 May 2004
Date of ratification (or legal equivalent)	06 November 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Philippines





SOCIOECONOMIC CONTEXT

Population (thousands)	**83 054**
Adults (>15 years)	**64.9%**
Urban	**63.0%**
Growth rate	**2.0%**

Income group	**Middle**
Income per capita[1]	**$5 300**
Extreme poverty rate	**15.5%**
Literacy rate	**92.6%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**21.4**
Females	**11.8**
Both	**15.9**

Age group: **13–15 years**
Sample: **National**
Survey year: **2004**
Reference: **Global Youth Tobacco Survey**

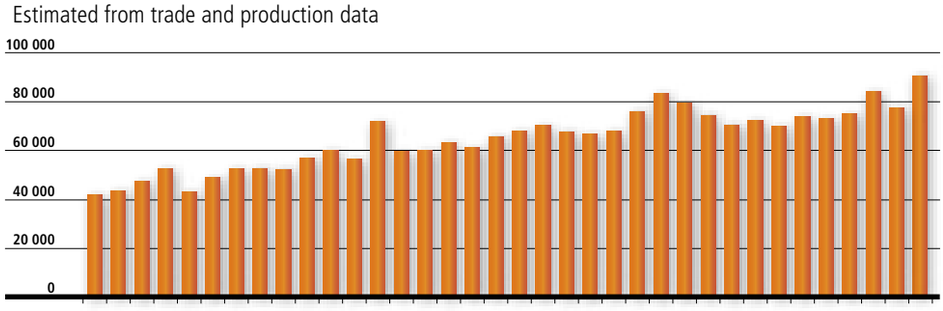
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**40.3**	**57.5**
Females	**7.1**	**12.3**
Both	**23.6**	**34.7**

Age group: **18 +**
Sample: **National**
Survey year: **2003**
Reference: **World Health Survey, 2003**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

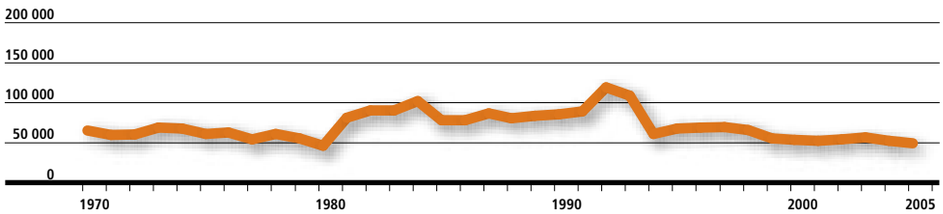
Estimated from trade and production data



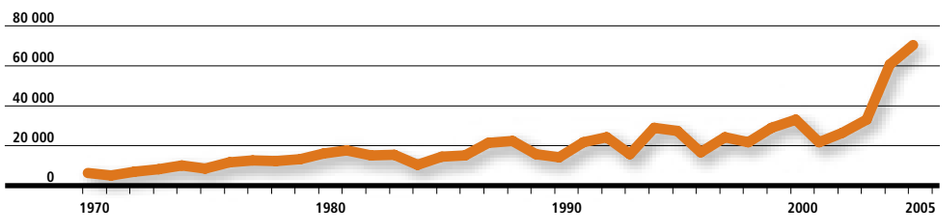
Western Pacific

. . . Data not reported/not available.
— Data not required/not applicable.

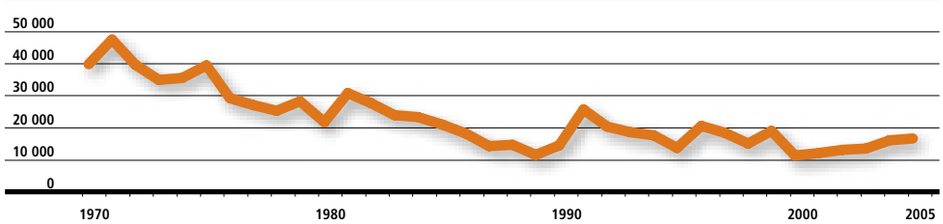
LEAF PRODUCTION (METRIC TONS)



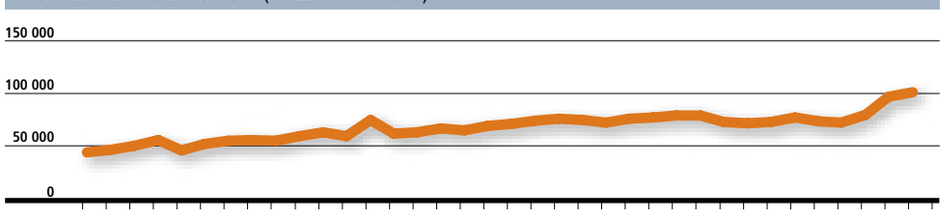
LEAF IMPORTS (METRIC TONS)



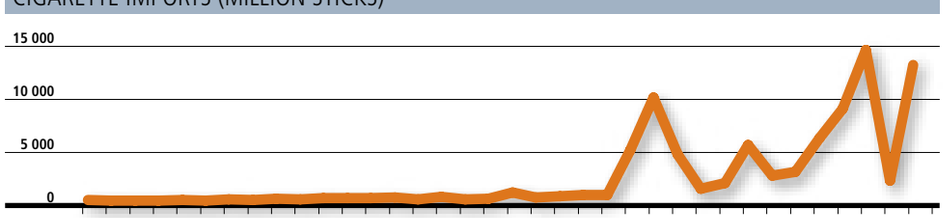
LEAF EXPORTS (METRIC TONS)



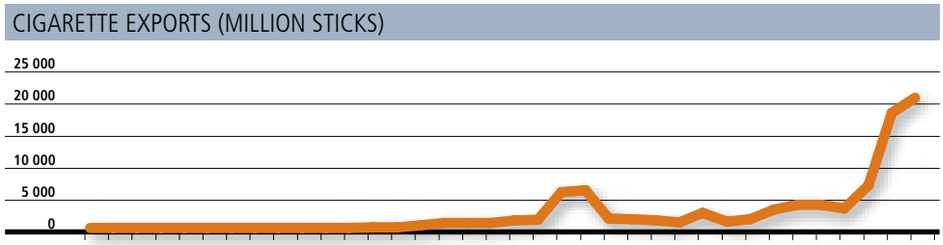
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



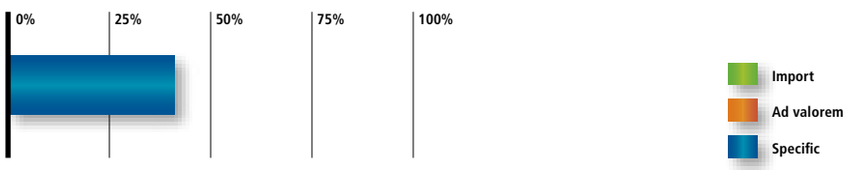
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**25.00 PHP**
USD at official rate	**$0.49**
International dollars[3]	**$4.91**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**9%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**Yes**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**5 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Philippines
Western Pacific

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**5 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**No**
Counselling in health clinics	**No**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**No**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**. . .**

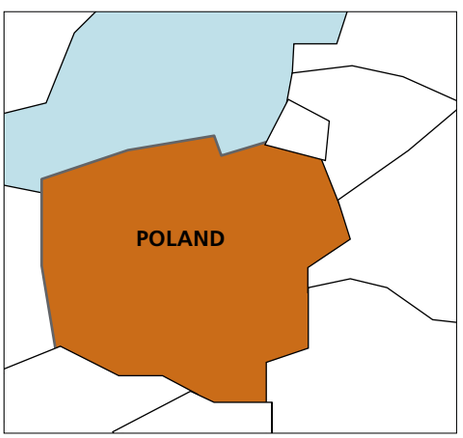
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**500 000 PHP**
In USD, at official exchange rate	**$9 745**

WHO FCTC STATUS

Date of signature	23 September 2003
Date of ratification (or legal equivalent)	06 June 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Poland



SOCIOECONOMIC CONTEXT

Population (thousands)	**38 530**
Adults (>15 years)	**83.7%**
Urban	**62.0%**
Growth rate	**0.0%**

Income group	**Middle**
Income per capita[1]	**$13 490**
Extreme poverty rate	**< 2%**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**21.4**
Females	**17.3**
Both	**19.5**

Age group: **13–15 years**
Sample: **National**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

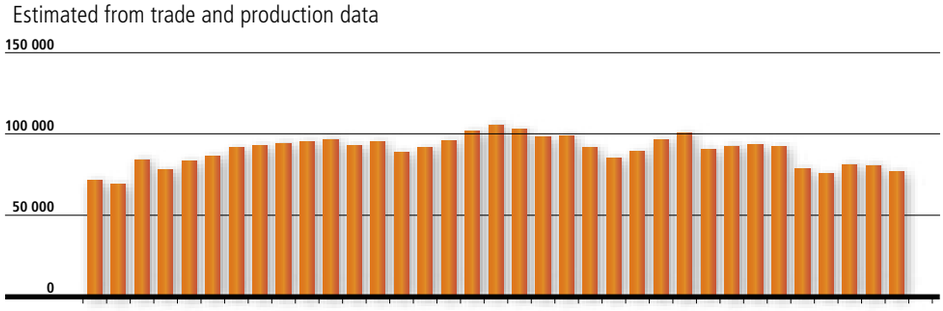
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily cigarette use	**Current tobacco smoking**
Males	**38.0**	**. . .**
Females	**25.6**	**. . .**
Both	**32.0**	**. . .**

Age group: **15 +**
Sample: **National**
Survey year: **2004**
Reference: **Nationwide survey on smoking behaviours and attitudes in Poland**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

Estimated from trade and production data



Europe

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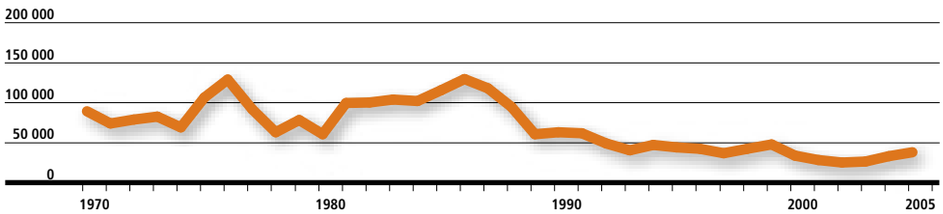
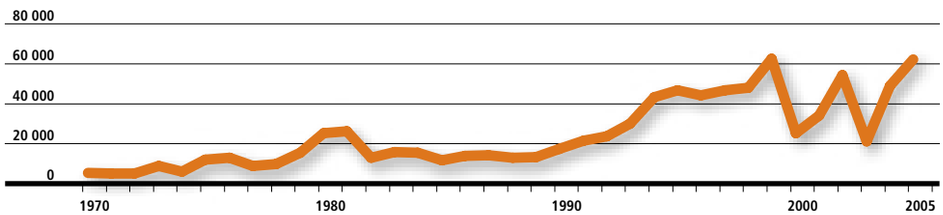
— Data not required/not applicable.

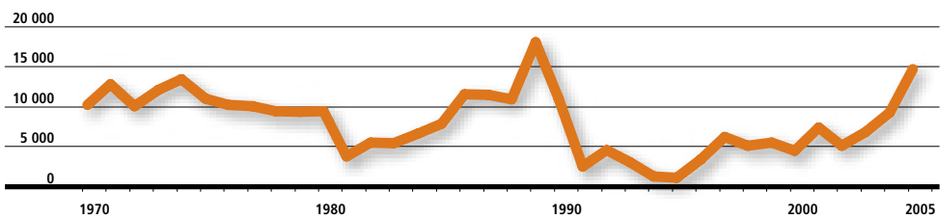
LEAF PRODUCTION (METRIC TONS)



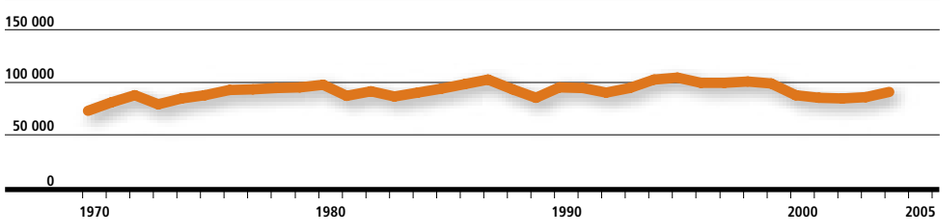
LEAF IMPORTS (METRIC TONS)



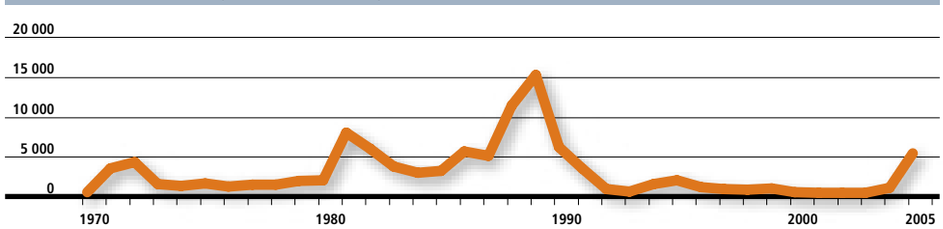
LEAF EXPORTS (METRIC TONS)



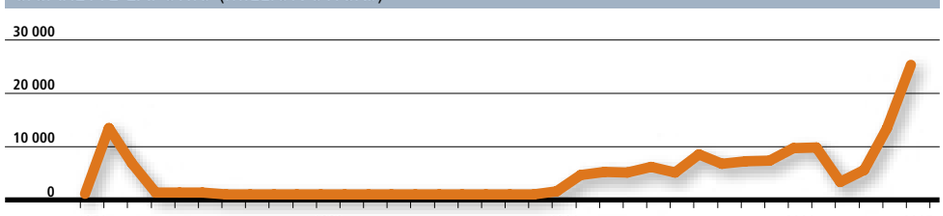
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**5,85 PLN**
USD at official rate	**$1.89**
International dollars[3]	**$3.28**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product6	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**. . . / 10**

[6] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Poland
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

*Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**. . .**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**. . .**

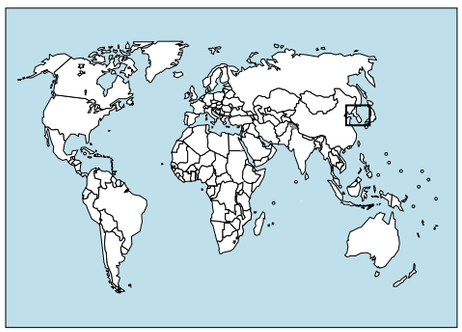
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**500 000**	**PLN**
In USD, at official exchange rate	**$161 290**	

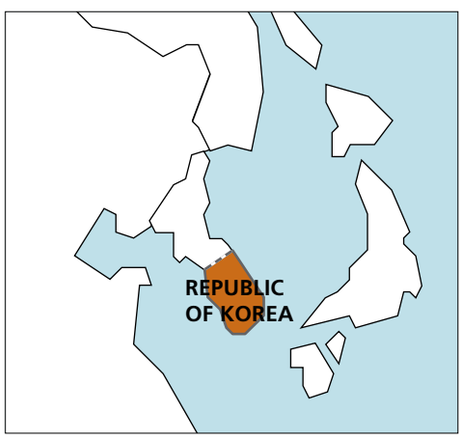
WHO FCTC STATUS

Date of signature	14 June 2004
Date of ratification (or legal equivalent)	15 September 2006

. . . Data not reported/not available.
— Data not required/not applicable.

Republic of Korea





SOCIOECONOMIC CONTEXT

Population (thousands)	**47 817**
Adults (>15 years)	**81.4%**
Urban	**81.0%**
Growth rate	**0.6%**

Income group	**High**
Income per capita[1]	**$21 850**
Extreme poverty rate	**< 2%**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**10.9**
Females	**8.8**
Both	**10.2**

Age group: **13–15 years**
Sample: **National**
Survey year: **2005**
Reference: **Global Youth Tobacco Survey**

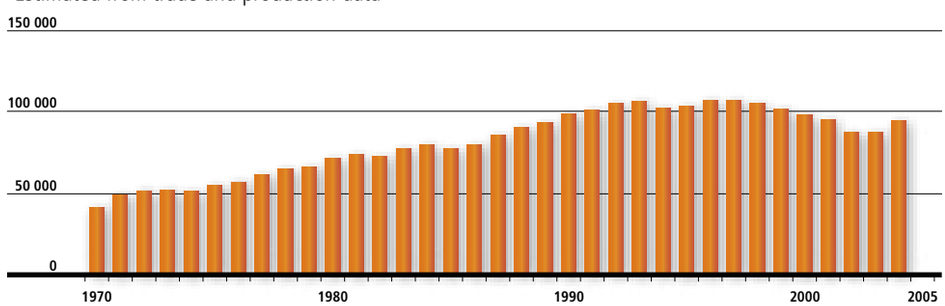
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current cigarette use**
Males	. . .	**52.8**
Females	. . .	**5.8**
Both	. . .	**29.1**

Age group: **20 +**
Sample: **National**
Survey year: **2005**
Reference: **Korea National Health and Nutrition Examination Survey (KNHANES III) 2005 - Health Behaviors of Adults, 2006**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

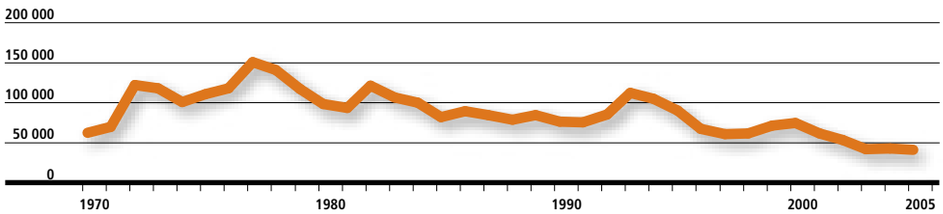
Estimated from trade and production data



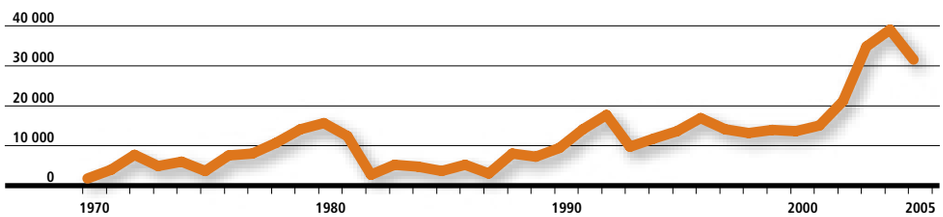
Western Pacific

. . . Data not reported/not available.
— Data not required/not applicable.

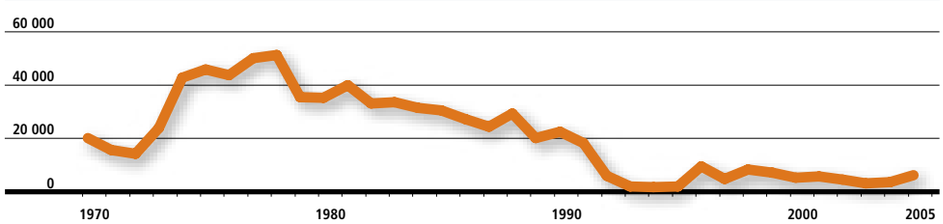
LEAF PRODUCTION (METRIC TONS)



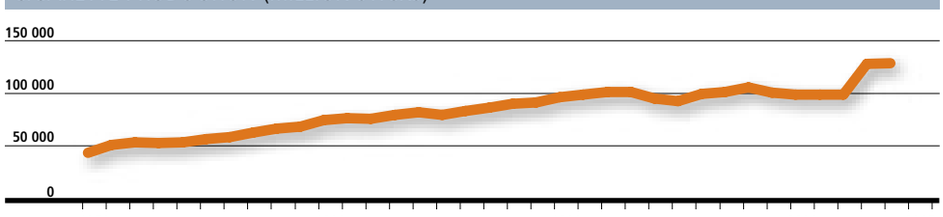
LEAF IMPORTS (METRIC TONS)



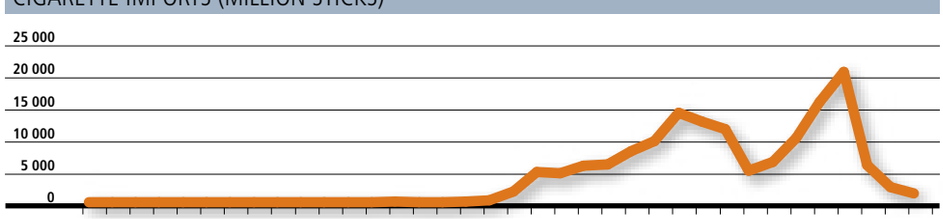
LEAF EXPORTS (METRIC TONS)



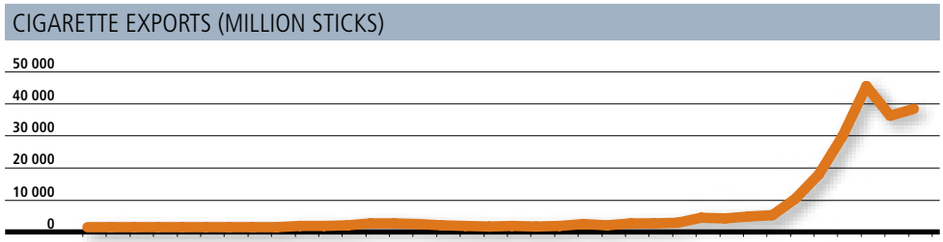
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**2.63 USD**
USD at official rate	**$2.63**
International dollars[3]	**. . .**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**. . .**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**6 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**6 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**No**
Counselling in the community	**No**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**3**

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL		
In currency reported by country	**31 502 000 000**	**KRW**
In USD, at official exchange rate	**$32 991 915**	

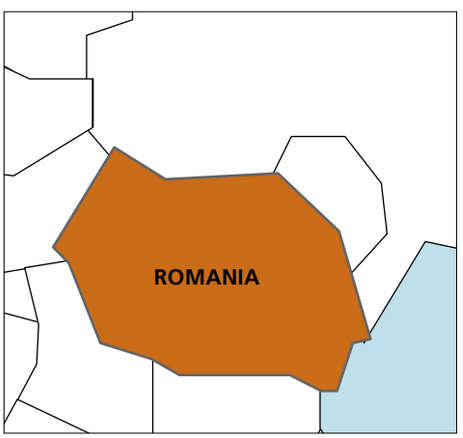
Republic of Korea
Western Pacific

WHO FCTC STATUS

Date of signature	21 July 2003
Date of ratification (or legal equivalent)	16 May 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Romania



SOCIOECONOMIC CONTEXT

Population (thousands)	**21 711**
Adults (>15 years)	**84.6%**
Urban	**54.0%**
Growth rate	**-0.4%**

Income group	**Middle**
Income per capita[1]	**$8 940**
Extreme poverty rate	**< 2%**
Literacy rate	**97.3%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**22.2**
Females	**14.8**
Both	**18.3**

Age group: **13–15 years**
Sample: **National**
Survey year: **2004**
Reference: **Global Youth Tobacco Survey**

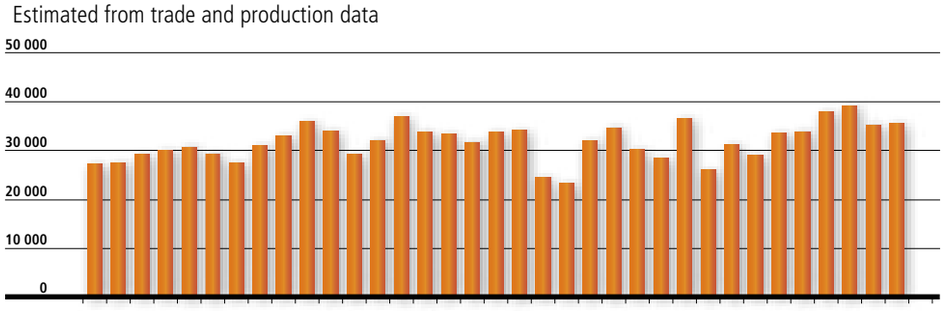
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	. . .	**33.0**
Females	. . .	**27.1**
Both	. . .	**30.0**

Age group: **15-59**
Sample: **National**
Survey year: **2007**
Reference: **Knowledge, Attitudes and Practices of the General Romanian Population Regarding Tobacco Use and the Legal Provisions, 2007**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

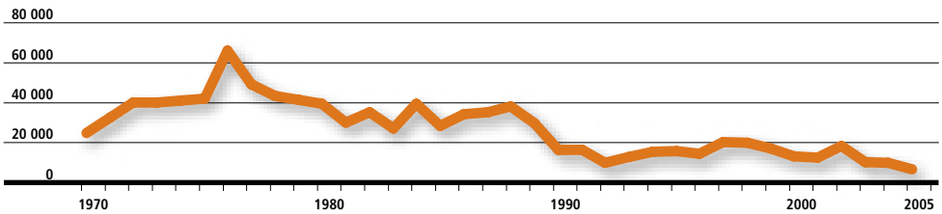
Estimated from trade and production data



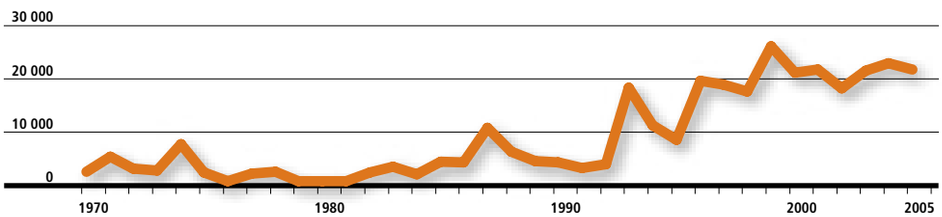
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

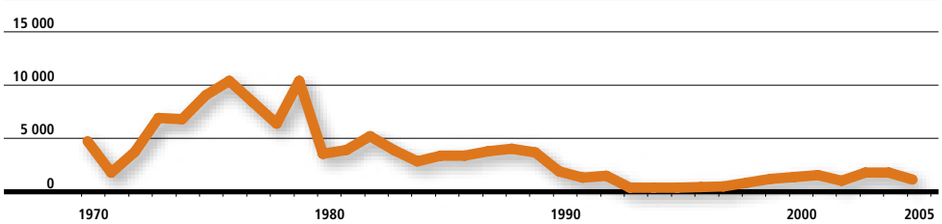
LEAF PRODUCTION (METRIC TONS)



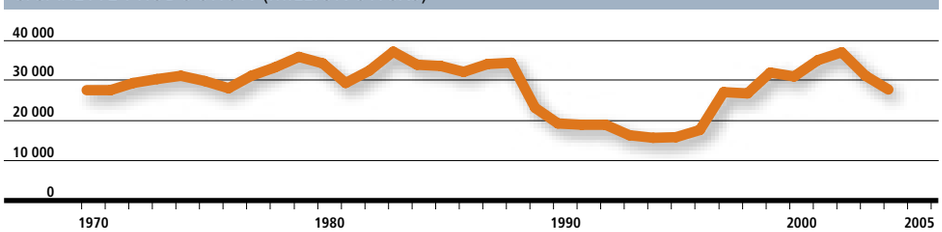
LEAF IMPORTS (METRIC TONS)



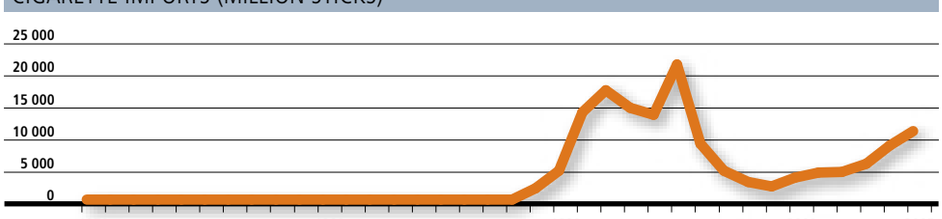
LEAF EXPORTS (METRIC TONS)



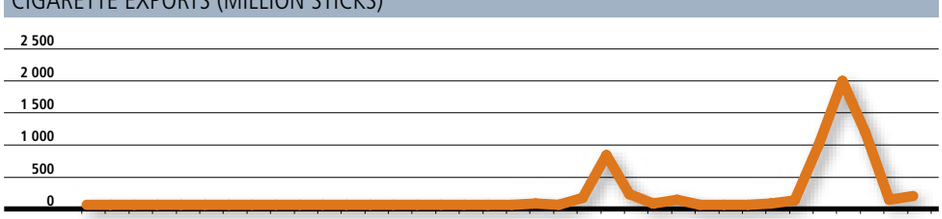
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**4.00 RON**
USD at official rate	**$2.72**
International dollars[3]	**$1.37**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**2%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**No**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Romania
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**. . . / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	. . .
Counselling in hospitals	. . .
Counselling in offices of health professionals	. . .
Counselling in the community	. . .

TOBACCO PREVENTION FUNDING

Specific national government objectives	**No**
National agency or technical unit for tobacco control	**No**
Number of full-time equivalent staff	—

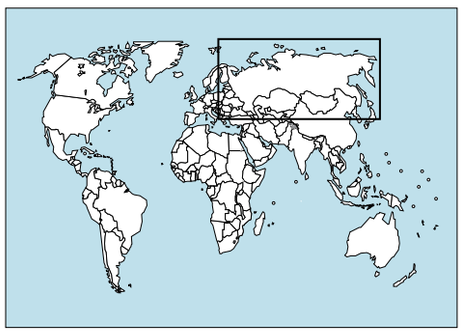
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

WHO FCTC STATUS

Date of signature	25 June 2004
Date of ratification (or legal equivalent)	27 January 2006

. . . Data not reported/not available.
— Data not required/not applicable.

Russian Federation



SOCIOECONOMIC CONTEXT

Population (thousands)	**143 202**
Adults (>15 years)	**84.7%**
Urban	**73.0%**
Growth rate	**-0.3%**

Income group	**Middle**
Income per capita[1]	**$10 640**
Extreme poverty rate	**< 2%**
Literacy rate	**99.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**30.1**
Females	**24.4**
Both	**27.3**

Age group: **13–15 years**
Sample: **National**
Survey year: **2004**
Reference: **Global Youth Tobacco Survey**

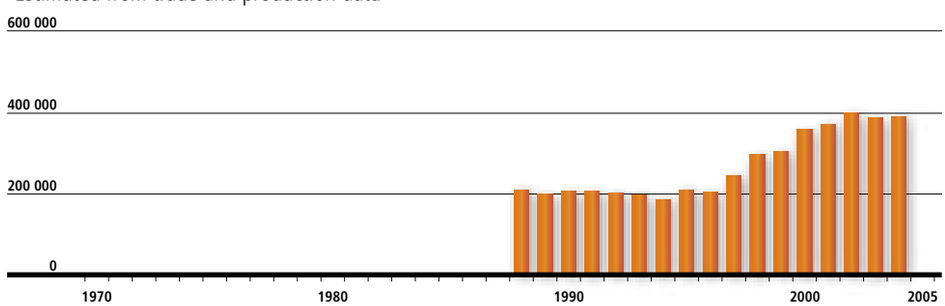
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily cigarette use	**Current tobacco smoking**
Males	**60.4**	. . .
Females	**15.5**	. . .
Both	. . .	. . .

Age group: **18 +**
Sample: **National**
Survey year: **2001**
Reference: **Prevalence of smoking in 8 countries of the former Soviet Union, 2004**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

Estimated from trade and production data



Europe

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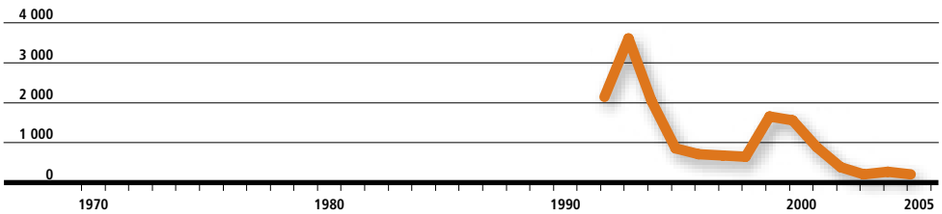
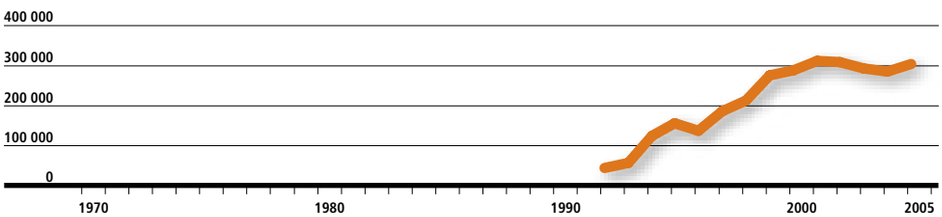
— Data not required/not applicable.

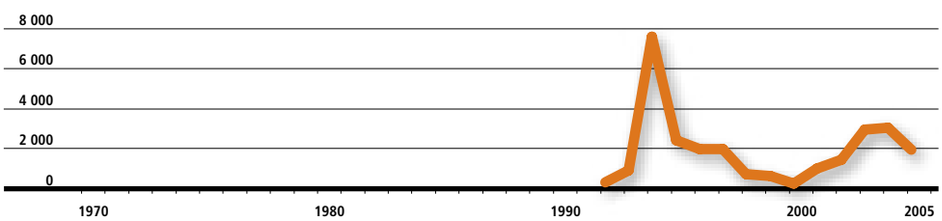
LEAF PRODUCTION (METRIC TONS)



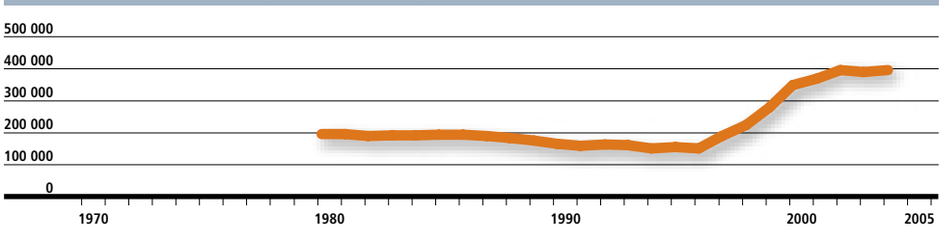
LEAF IMPORTS (METRIC TONS)



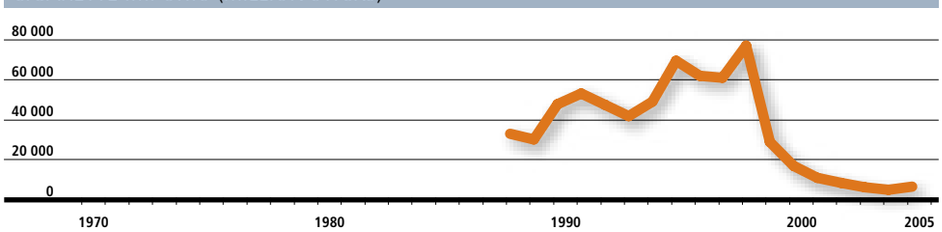
LEAF EXPORTS (METRIC TONS)



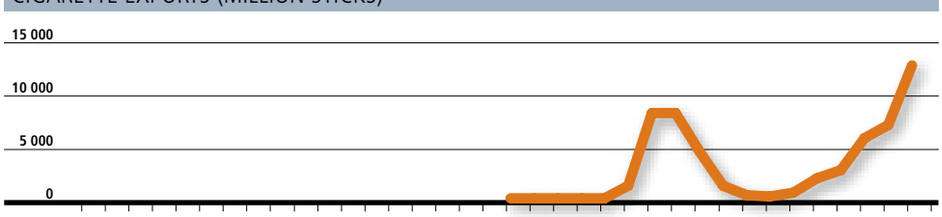
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**24.00 RUB**
USD at official rate	**$0.88**
International dollars[3]	**$1.53**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**1%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**No**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Russian Federation
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**4%**
Warnings are mandated and specific	—
Warnings appear in/on each package/label	—
Warnings describe harmful effects of tobacco use	—
Warnings are large, clear, visible and legible	—
Warnings rotate	—
Warnings are written in the principal language(s)	—
Warnings include a picture	—

Note: Detailed characteristics of health warnings are reported only if the warning(s) is (are) 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**No**
Counselling in health clinics	**No**
Counselling in hospitals	**No**
Counselling in offices of health professionals	**No**
Counselling in the community	. . .

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	. . .

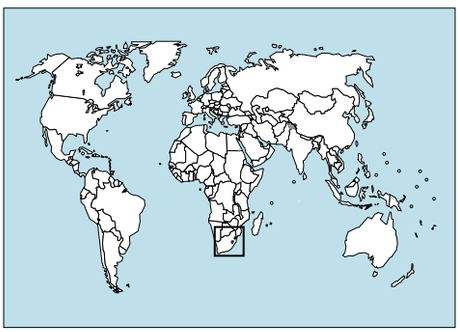
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

WHO FCTC STATUS

Date of signature	
Date of ratification (or legal equivalent)	

. . . Data not reported/not available.
— Data not required/not applicable.

South Africa



SOCIOECONOMIC CONTEXT

Population (thousands)	**47 432**
Adults (>15 years)	**67.4%**
Urban	**59.0%**
Growth rate	**1.2%**

Income group	**Middle**
Income per capita[1]	**$12 120**
Extreme poverty rate	**10.7%**
Literacy rate	**82.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**29.0**
Females	**20.0**
Both	**23.6**

Age group: **13–15 years**
Sample: **National**
Survey year: **2002**
Reference: **Global Youth Tobacco Survey**

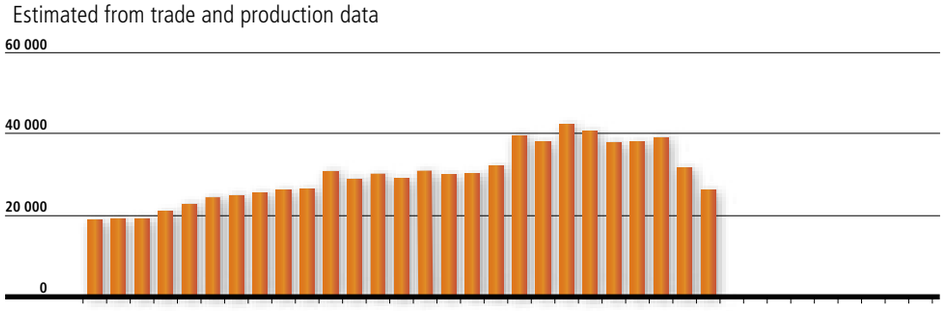
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**27.1**	**36.0**
Females	**8.2**	**10.2**
Both	**17.1**	**22.4**

Age group: **18 +**
Sample: **National**
Survey year: **2002-2003**
Reference: **World Health Survey, 2003**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

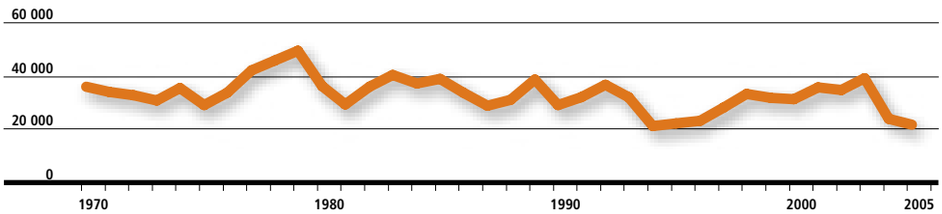
Estimated from trade and production data



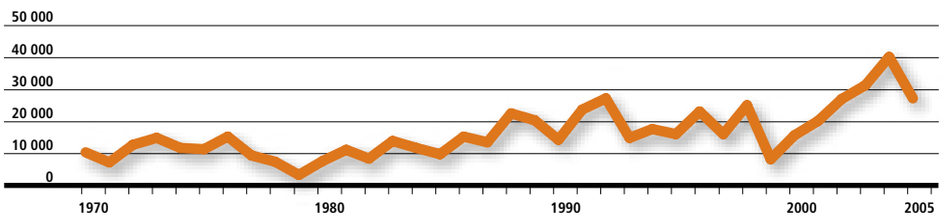
Africa

. . . Data not reported/not available.
— Data not required/not applicable.

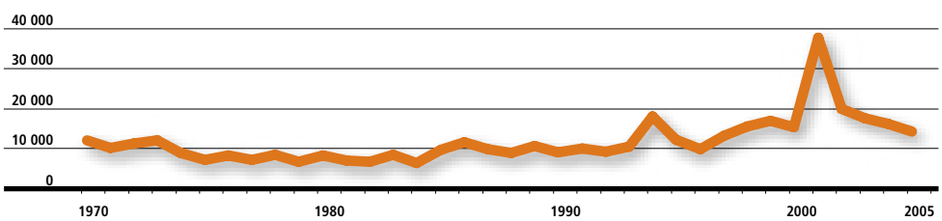
LEAF PRODUCTION (METRIC TONS)



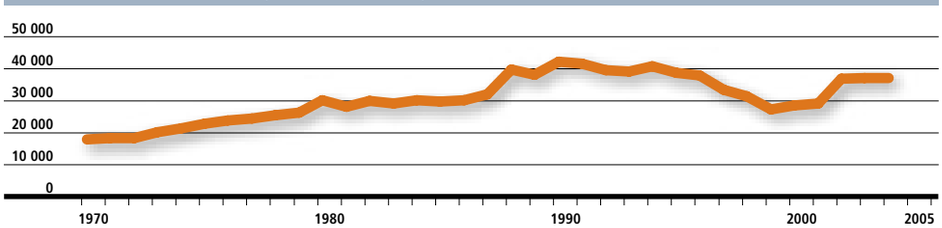
LEAF IMPORTS (METRIC TONS)



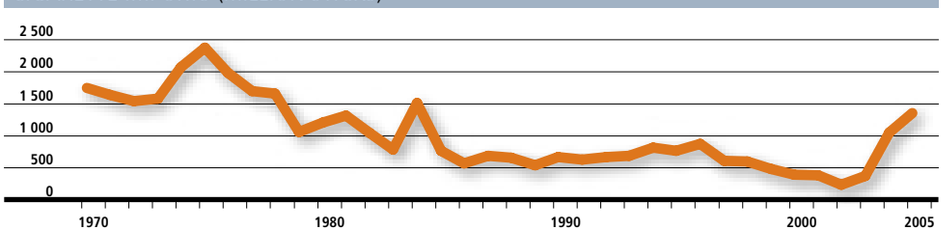
LEAF EXPORTS (METRIC TONS)



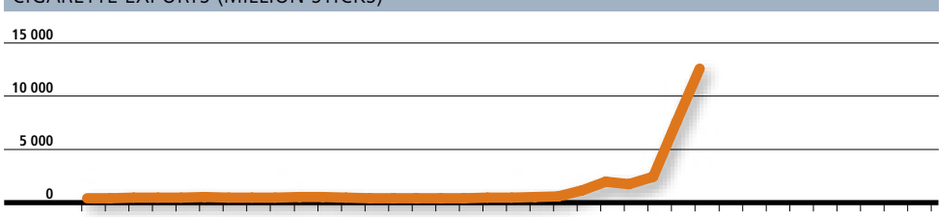
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



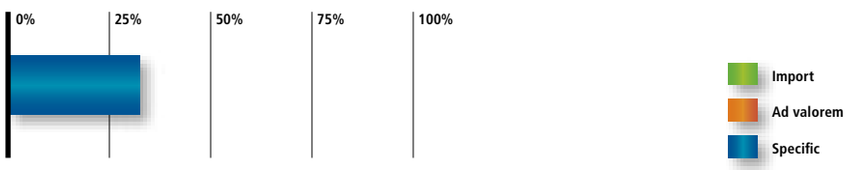
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**15.70 ZAR**
USD at official rate	**$2.32**
International dollars[3]	**$5.15**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**4%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**Yes**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**7 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

South Africa
Africa

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants !	**No**
Pubs and bars !	**No**
Enforcement*	**5 / 10**

! Data were not validated by country focal point in time for publication of this report.
* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**37%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warning(s) is (are) 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in most**
Counselling in hospitals	**Yes, in most**
Counselling in offices of health professionals	**Yes, in most**
Counselling in the community	**Yes, in most**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**4**

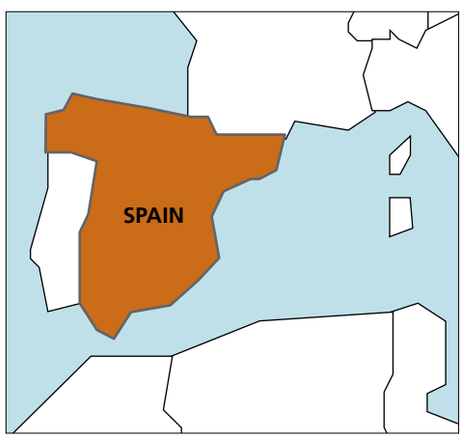
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**1 500 000 ZAR**
In USD, at official exchange rate	**$221 566**

WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	19 April 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Spain



SOCIOECONOMIC CONTEXT

Population (thousands)	**43 064**
Adults (>15 years)	**85.7%**
Urban	**77.0%**
Growth rate	**0.8%**

Income group	**High**
Income per capita[1]	**$25 820**
Extreme poverty rate	**. . .**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	. . .
Females	. . .
Both	. . .

Age group: . . .
Sample: . . .
Survey year: . . .
Reference: **Global Youth Tobacco Survey**

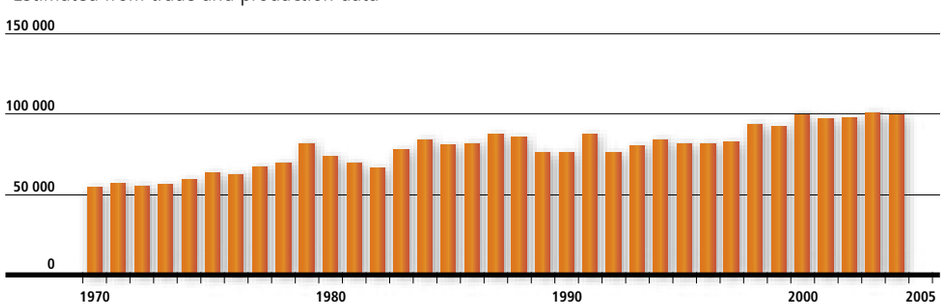
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**34.1**	**40.0**
Females	**23.7**	**26.8**
Both	**28.7**	**33.2**

Age group: **18 +**
Sample: **National**
Survey year: **2002-2003**
Reference: **World Health Survey, 2003**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

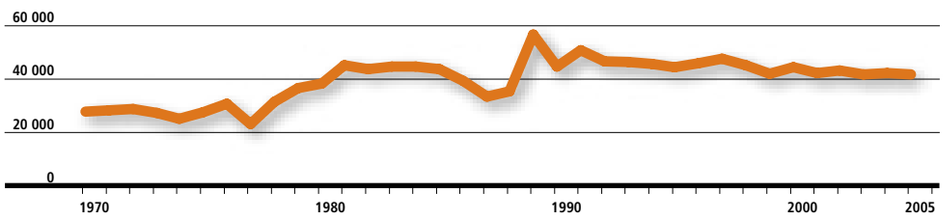
Estimated from trade and production data



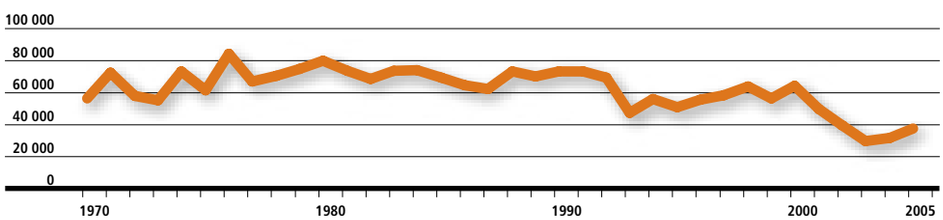
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

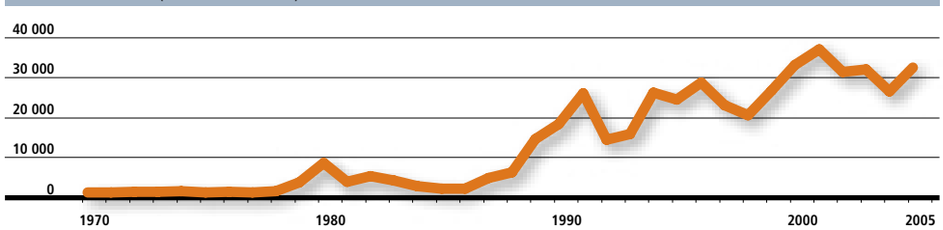
LEAF PRODUCTION (METRIC TONS)



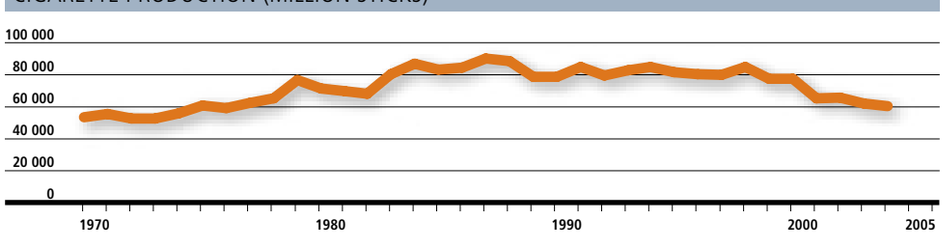
LEAF IMPORTS (METRIC TONS)



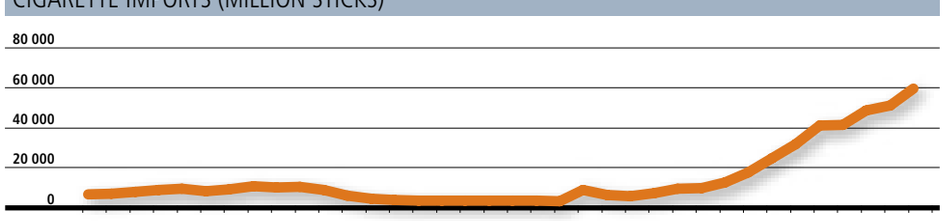
LEAF EXPORTS (METRIC TONS)



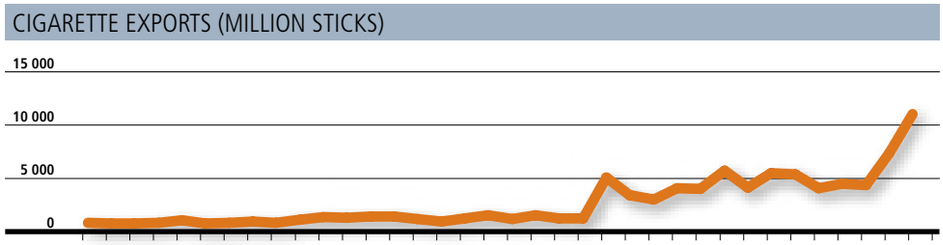
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**2.25 EUR**
USD at official rate	**$2.85**
International dollars[3]	**$2.87**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**1%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**Yes**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**No**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Spain
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**. . . / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warning(s) is (are) 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**. . .**

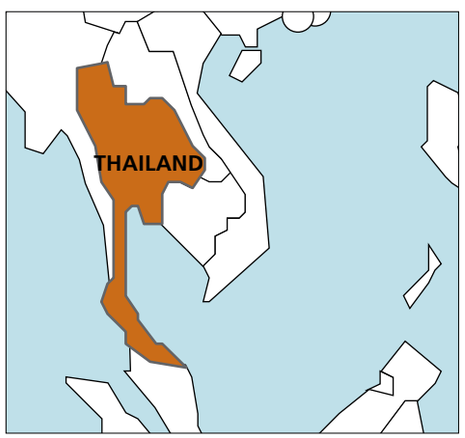
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	11 January 2005

. . . Data not reported/not available.
— Data not required/not applicable.

Thailand



SOCIOECONOMIC CONTEXT

Population (thousands)	**64 233**
Adults (>15 years)	**76.2%**
Urban	**32.0%**
Growth rate	**1.0%**

Income group	**Middle**
Income per capita[1]	**$8 440**
Extreme poverty rate	**< 2%**
Literacy rate	**92.6%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**21.7**
Females	**8.4**
Both	**15.7**

Age group: **13–15 years**
Sample: **National**
Survey year: **2005**
Reference: **Global Youth Tobacco Survey**

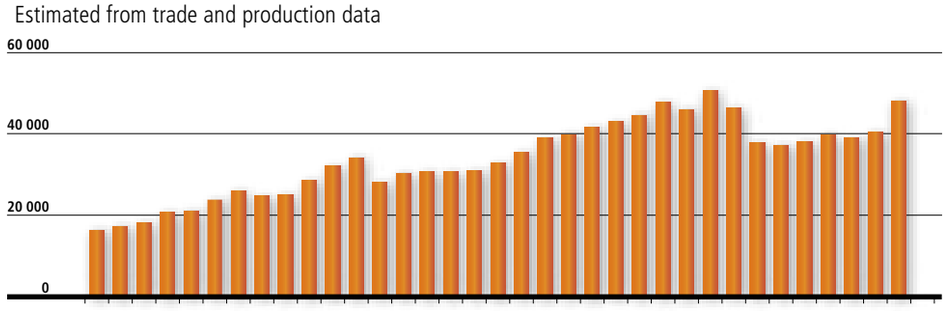
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Regular cigarette smoking	**Current cigarette use**
Males	**34.1**	**40.2**
Females	**1.9**	**2.4**
Both	**17.9**	**21.1**

Age group: **11 +**
Sample: **National**
Survey year: **2004**
Reference: **Thailand health interview survey tobacco, 2004**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

Estimated from trade and production data



South-East Asia

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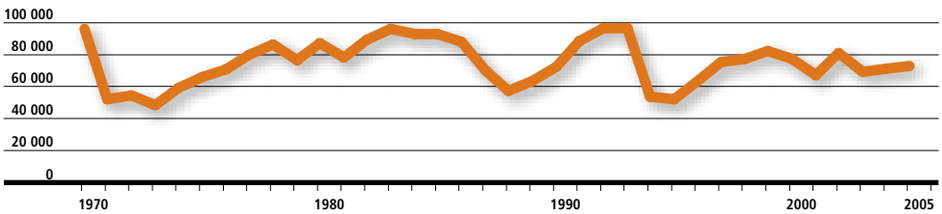
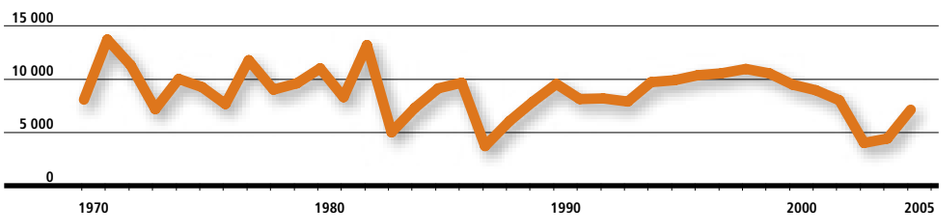
— Data not required/not applicable.

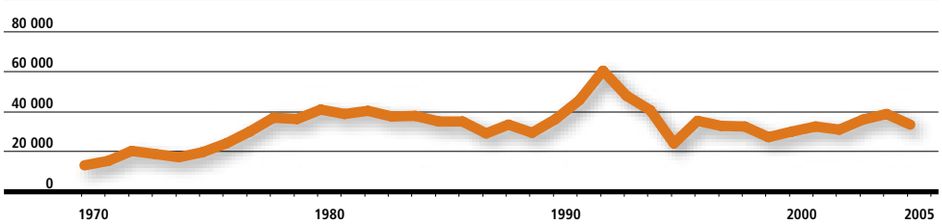
LEAF PRODUCTION (METRIC TONS)



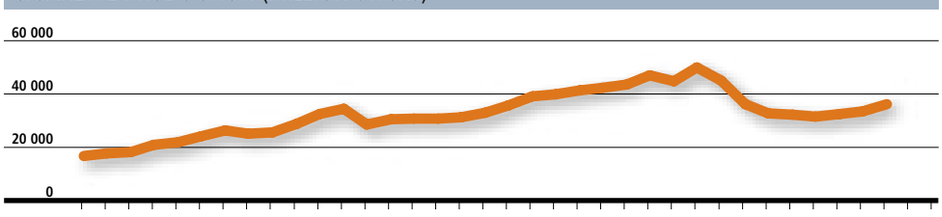
LEAF IMPORTS (METRIC TONS)



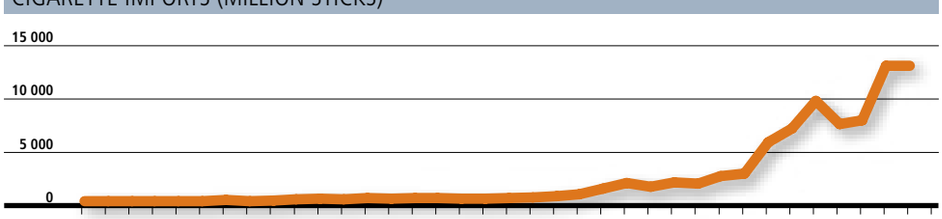
LEAF EXPORTS (METRIC TONS)



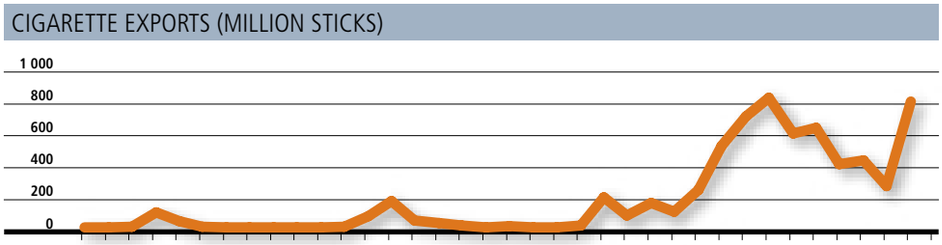
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**42.00 THB**
USD at official rate	**$1.11**
International dollars[3]	**$3.25**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**4%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**5 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Thailand
South-East Asia

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**Yes**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**6 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**50%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**Yes**

Note: Detailed characteristics of health warnings are reported only if the warning(s) is (are) 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**18**

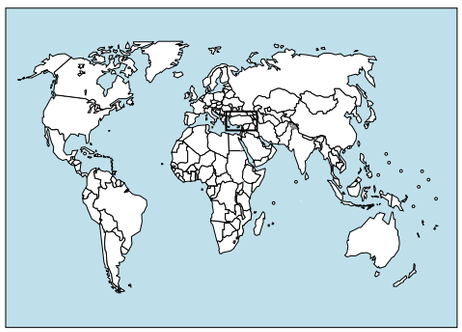
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**5 000 000 THB**
In USD, at official exchange rate	**$131 996**

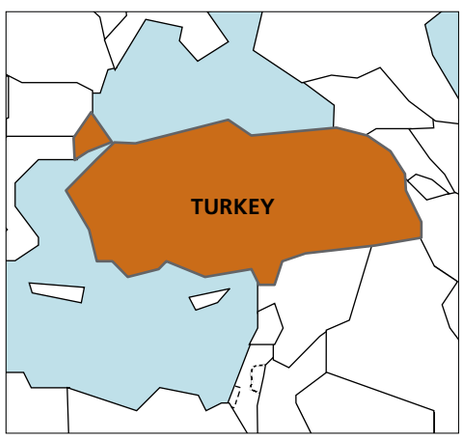
WHO FCTC STATUS

Date of signature	20 June 2003
Date of ratification (or legal equivalent)	08 November 2004

. . . Data not reported/not available.
— Data not required/not applicable.

Turkey





SOCIOECONOMIC CONTEXT

Population (thousands)	**73 193**
Adults (>15 years)	**70.8%**
Urban	**67.0%**
Growth rate	**1.6%**

Income group	**Middle**
Income per capita[1]	**$8 420**
Extreme poverty rate	**3.4%**
Literacy rate	**87.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**11.1**
Females	**4.4**
Both	**8.4**

Age group: **13–15 years**
Sample: **National**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

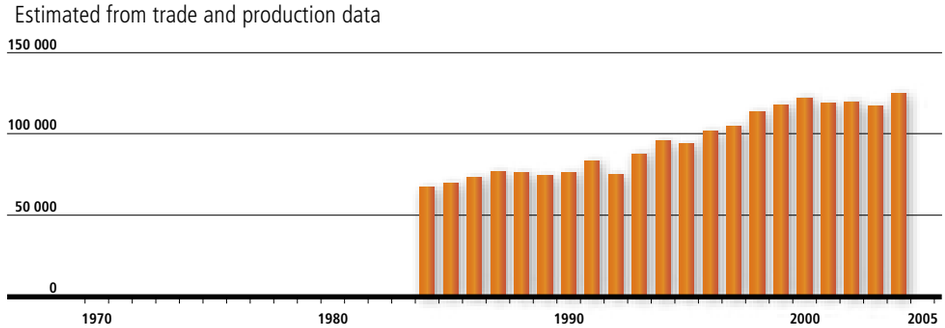
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**49.9**	**52.0**
Females	**15.6**	**17.3**
Both	**32.7**	**34.6**

Age group: **18 +**
Sample: **National**
Survey year: **2003**
Reference: **World Health Survey, 2003**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

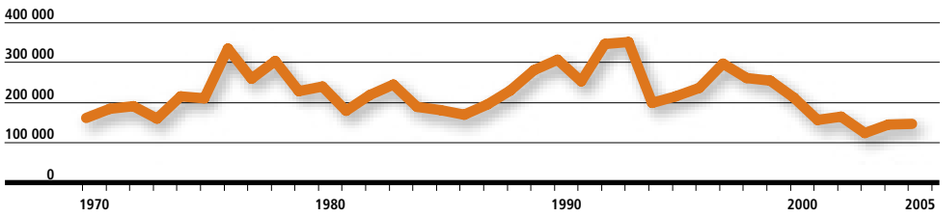
Estimated from trade and production data



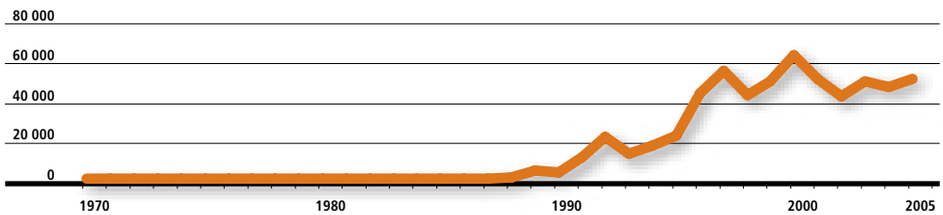
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

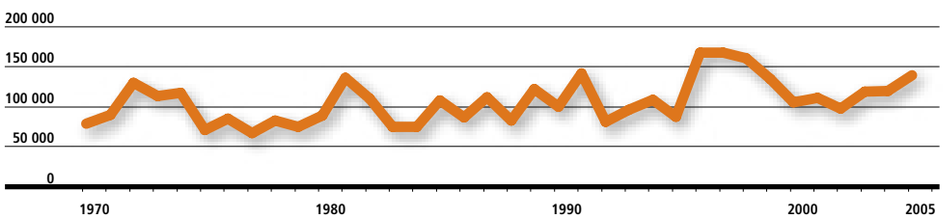
LEAF PRODUCTION (METRIC TONS)



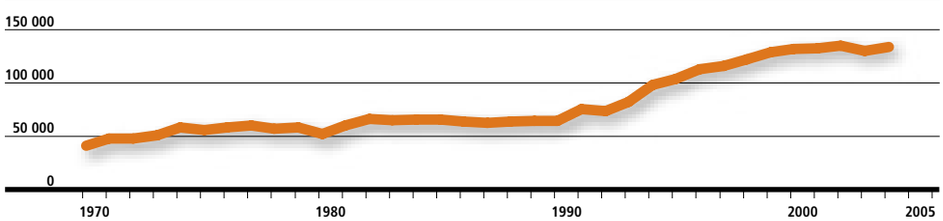
LEAF IMPORTS (METRIC TONS)



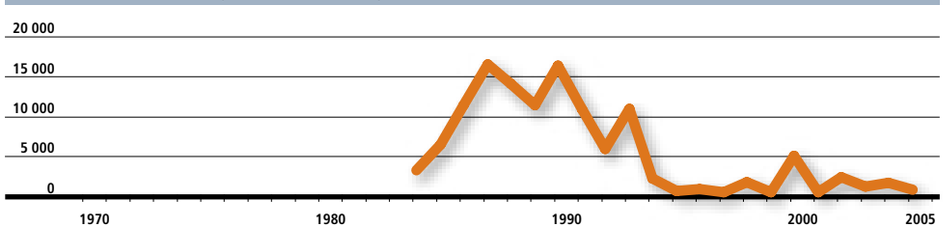
LEAF EXPORTS (METRIC TONS)



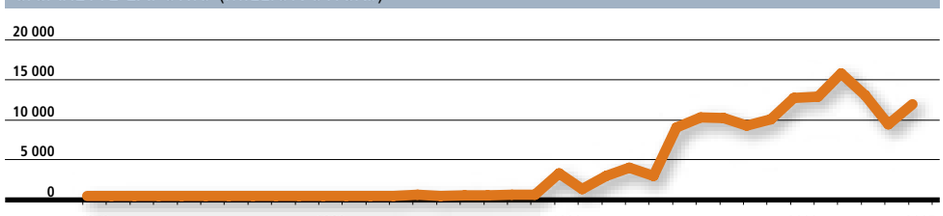
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**3.75 TRY**
USD at official rate	**$2.64**
International dollars[3]	**$4.31**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**5%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Turkey
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	. . .
Warnings appear in/on each package/label	. . .
Warnings describe harmful effects of tobacco use	. . .
Warnings are large, clear, visible and legible	. . .
Warnings rotate	. . .
Warnings are written in the principal language(s)	. . .
Warnings include a picture	. . .

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	. . .
Nicotine replacement therapies (NRT) sold	. . .
Bupropion sold	. . .
Counselling in health clinics	. . .
Counselling in hospitals	. . .
Counselling in offices of health professionals	. . .
Counselling in the community	. . .

TOBACCO PREVENTION FUNDING

Specific national government objectives	**No**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**4**

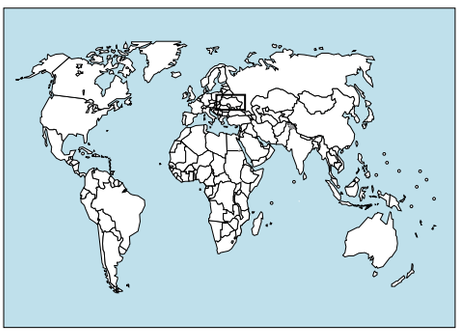
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

WHO FCTC STATUS

Date of signature	28 April 2004
Date of ratification (or legal equivalent)	31 December 2004

. . . Data not reported/not available.
— Data not required/not applicable.

Ukraine



SOCIOECONOMIC CONTEXT

Population (thousands)	**46 481**
Adults (>15 years)	**85.1%**
Urban	**68.0%**
Growth rate	**-1.0%**

Income group	**Middle**
Income per capita[1]	**$6 720**
Extreme poverty rate	**< 2%**
Literacy rate	**99.4%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**29.8**
Females	**22.2**
Both	**26.0**

Age group: **13–15 years**
Sample: **National**
Survey year: **2005**
Reference: **Global Youth Tobacco Survey**

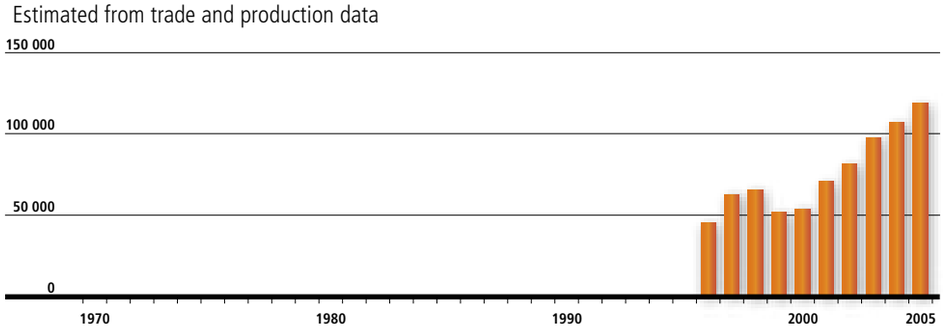
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**62.3**	**66.8**
Females	**16.7**	**19.9**
Both	**37.4**	**41.2**

Age group: **15 +**
Sample: **National**
Survey year: **2005**
Reference: **Tobacco in Ukraine, 2006**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

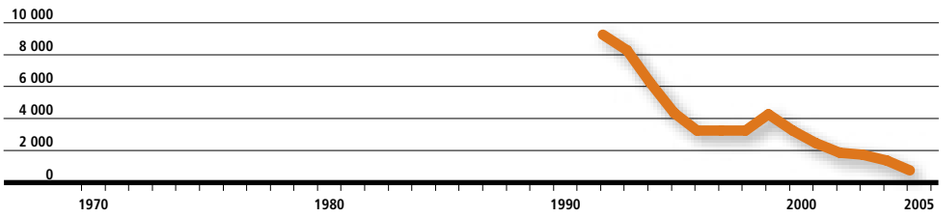
Estimated from trade and production data



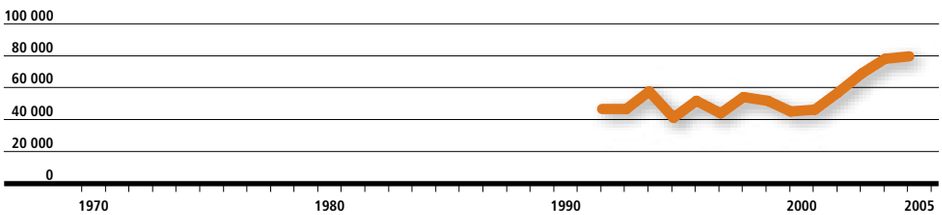
Europe

. . . Data not reported/not available.
— Data not required/not applicable.

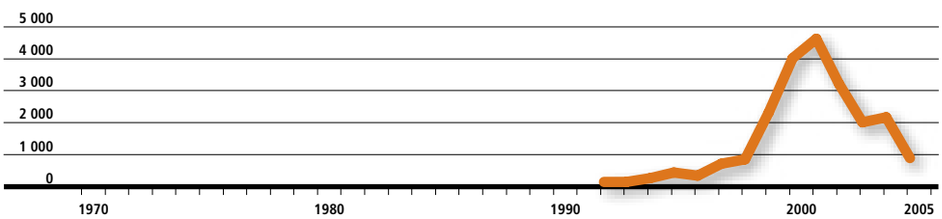
LEAF PRODUCTION (METRIC TONS)



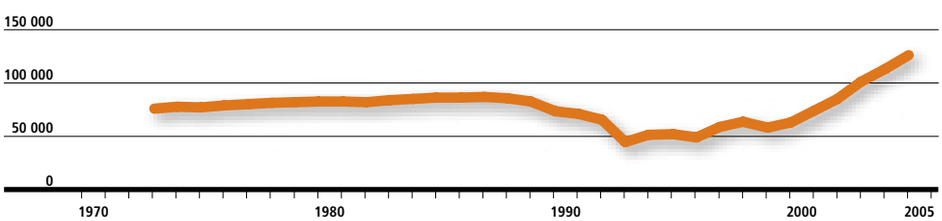
LEAF IMPORTS (METRIC TONS)



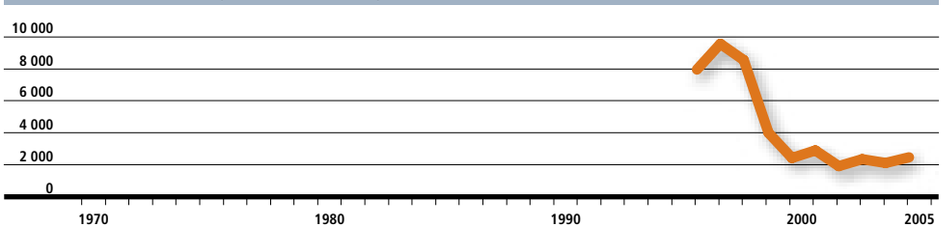
LEAF EXPORTS (METRIC TONS)



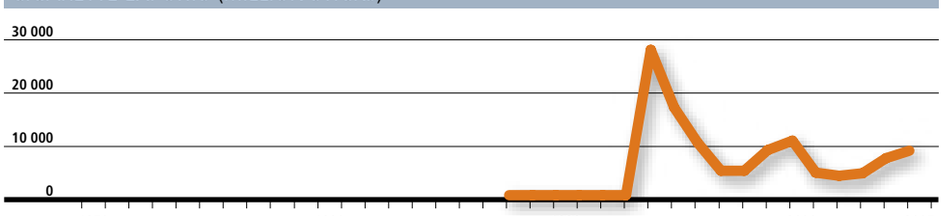
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	. . .
USD at official rate	. . .
International dollars[3]	. . .

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	. . .

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**No**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

Ukraine
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**10%**
Warnings are mandated and specific	—
Warnings appear in/on each package/label	—
Warnings describe harmful effects of tobacco use	—
Warnings are large, clear, visible and legible	—
Warnings rotate	—
Warnings are written in the principal language(s)	—
Warnings include a picture	—

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**No**
Counselling in hospitals	**No**
Counselling in offices of health professionals	**No**
Counselling in the community	. . .

TOBACCO PREVENTION FUNDING

Specific national government objectives	**No**
National agency or technical unit for tobacco control	**No**
Number of full-time equivalent staff	—

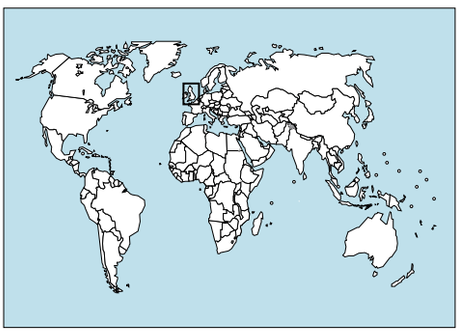
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

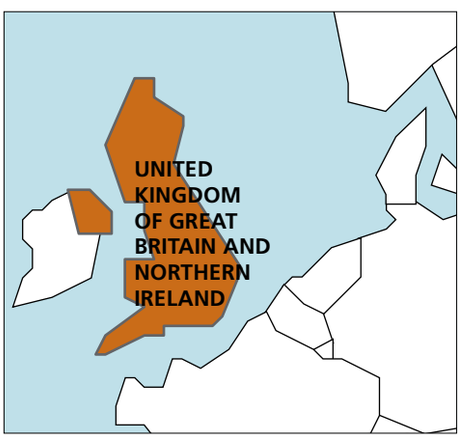
WHO FCTC STATUS

Date of signature	25 June 2004
Date of ratification (or legal equivalent)	06 June 2006

. . . Data not reported/not available.
— Data not required/not applicable.

United Kingdom of Great Britain and Northern Ireland





SOCIOECONOMIC CONTEXT

Population (thousands)	**59 668**
Adults (>15 years)	**82.1%**
Urban	**90.0%**
Growth rate	**0.3%**

Income group	**High**
Income per capita[1]	**$32 690**
Extreme poverty rate	**. . .**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	. . .
Females	. . .
Both	. . .

Age group: . . .
Sample: . . .
Survey year: . . .
Reference: **Global Youth Tobacco Survey**

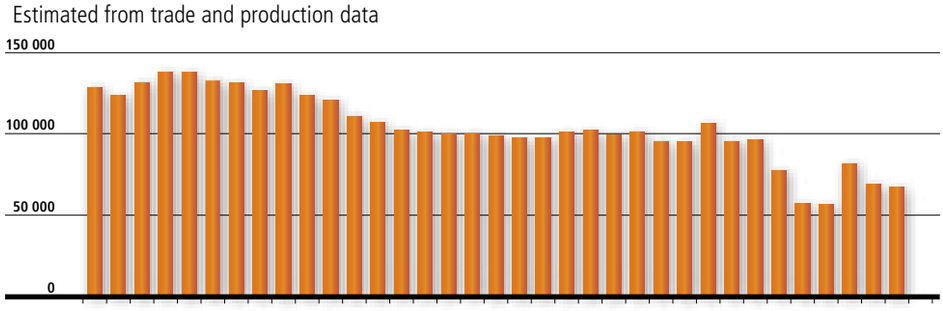
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily cigarette use	**Current tobacco smoking**
Males	**27.0**	. . .
Females	**25.0**	. . .
Both	**26.0**	. . .

Age group: **16 +**
Sample: **Subnational**
Survey year: **2002**
Reference: **General Household Survey-Great Britain, 2002**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

Estimated from trade and production data



Europe

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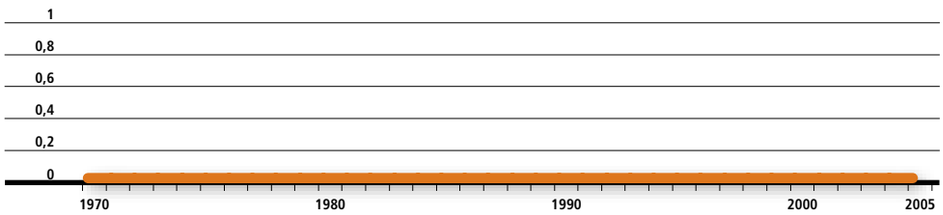
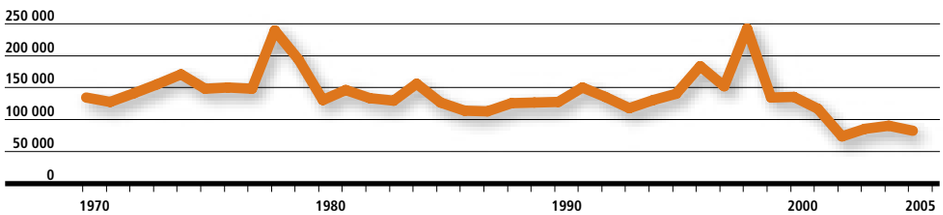
— Data not required/not applicable.

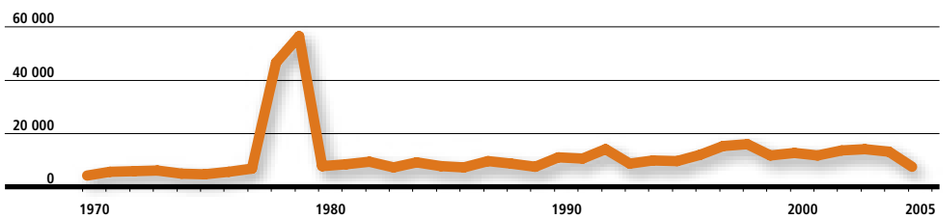
LEAF PRODUCTION (METRIC TONS)



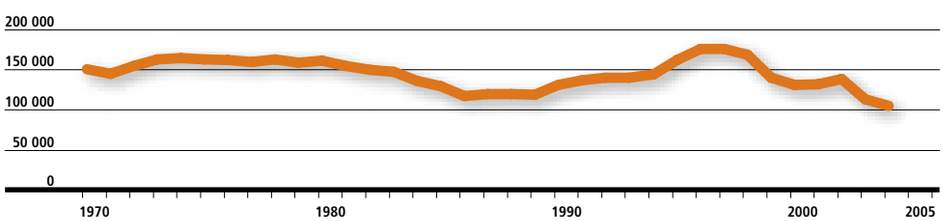
LEAF IMPORTS (METRIC TONS)



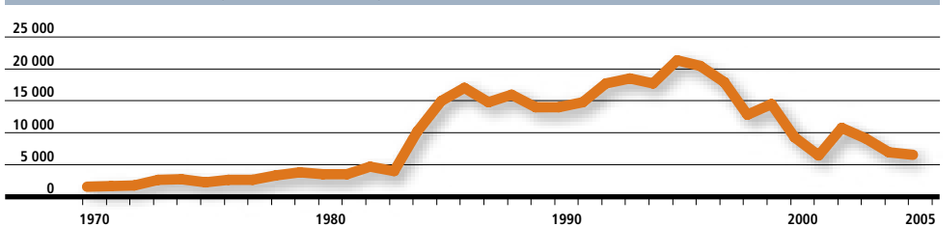
LEAF EXPORTS (METRIC TONS)



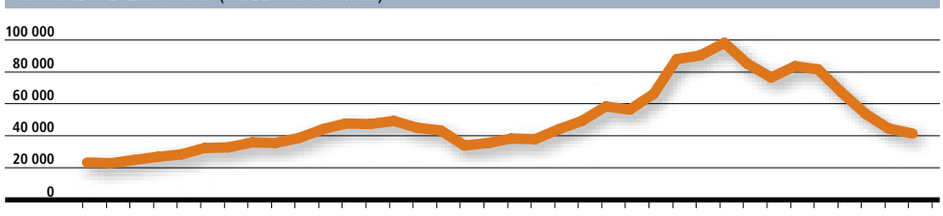
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**5.23 GBP**
USD at official rate	**$9.69**
International dollars[3]	**$8.68**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**3%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**No**
Internet	**No**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**Yes**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**. . . / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

United Kingdom of Great Britain and Northern Ireland
Europe

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**Yes**
Universities	**Yes**
Governmental facilities	**Yes**
Indoor offices	**Yes**
Restaurants	**Yes**
Pubs and bars	**Yes**
Enforcement*	**. . . / 10**

* Collection of enforcement data in Europe was not possible in time for this year's report. In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**Yes**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in most**
Counselling in hospitals	**Yes, in most**
Counselling in offices of health professionals	**Yes, in most**
Counselling in the community	**. . .**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**. . .**

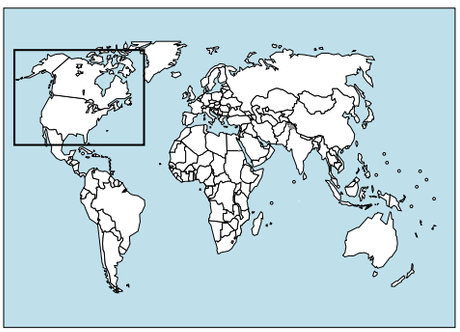
GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**75 000 000 GBP**
In USD, at official exchange rate	**$138 888 889**

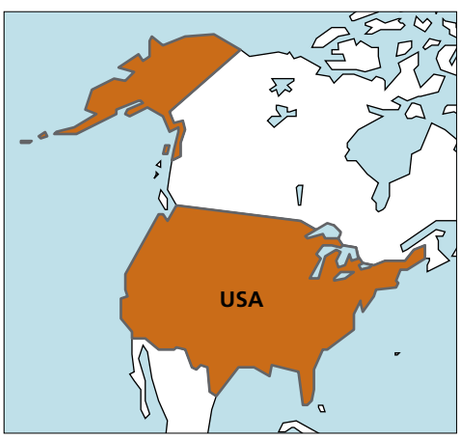
WHO FCTC STATUS

Date of signature	16 June 2003
Date of ratification (or legal equivalent)	16 December 2004

. . . Data not reported/not available.
— Data not required/not applicable.

United States of America





SOCIOECONOMIC CONTEXT

Population (thousands)	**298 213**
Adults (>15 years)	**79.2%**
Urban	**81.0%**
Growth rate	**1.0%**

Income group	**High**
Income per capita[1]	**$41 950**
Extreme poverty rate	**. . .**
Literacy rate	**. . .**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**20.7**
Females	**16.2**
Both	**18.4**

Age group: **13–15 years**
Sample: **National**
Survey year: **2002**
Reference: **Global Youth Tobacco Survey**

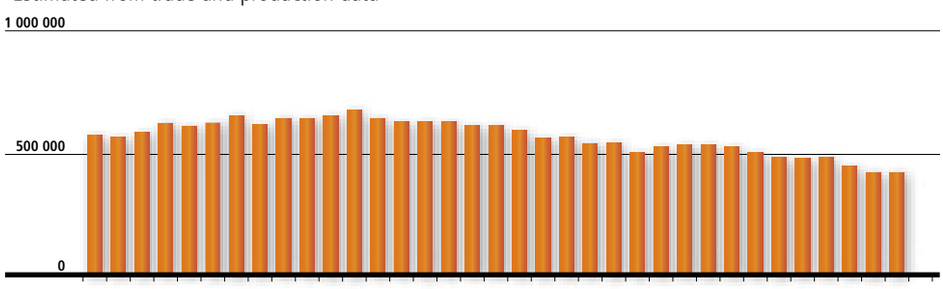
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**20.7**	**27.5**
Females	**15.5**	**19.0**
Both	**18.0**	**23.2**

Age group: **18 +**
Sample: **National**
Survey year: **2005**
Reference: **Summary Health Statistics for US Adults: National Health Interview Survey (NHIS), 2005**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

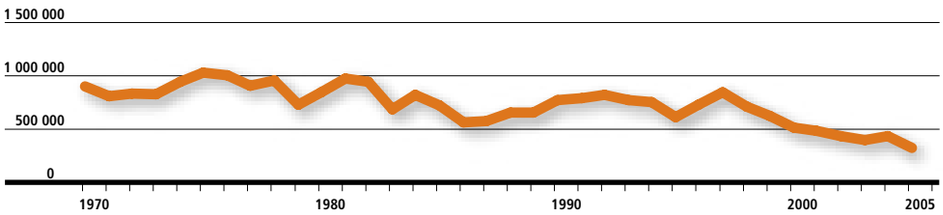
Estimated from trade and production data



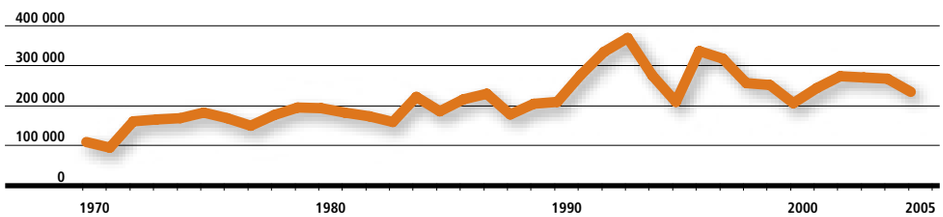
The Americas

. . . Data not reported/not available.
— Data not required/not applicable.

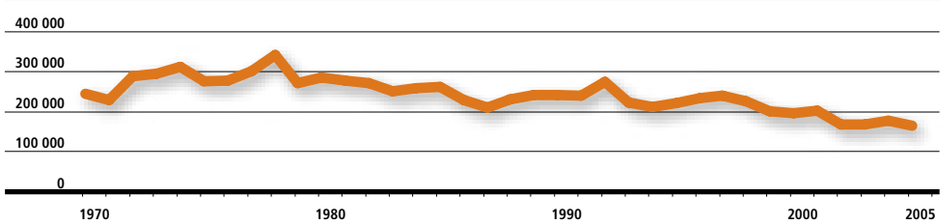
LEAF PRODUCTION (METRIC TONS)



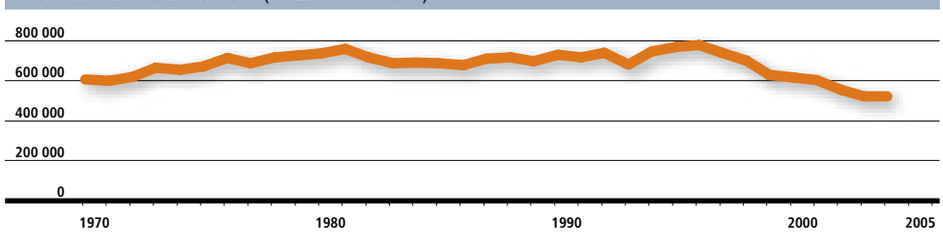
LEAF IMPORTS (METRIC TONS)



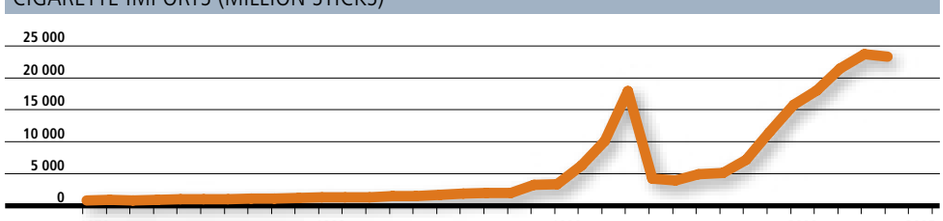
LEAF EXPORTS (METRIC TONS)



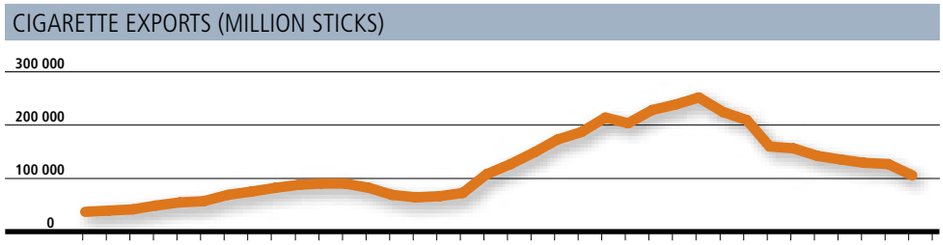
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



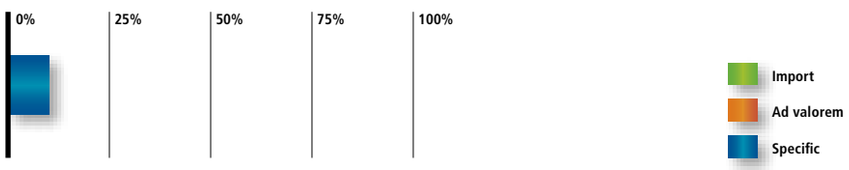
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[2]	
In currency reported by country	**3.89 USD**
USD at official rate	**$3.89**
International dollars[3]	**$3.89**

[2] Pack of 20 sticks.
[3] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**1%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**No**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**No**
Point of sale	**No**
Internet	**No**
Free distribution	**No**
Promotional discounts	**No**
Non-tobacco products with tobacco brand names	**No**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**No**
Sponsored events	**No**
Enforcement*	**6 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

United States of America

The Americas

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**No**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**No**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**— / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

WHO FCTC STATUS

Date of signature	10 May 2004
Date of ratification (or legal equivalent)	

. . . Data not reported/not available.
— Data not required/not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**Not mandated**
Warnings are mandated and specific	—
Warnings appear in/on each package/label	—
Warnings describe harmful effects of tobacco use	—
Warnings are large, clear, visible and legible	—
Warnings rotate	—
Warnings are written in the principal language(s)	—
Warnings include a picture	—

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

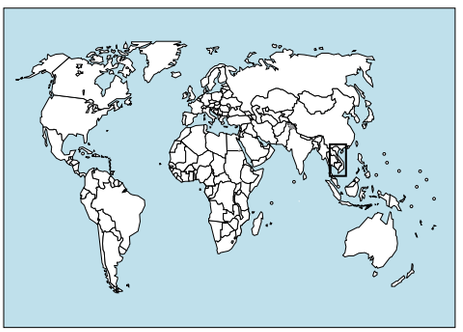
Quitline	**Yes**
Nicotine replacement therapies (NRT) sold	**Yes**
Bupropion sold	**Yes**
Counselling in health clinics	**Yes, in some**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**Yes, in some**
Counselling in the community	**Yes, in some**

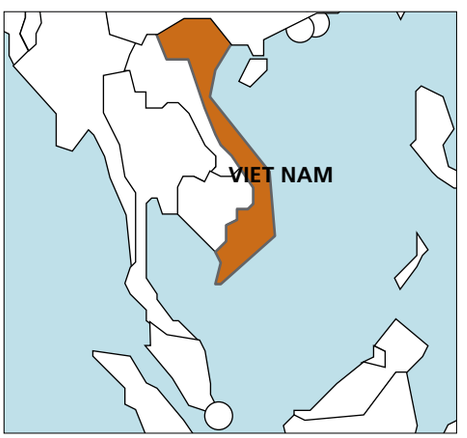
TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	. . .

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	. . .
In USD, at official exchange rate	. . .

Viet Nam





SOCIOECONOMIC CONTEXT

Population (thousands)	**84 238**
Adults (>15 years)	**70.5%**
Urban	**26.0%**
Growth rate	**1.4%**

Income group	**Low**
Income per capita[1]	**$3 010**
Extreme poverty rate	**. . .**
Literacy rate	**90.3%**

[1] Gross national income per capita in international dollars. An international dollar has the same purchasing power locally as a US dollar in the United States of America.

PREVALENCE OF TOBACCO USE

YOUTH PREVALENCE OF CURRENT TOBACCO USE (%) See Appendix V for detailed definitions	
Males	**3.2**
Females	**1.0**
Both	**2.2**

Age group: **13–15 years**
Sample: **Hanoi**
Survey year: **2003**
Reference: **Global Youth Tobacco Survey**

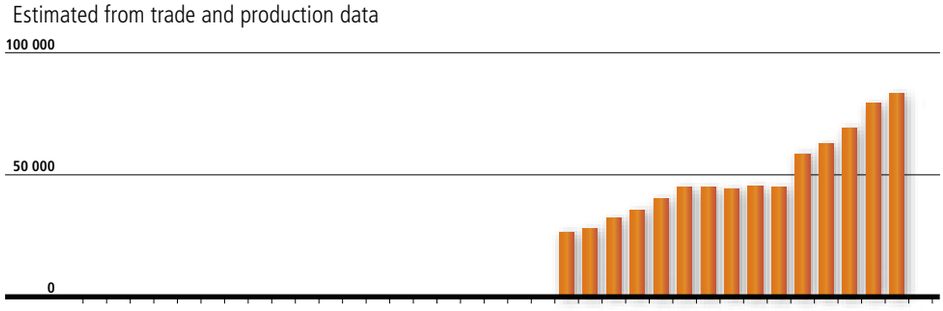
ADULT PREVALENCE OF TOBACCO SMOKING (%)		
	Daily tobacco smoking	**Current tobacco smoking**
Males	**34.8**	**49.4**
Females	**1.8**	**2.3**
Both	**17.5**	**24.8**

Age group: **18 +**
Sample: **National**
Survey year: **2003**
Reference: **World Health Survey, 2003**

TOBACCO INDUSTRY

CIGARETTE CONSUMPTION (MILLION STICKS)

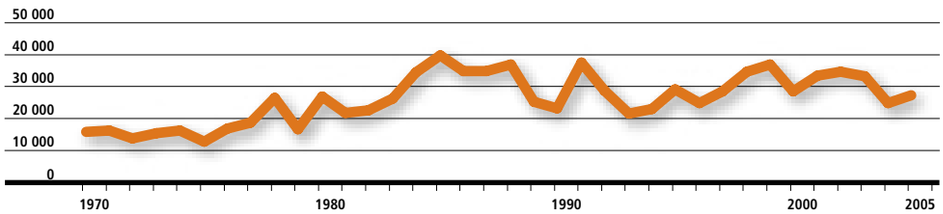
Estimated from trade and production data



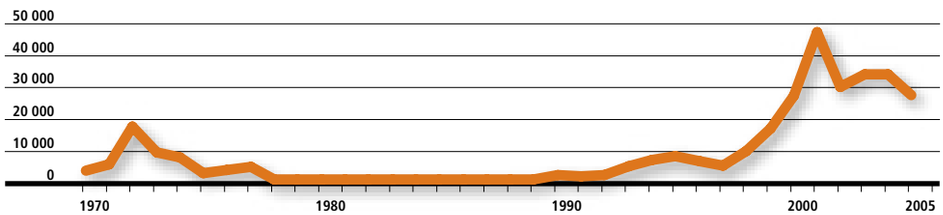
Western Pacific

. . . Data not reported/not available.
— Data not required/not applicable.

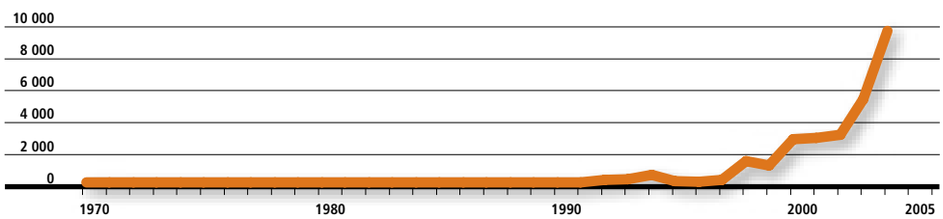
LEAF PRODUCTION (METRIC TONS)



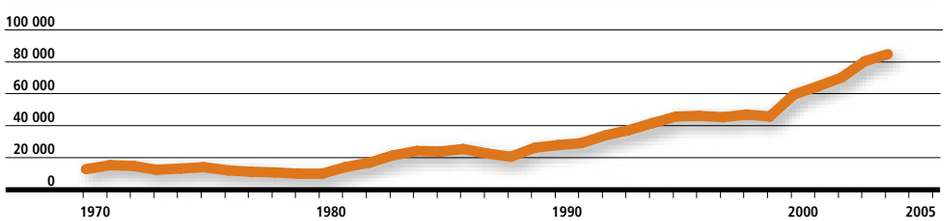
LEAF IMPORTS (METRIC TONS)



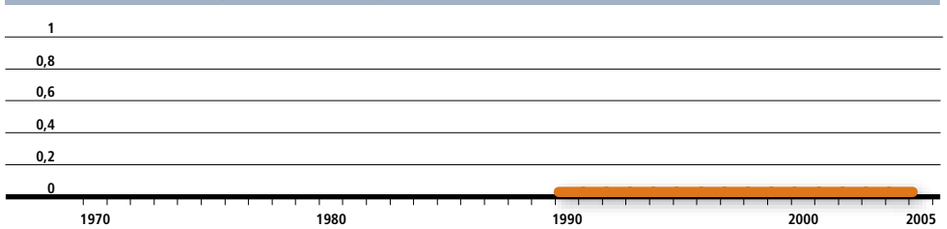
LEAF EXPORTS (METRIC TONS)



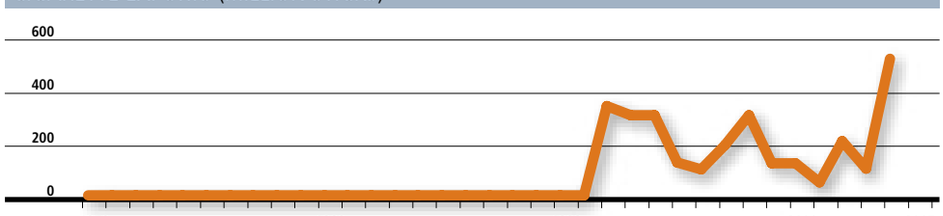
CIGARETTE PRODUCTION (MILLION STICKS)



CIGARETTE IMPORTS (MILLION STICKS)



CIGARETTE EXPORTS (MILLION STICKS)



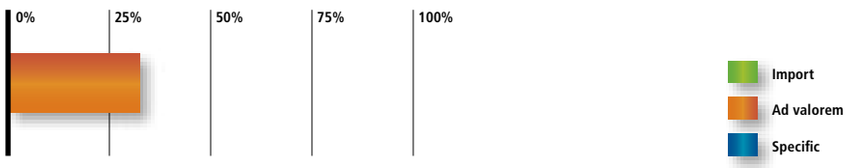
TOBACCO TAXATION AND PRICES

PRICE OF MOST POPULAR BRAND[4]	
In currency reported by country	**9 000 VND**
USD at official rate	**$0.57**
International dollars[5]	**$2.63**

[4] Pack of 20 sticks.
[5] An international dollar has the same purchasing power locally as a US dollar in the United States of America.

TAXES ON THIS BRAND

as a % of retail price



Two excise tobacco tax rates are reported in Appendix II: 41% and 32%. The 41% rate includes the value added tax, in conformity with country practices; the 32% rate depicted in the above graph should be used for international comparison as other countries do not include the value added tax.

AFFORDABILITY OF THIS BRAND	
% of annual per capita income required to buy 100 packs	**9%**

BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP

National TV and radio	**Yes**
International TV and radio	**No**
Local magazines/newspapers	**Yes**
International magazines/newspapers	**No**
Billboards/outdoor advertising	**Yes**
Point of sale	**Yes**
Internet	**Yes**
Free distribution	**Yes**
Promotional discounts	**Yes**
Non-tobacco products with tobacco brand names	**Yes**
Non-tobacco brand used for tobacco product[4]	**No**
Appearance of tobacco products in TV and/or films	**Yes**
Sponsored events	**Yes**
Enforcement*	**10 / 10**

[4] e.g. brand of sports shoe on a pack of cigarettes.

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

Viet Nam
Western Pacific

SMOKE-FREE ENVIRONMENTS

Health-care facilities	**Yes**
Educational facilities, except universities	**No**
Universities	**No**
Governmental facilities	**No**
Indoor offices	**Yes**
Restaurants	**No**
Pubs and bars	**No**
Enforcement*	**4 / 10**

* Enforcement score represents the cumulative score out of a maximum of 10 from five experts who were asked to rank enforcement as minimal (0 points), moderate (1 point) or full (2 points). In the absence of any intervention, the enforcement score is not applicable.

HEALTH WARNINGS ON TOBACCO PACKAGES

Laws or regulations banning misleading terms	**No**
% of principal display areas covered by warnings	**30%**
Warnings are mandated and specific	**Yes**
Warnings appear in/on each package/label	**Yes**
Warnings describe harmful effects of tobacco use	**Yes**
Warnings are large, clear, visible and legible	**Yes**
Warnings rotate	**Yes**
Warnings are written in the principal language(s)	**Yes**
Warnings include a picture	**No**

Note: Detailed characteristics of health warnings are reported only if the warnings are 30% or more of the main display area of the tobacco package.

TREATMENT OF TOBACCO DEPENDENCE

Quitline	**No**
Nicotine replacement therapies (NRT) sold	**No**
Bupropion sold	**Yes**
Counselling in health clinics	**No**
Counselling in hospitals	**Yes, in some**
Counselling in offices of health professionals	**. . .**
Counselling in the community	**No**

TOBACCO PREVENTION FUNDING

Specific national government objectives	**Yes**
National agency or technical unit for tobacco control	**Yes**
Number of full-time equivalent staff	**10**

GOVERNMENT'S EXPENDITURE ON TOBACCO CONTROL	
In currency reported by country	**10 000 USD**
In USD, at official exchange rate	**$10 000**

WHO FCTC STATUS

Date of signature	03 September 2003
Date of ratification (or legal equivalent)	17 December 2004

. . . Data not reported/not available.
— Data not required/not applicable.

APPENDIX II: **GLOBAL TOBACCO CONTROL POLICY DATA**

Appendix II provides detailed information on national-level policies, as reported and validated by Member States. For each WHO region, data are provided on smoke-free environments, treatment of tobacco dependence, health warnings and packaging, advertising, promotion and sponsorship bans, price and taxation levels, and key national capacity indices. A summary table is provided for each region based on the methodology outlined in Technical Note I.

Country-level data were often but not always provided with supporting documents such as laws, regulation, policy documents, etc. Available documents were reviewed and WHO discussed implications for questionnaire answers with countries, especially for Member States that reported meeting the highest standards. This review, however, does not constitute a thorough and complete legal analysis of each country's legislation. Future analyses will be necessary. Data were collected at the national/federal level only and, therefore, provide incomplete policy coverage for Member States where subnational governments play an active role in tobacco control.

Notes documenting specific policy details appear at the end of the data tables for each region. These notes are often based on discussion with Member States, as part of data collection and validation, but they are not exhaustive and do not mean that other such policy-related information does not exist for other countries.

Age-standardized prevalence values for both sexes combined were obtained using the weighted average of sex-specific age-standardized daily smoking prevalence rates among adults aged 15 and older (as presented in Table 3b). Countries that have not validated either the policy data or the age-standardized prevalence estimates are identified by footnotes.

Data for the European Region were largely obtained from the *European Report on Tobacco Control 2007*.

Scoring key

	AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

	TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

	ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

	SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

	ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY
| ||	Minimal enforcement (0/10 to 2/10)
||| |||| ||||| |||||| |||||||	Moderate enforcement (3/10 to 7/10)
|||||||| ||||||||| ||||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

	MONITORING: PREVALENCE DATA
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

Africa

Table 2.1
Summary of MPOWER policy interventions

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
^ Prevalence data exists but not by age and sex, or otherwise not as required to obtain adjusted prevalence estimate.

	AGE-STANDARDIZED ADULT SMOKING PREVALENCE	TAXATION	ADVERTISING BANS		SMOKE-FREE POLICIES		HEALTH WARNINGS	CESSATION PROGRAMS	MONITORING
			LEGISLATED	ENFORCED	LEGISLATED	ENFORCED			
Algeria	14.4%	49%		|||||	|||			
Angola	. . .	10%		—		—			. . .
Benin	. . .	2%		||||					
Botswana	. . .	30%		|||||	|||||			
Burkina Faso	14.7%	12%		—		||			
Burundi	. . .	41%		—		—	. . .		. . .
Cameroon	6.0%	20%		||					
Cape Verde	. . .	20%		|||||||	—			. . .
Central African Republic	. . .	16%		—					. . .
Chad	7.4%	18%							
Comoros	17.0%	71%		|||	—			
Congo	4.7%	16%		|||	—			
Côte d'Ivoire	6.7%	35%				—			
Democratic Republic of the Congo	6.2%	27%		||||||	—			
Equatorial Guinea	. . .	19%		—		|||		. . .
Eritrea	6.4%	47%		|||||||||	|||||		
Ethiopia	2.8%	32%		|||||||	—			
Gabon	. . .	30%		—		—	. . .		. . .
Gambia	15.0%	15%		|||	|||			. . .
Ghana	4.0%	55%		. . .		—			
Guinea	. . .	32%		||||					. . .
Guinea-Bissau	. . .	. . .		—		—			. . .
Kenya	11.3%	28%		—		—			
Lesotho	^ . . .	46%		. . .		. . .	. . .		
Liberia	. . .	14%		—		—			. . .
Madagascar	. . .	47%		|||||||||	|||		
Malawi	12.0%	49%		—		—			
Mali	9.0%	15%		||||||				
Mauritania	10.8%	26%		—		—			
Mauritius	14.8%	69%		|||||		|||||			
Mozambique	9.4%	36%		. . .		. . .			
Namibia	20.6%	. . .		—		—			
Niger	. . .	29%		||||||				
Nigeria	5.4%	28%		—					
Rwanda	. . .	50%		—		—			. . .
Sao Tome and Principe	15.6%	52%		—		—			. . .
Senegal	8.5%	21%				—			
Seychelles	! 16.7%	79%		|||||||||	|||||||		
Sierra Leone	. . .	20%		—		—			. . .
South Africa	14.2%	32%		|||||||	!	|||||		
Swaziland	5.9%	20%		—		—			
Togo	. . .	15%		—		—			
Uganda	9.3%	56%		—		|||||			
United Republic of Tanzania	11.5%	20%		||				
Zambia	! 10.4%	46%		—		. . .			
Zimbabwe	11.6%	34%		|||||	|||||			

	AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

	TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

	ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

	SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

	ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY
| |	Minimal enforcement (0/10 to 2/10)
||| |||| ||||| |||||| |||||||	Moderate enforcement (3/10 to 7/10)
|||||||| ||||||||| ||||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

	MONITORING: PREVALENCE DATA
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

The Americas

Table 2.2

Summary of MPOWER policy interventions

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
^ Prevalence data exists but not by age and sex, or otherwise not as required to obtain adjusted prevalence estimate.

	AGE-STANDARDIZED ADULT SMOKING PREVALENCE	TAXATION	ADVERTISING BANS		SMOKE-FREE POLICIES		HEALTH WARNINGS	CESSATION PROGRAMS	MONITORING
			LEGISLATED	ENFORCED	LEGISLATED	ENFORCED			
Antigua and Barbuda	. . .	. . .		—		—			
Argentina	24.6%	61%		—		—			
Bahamas	. . .	. . .		. . .		—			
Barbados	! 9.6%	. . .		—		—			
Belize	. . .	. . .		. . .	. . .	. . .			
Bolivia	28.6%	31%		. . .		||			
Brazil	13.2%	32%		||||||||		—			
Canada	! . . .	20%		. . .		—			
Chile	! 36.2%	60%		. . .		—			
Colombia	. . .	36%		—		—			
Costa Rica	6.2%	45%		|||||||||		—			
! Cuba	34.0%	22%		—		—			
Dominica	. . .	19%		—		—			
Dominican Republic	13.6%	44%		—		—			
Ecuador	4.0%	47%		—		. . .			
El Salvador	^ . . .	33%		—		—			
Grenada	. . .	. . .		—		—			
Guatemala	4.4%	47%		||||		—			
Guyana	. . .	46%		—		—			
Haiti	^ . . .	. . .		—		—			
Honduras	. . .	19%		—		—			
Jamaica	13.5%	54%		. . .		—			
Mexico	14.1%	64%		||||||||		—			
Nicaragua	. . .	27%		—		—			
Panama	. . .	22%		—		|||||			
Paraguay	15.6%	10%		—		—			
Peru	. . .	19%		||||||||		|||||			
Saint Kitts and Nevis	. . .	13%		. . .		—			
Saint Lucia	19.3%	. . .		—		. . .			
Saint Vincent and the Grenadines	. . .	2%		—		—			
Suriname	. . .	57%		—		—			
Trinidad and Tobago	21.4%	7%		—		||||||			
United States of America	18.7%	10%		|||||		—			
Uruguay	30.7%	70%		—		|||||||||			
Venezuela	25.2%	38%		. . .		. . .			

AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)	
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES	
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE	
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS	
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY	
| |	Minimal enforcement (0/10 to 2/10)
||| |||| ||||| |||||| |||||||	Moderate enforcement (3/10 to 7/10)
|||||||| ||||||||| ||||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

MONITORING: PREVALENCE DATA	
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

Eastern Mediterranean

Table 2.3
Summary of MPOWER policy interventions

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
^ Prevalence data exists but not by age and sex, or otherwise not as required to obtain adjusted prevalence estimate.
> Refers to a territory.

	AGE-STANDARDIZED ADULT SMOKING PREVALENCE	TAXATION	ADVERTISING BANS		SMOKE-FREE POLICIES		HEALTH WARNINGS	CESSATION PROGRAMS	MONITORING
			LEGISLATED	ENFORCED	LEGISLATED	ENFORCED			
Afghanistan	. . .	9%		|||		—			
Bahrain	7.5%	68%		|||||		|||			
Djibouti	. . .	47%		||||||					
Egypt	14.3%	58%		|||||||||		|||			
Iran (Islamic Republic of)	13.7%	10%		|||||||||		|||||			
Iraq	5.8%	29%				—			
Jordan	36.5%	39%		|||||||||		||||			
Kuwait	^ . . .	68%		||||||		|||||			
Lebanon	17.3%	48%		—		—			
Libyan Arab Jamahiriya	. . .	2%		|||||		|			
Morocco	14.2%	50%		. . .		. . .			
Oman	5.7%	50%		—		|||||||			
Pakistan	17.0%	. . .		||||		||			
Qatar	. . .	67%		||||||||		—			
! Saudi Arabia	! 7.8%	. . .		|||||					
! Somalia	. . .	. . .		—		—			
Sudan	. . .	. . .		|||||		—			
Syrian Arab Republic	. . .	25%		|||||||||		—			
Tunisia	25.7%	. . .		|||||||		—			
! United Arab Emirates	! 7.6%	. . .		||||||		|||			
West Bank and Gaza Strip>	. . .	. . .		||		|			
Yemen	. . .	47%		||||		||			

	AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

	TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

	ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

	SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

	ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY
| ||	Minimal enforcement (0/10 to 2/10)
||| |||| ||||| |||||| |||||||	Moderate enforcement (3/10 to 7/10)
|||||||| ||||||||| ||||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

	MONITORING: PREVALENCE DATA
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

Europe

Table 2.4
Summary of MPOWER policy interventions

* Collection of enforcement data in Europe was not possible in time for this year's report.
. . . Data not reported/not available.
— Data not required/not applicable.

	AGE-STANDARDIZED ADULT SMOKING PREVALENCE	TAXATION	ADVERTISING BANS		SMOKE-FREE POLICIES		HEALTH WARNINGS	CESSATION PROGRAMS	MONITORING
			LEGISLATED	ENFORCED*	LEGISLATED	ENFORCED*			
Albania	20.1%	42%						. . .	
Andorra	28.9%	. . .							
Armenia	26.0%	44%							
Austria	40.7%	59%							
Azerbaijan	. . .	. . .						. . .	
Belarus	37.4%	. . .							
Belgium	21.6%	58%							
Bosnia and Herzegovina	38.5%	49%							
Bulgaria	32.4%	60%							
Croatia	30.2%	49%							
Cyprus	. . .	59%							
Czech Republic	25.4%	51%							
Denmark	26.2%	55%							
Estonia	31.4%	54%							
Finland	21.0%	57%							
France	27.1%	64%							
Georgia	27.6%	41%							
Germany	26.7%	62%							
Greece	48.2%	58%							
Hungary	34.4%	58%							
Iceland	19.5%	47%							
Ireland	19.3%	60%							
Israel	21.3%	69%						. . .	
Italy	22.4%	58%							
Kazakhstan	21.6%	. . .							
Kyrgyzstan	21.1%	. . .							
Latvia	32.2%	49%							
Lithuania	25.7%	40%							
Luxembourg	30.9%	57%						. . .	
Malta	24.8%	61%							
Monaco	. . .	. . .	. . .		. . .		. . .	. . .	. . .
Montenegro	. . .	36%							
Netherlands	29.6%	57%							
Norway	24.9%	56%							
Poland	30.5%	57%							
Portugal	31.7%	61%							
Republic of Moldova	21.6%	8%							
Romania	27.0%	53%							
Russian Federation	43.4%	27%							
San Marino	. . .	. . .	. . .		. . .		. . .	. . .	. . .
Serbia	39.6%	36%							
Slovakia	25.2%	54%							
Slovenia	23.4%	58%							
Spain	29.9%	64%							
Sweden	16.2%	49%							
Switzerland	20.7%	55%							
Tajikistan	. . .	. . .						. . .	
The former Yugoslav Republic of Macedonia	. . .	33%							
Turkey	30.1%	36%						. . .	
Turkmenistan	. . .	57%						. . .	. . .
Ukraine	38.2%	14%							
United Kingdom of Great Britain and Northern Ireland	28.4%	63%							
Uzbekistan	10.0%	45%							

	AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

	TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

	ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

	SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

	ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY
| |	Minimal enforcement (0/10 to 2/10)
||| |||| ||||| |||||| ||||||	Moderate enforcement (3/10 to 7/10)
|||||||| |||||||| |||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

	MONITORING: PREVALENCE DATA
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

South-East Asia

Table 2.5
Summary of MPOWER policy interventions

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

	AGE-STANDARDIZED ADULT SMOKING PREVALENCE	TAXATION	ADVERTISING BANS		SMOKE-FREE POLICIES		HEALTH WARNINGS	CESSATION PROGRAMS	MONITORING
			LEGISLATED	ENFORCED	LEGISLATED	ENFORCED			
Bangladesh	22.3%	50%		|||||		—			
Bhutan	. . .	. . .		. . .		|||||			
! Democratic People's Republic of Korea	. . .	. . .		||||||||		|||||||			
India	13.4%	58%		||||||		||			
Indonesia	31.0%	22%		||		|||			
Maldives	24.0%	33%		|||||||||		||||||			
Myanmar	23.8%	75%		||||||||		—			
Nepal	27.1%	70%		|||||||||		—			
Sri Lanka	12.8%	54%		|||||||||		|||||||			
Thailand	16.1%	79%		|||||		—			
Timor-Leste	. . .	. . .		—		—			

	AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

	TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

	ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

	SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

	ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY
| |	Minimal enforcement (0/10 to 2/10)
||| |||| ||||| |||||| ||||||	Moderate enforcement (3/10 to 7/10)
|||||||| |||||||| |||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

	MONITORING: PREVALENCE DATA
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

Western Pacific

Table 2.6
Summary of MPOWER policy interventions

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

	AGE-STANDARDIZED ADULT SMOKING PREVALENCE	TAXATION	ADVERTISING BANS		SMOKE-FREE POLICIES		HEALTH WARNINGS	CESSATION PROGRAMS	MONITORING
			LEGISLATED	ENFORCED	LEGISLATED	ENFORCED			
Australia	! 18.7%	53%		...		—			
Brunei Darussalam	...	...	...	...	...	...	...	...	...
Cambodia	18.0%	9%		—		|||||	...		
China	30.5%	21%		|||	—			
Cook Islands	23.0%	46%		...		...			
Fiji	10.9%	...	...	...	...	...	...	...	
! Japan	26.2%	...		...		—			
Kiribati	...	...	...	...	...	...	...	...	...
Lao People's Democratic Republic	35.3%	32%		—		—			
Malaysia	23.0%	39%		||||||		|||||		
Marshall Islands	...	...	...	...	...	...	...	...	...
Micronesia (Federated States of)	...	...	...	...	...	...	...	...	
Mongolia	24.3%	31%		||||		—			
Nauru	46.7%	...	...	...	...	...	...	...	
New Zealand	22.7%	58%		||||||||||		|||||||||		
! Niue	...	84%		—		—			
Palau	20.7%	...		—		—			
Papua New Guinea	...	...	...	...	...	...	...	...	
Philippines	20.1%	41%		|||||		|||||		
Republic of Korea	27.7%	54%		||||||		—			
Samoa	37.3%	...	...	...	...	...	...	...	
Singapore	13.3%	69%		|||||||||		|||||||		
Solomon Islands	...	...	...	...	...	...	...	...	...
Tonga	35.9%	...	...	...	...	...	...	...	
Tuvalu	...	...	...	...	...	...	...	...	
Vanuatu	26.0%	...	...	...	...	...	...	...	
Viet Nam	! 18.6%	32%		|||||||||		—			

	AGE-STANDARDIZED PREVALENCE: AGE-STANDARDIZED PREVALENCE OF ADULT DAILY SMOKING (BOTH SEXES COMBINED)
	≥30% of adults are smokers
	20–29.9% of adults are smokers
	15–19.9% of adults are smokers
	<15% of adults are smokers
. . .	No comparable data

	TAXATION: SHARE OF TOBACCO-SPECIFIC TAXES IN THE PRICE OF A WIDELY CONSUMED BRAND OF CIGARETTES
	≤25%
	26–50%
	51–75%
	>75 %
. . .	Data not reported

	ADVERTISING BANS: BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP HEALTH WARNINGS: HEALTH WARNINGS ON TOBACCO PACKAGES CESSATION PROGRAMS: TREATMENT OF TOBACCO DEPENDENCE
	No policy
	Minimal policy
	Moderate policy
	Complete policy
. . .	Data not reported

	SMOKE-FREE: POLICY ON SMOKE-FREE ENVIRONMENTS
	Complete absence of smoke-free legislation, or absence of smoke-free legislation covering either health care or educational facilities
	Smoke-free legislation covering both health care and educational facilities, as well as one or two other places or institutions
	Smoke-free legislation covering both health care and educational facilities, as well as three, four or five other places and institutions
	Smoke-free legislation covering all types of places and institutions assessed
. . .	Data not reported

	ENFORCEMENT*: ENFORCEMENT OF BANS ON ADVERTISING, PROMOTION AND SPONSORSHIP; AND SMOKE-FREE POLICY
|	Minimal enforcement (0/10 to 2/10)
|||	Moderate enforcement (3/10 to 7/10)
||||||||	Complete enforcement (8/10 to 10/10)
. . .	Data not reported/not available
—	Data not required/not applicable

* Based on a score of 0–10, where 0 is low enforcement. Refer to Technical Note I for more information.

	MONITORING: PREVALENCE DATA
	Recent but not representative data for either adults or youth
	Recent but not representative data for both adults and youth; or recent and representative data for adults but no recent data for youth; or recent and representative data for youth but no recent data for adults
	Recent data for both adults and youth, but missing representative data for either adults or youth
	Minimal requirements met for recent and representative adult and youth data
. . .	No recent data or no data

Africa

Table 2.1.1
National/federal taxes per pack and retail price for a pack of 20 cigarettes in Africa

Total may be different from the sum of the parts, due to rounding.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	PRICE OF A 20-CIGARETTE PACK OF MOST WIDELY CONSUMED BRAND		
	IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY (OR CURRENCY REPORTED)	IN INTERNATIONAL DOLLARS (USD AT PURCHASING POWER PARITY), 2006
Algeria	55.00	DZD	1.61
Angola	50.00	AOA	0.62
Benin	255.00	XOF	1.04
Botswana	12.85	BWP	4.90
Burkina Faso	500.00	XOF	2.77
Burundi	500.00	BIF	3.44
Cameroon	500.00	XAF	2.09
Cape Verde	180.00	CVE	5.78
Central African Republic	385.00	XAF	2.61
Chad	500.00	XOF	2.26
Comoros	1 500.00	KMF	11.75
Congo	425.00	XOF	0.61
Côte d'Ivoire	700.00	XOF	2.41
Democratic Republic of the Congo	300.00	CDF	3.34
Equatorial Guinea	2 000.00	XAF	3.81
Eritrea	20.00	ERN	5.96
Ethiopia	4.00	ETB	3.00
Gabon	800.00	XAF	1.52
Gambia	25.00	GMD	5.47
Ghana	13 500.00	GHC	6.83
Guinea	2 000.00	GNF	2.60
Guinea-Bissau	. . .	—	. . .
Kenya	120.00	KES	3.63
Lesotho	20.00	LSL	12.86
Liberia	50.00	LRD	. . .
Madagascar	1 180.00	MGA	1.86
Malawi	65.00	MWK	2.06
Mali	150.00	XOF	0.73
Mauritania	350.00	MRO	3.86
Mauritius	60.00	MRU	5.15
Mozambique	25.00	MZN	3.50
Namibia	. . .	—	. . .
Niger	375.00	XOF	2.36
Nigeria	200.00	NGN	2.31
Rwanda	500.00	RWF	4.29
Sao Tome and Principe	10 000.00	STD	. . .
Senegal	400.00	XOF	1.89
Seychelles	32.00	SCR	11.59
Sierra Leone	3 500.00	SLL	4.02
South Africa	15.70	ZAR	5.15
Swaziland	15.99	SZL	5.16
Togo	400.00	XOF	3.30
Uganda	2 500.00	UGX	6.67
United Republic of Tanzania	1 000.00	TZS	. . .
Zambia	6 000.00	ZMK	2.11
Zimbabwe	1 200.00	ZWN	. . .

	EXCISE TOBACCO TAX AS A % OF PRICE			
IN USD, AT OFFICIAL EXCHANGE RATES, 2006	SPECIFIC EXCISE	AD VALOREM EXCISE	IMPORT DUTIES	TOTAL[#]
0.76	49%	—	—	49%
0.60	—	10%	—	10%
0.49	—	2%	—	2%
2.20	30%	—	—	30%
0.96	12%	—	—	12%
2.75	—	41%	—	41%
0.96	—	20%	—	20%
2.05	—	7%	13%	20%
0.74	—	16%	—	16%
0.96	—	18%	—	18%
3.82	—	71%	—	71%
0.81	—	16%	—	16%
1.34	—	35%	—	35%
0.63	27%	—	—	27%
3.82	—	19%	—	19%
1.30	—	47%	—	47%
0.46	—	32%	—	32%
1.53	—	30%	—	30%
0.88	—	—	15%	15%
1.43	—	55%	—	55%
0.55	—	13%	18%	32%
. . .	. . .	. . .	. . .	. . .
1.66	28%	—	—	28%
2.95	28%	—	18%	46%
0.86	—	14%	—	14%
0.55	11%	36%	—	47%
0.55	—	39%	11%	49%
0.29	—	15%	—	15%
1.32	—	8%	18%	26%
1.89	69%	—	—	69%
0.98	—	36%	—	36%
. . .	. . .	. . .	. . .	. . .
0.72	—	17%	12%	29%
1.52	—	28%	—	28%
0.91	—	50%	—	50%
0.80	—	17%	36%	52%
0.76	—	21%	—	21%
5.81	44%	6%	29%	79%
1.18	—	20%	—	20%
2.32	32%	—	—	32%
2.36	—	20%	—	20%
0.76	—	15%	—	15%
1.37	—	56%	—	56%
0.80	20%	—	—	20%
1.34	—	46%	—	46%
. . .	—	34%	—	34%

Table 2.1.2
Advertising ban at the national/federal level in Africa

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DIRECT ADVERTISING			
	NATIONAL TV AND RADIO	INTERNATIONAL TV AND RADIO	LOCAL MAGAZINES AND NEWSPAPERS	INTERNATIONAL MAGAZINES AND NEWSPAPERS
Algeria	Yes	Yes	Yes	Yes
Angola	No	No	No	No
Benin	Yes	No	Yes	No
Botswana	Yes	No	Yes	No
Burkina Faso	No	No	No	No
Burundi	No	No	No	No
Cameroon	Yes	No	Yes	Yes
Cape Verde	Yes	No	Yes	No
Central African Republic	No	No	No	No
Chad	Yes	No	Yes	No
Comoros	Yes	No	Yes	No
Congo	Yes	No	Yes	No
Côte d'Ivoire	Yes	Yes	No	No
Democratic Republic of the Congo	Yes	No	Yes	No
Equatorial Guinea	No	No	No	No
Eritrea	Yes	Yes	Yes	Yes
Ethiopia	Yes	Yes	Yes	No
Gabon	No	No	No	No
Gambia	Yes	No	Yes	No
Ghana	Yes	No	Yes	No
Guinea	Yes	No	Yes	No
Guinea-Bissau	No	No	No	No
Kenya	No	No	No	No
Lesotho	Yes	Yes	Yes	No
Liberia	No	No	No	No
Madagascar	Yes	Yes	Yes	Yes
Malawi	No	No	No	No
Mali	Yes	No	Yes	No
Mauritania	No	No	No	No
Mauritius	Yes	No	Yes	No
Mozambique	Yes	Yes	Yes	Yes
Namibia	No	No	No	No
Niger	Yes	Yes	Yes	Yes
Nigeria	No	No	No	No
Rwanda	No	No	No	No
Sao Tome and Principe	No	No	No	No
Senegal	No	No	No	No
Seychelles	Yes	No	Yes	No
Sierra Leone	No	No	No	No
South Africa	Yes	Yes	Yes	Yes
Swaziland	No	No	No	No
Togo	No	No	No	No
Uganda	No	No	No	No
United Republic of Tanzania	Yes	Yes	Yes	Yes
Zambia	No	No	No	No
Zimbabwe	No	No	No	No

Africa

BILLBOARD AND OUTDOOR ADVERTISING	POINT OF SALE	INTERNET	OVERALL ENFORCEMENT OF BAN ON DIRECT ADVERTISING*	OTHER SUBNATIONAL BANS ON ADVERTISING
Yes	No	Yes	5	No
No	No	No	—	No
Yes	No	Yes	4	No
Yes	Yes	No	5	Yes
No	No	No	—	No
No	No	No	—	No
Yes	No	No	2	No
No	No	No	8	No
No	No	No	—	No
No	No	No	1	No
Yes	No	No	3	No
Yes	Yes	No	0	No
No	No	No	0	No
No	No	No	6	No
No	No	No	—	No
Yes	Yes	Yes	10	No
Yes	Yes	No	9	No
No	No	No	—	No
Yes	Yes	No	3	No
No	No	No	. . .	No
Yes	No	Yes	6	No
No	No	No	—	No
No	No	No	—	No
Yes	Yes	No	. . .	Yes
No	No	No	—	No
Yes	Yes	Yes	10	No
No	No	No	—	No
Yes	No	No	10	No
No	No	No	—	No
Yes	Yes	No	8	No
Yes	No	Yes	. . .	No
No	No	No	—	No
Yes	Yes	Yes	8	No
No	No	No	—	No
No	No	No	—	No
No	No	No	—	No
No	No	No	—	No
Yes	Yes	No	10	No
No	No	No	—	No
Yes	Yes	Yes	9	Yes
No	No	No	—	No
No	No	No	—	No
No	No	No	—	No
Yes	Yes	No	2	No
No	No	No	—	. . .
No	No	No	—	No

Table 2.1.3

Ban on promotion and sponsorship in Africa

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	FREE DISTRIBUTION IN MAIL OR BY OTHER MEANS	PROMOTIONAL DISCOUNTS	NON-TOBACCO PRODUCTS IDENTIFIED WITH TOBACCO BRAND NAMES
Algeria	No	No	No
Angola	No	No	No
Benin	Yes	No	Yes
Botswana	Yes	Yes	Yes
Burkina Faso	No	No	No
Burundi	No	No	No
Cameroon	No	No	No
Cape Verde	No	No	Yes
Central African Republic	No	No	No
Chad	Yes	Yes	Yes
Comoros	Yes	Yes	No
Congo	No	No	No
Côte d'Ivoire	No	No	No
Democratic Republic of the Congo	No	No	No
Equatorial Guinea	No	No	No
Eritrea	Yes	Yes	Yes
Ethiopia	No	No	No
Gabon	No	No	No
Gambia	Yes	Yes	Yes
Ghana	No	No	No
Guinea	Yes	Yes	Yes
Guinea-Bissau	No	No	No
Kenya	No	No	No
Lesotho	No	No	No
Liberia	No	No	No
Madagascar	Yes	Yes	Yes
Malawi	No	No	No
Mali	No	No	No
Mauritania	No	No	No
Mauritius	Yes	Yes	Yes
Mozambique	Yes	Yes	Yes
Namibia	No	No	No
Niger	Yes	Yes	Yes
Nigeria	No	No	No
Rwanda	No	No	No
Sao Tome and Principe	No	No	No
Senegal	Yes	No	No
Seychelles	No	No	No
Sierra Leone	No	No	No
South Africa	Yes	Yes	Yes
Swaziland	No	No	No
Togo	No	No	No
Uganda	No	No	No
United Republic of Tanzania	Yes	No	No
Zambia	No	No	No
Zimbabwe	No	No	Yes

BRAND NAME OF NON-TOBACCO PRODUCTS USED FOR TOBACCO PRODUCTS	APPEARANCE OF TOBACCO PRODUCTS IN TV AND/OR FILMS	SPONSORED EVENTS	OVERALL ENFORCEMENT OF BAN ON PROMOTION*
No	No	No	—
No	No	No	—
Yes	Yes	Yes	3
Yes	Yes	Yes	5
No	No	No	—
No	No	No	—
No	Yes	Yes	. . .
No	No	No	6
No	No	No	—
Yes	No	Yes	0
No	No	No	2
No	Yes	Yes	5
No	No	No	—
No	No	No	—
No	No	No	—
Yes	Yes	Yes	9
No	Yes	Yes	6
No	No	No	—
No	Yes	Yes	3
No	No	No	—
Yes	Yes	Yes	2
No	No	No	—
No	No	No	—
No	No	Yes	. . .
No	No	No	—
Yes	Yes	Yes	9
No	No	No	—
No	Yes	No	1
No	No	No	—
Yes	No	Yes	2
Yes	Yes	Yes	. . .
No	No	No	—
Yes	Yes	Yes	3
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	0
No	No	Yes	10
No	No	No	—
Yes	Yes	Yes	5
No	No	No	—
No	No	No	—
No	No	No	—
No	Yes	Yes	2
No	No	No	—
No	No	Yes	5

Table 2.1.4

Regulation on smoke-free environments in Africa

! Data were not validated by country focal point in time for publication of this report.
[1] Except universities.
* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
^ Provincial, state, or local complete ban on tobacco smoking indoors in health care, educational or governmental facilities or workplaces including bars and restaurants.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	HEALTH-CARE FACILITIES	EDUCATIONAL FACILITIES[1]	UNIVERSITIES	GOVERNMENTAL FACILITIES
Algeria	Yes	Yes	No	No
Angola	Yes	No	No	No
Benin	Yes	Yes	No	No
Botswana	Yes	Yes	Yes	Yes
Burkina Faso	Yes	Yes	No	Yes
Burundi	No	No	No	No
Cameroon	Yes	Yes	Yes	No
Cape Verde	No	No	No	No
Central African Republic	Yes	Yes	Yes	Yes
Chad	Yes	Yes	Yes	Yes
Comoros	Yes	Yes	No	No
Congo	No	No	No	No
Côte d'Ivoire	Yes	Yes	No	No
Democratic Republic of the Congo	Yes	No	No	No
Equatorial Guinea	Yes	Yes	Yes	No
Eritrea	Yes	Yes	Yes	Yes
Ethiopia	No	No	No	No
Gabon	No	No	No	No
Gambia	Yes	Yes	Yes	Yes
Ghana	No	No	No	No
Guinea	Yes	Yes	Yes	Yes
Guinea-Bissau	No	No	No	No
Kenya	No	Yes	No	Yes
Lesotho	Yes	Yes	No	Yes
Liberia	No	No	No	No
Madagascar	Yes	Yes	Yes	Yes
Malawi	No	No	No	No
Mali	Yes	Yes	Yes	Yes
Mauritania	Yes	No	No	No
Mauritius	Yes	Yes	Yes	Yes
Mozambique	Yes	Yes	Yes	Yes
Namibia	No	No	No	Yes
Niger	Yes	Yes	Yes	Yes
Nigeria	Yes	Yes	Yes	Yes
Rwanda	No	No	No	No
Sao Tome and Principe	No	No	No	No
Senegal	Yes	No	No	No
Seychelles	Yes	Yes	. . .	Yes
Sierra Leone	No	No	No	No
South Africa	Yes	Yes	Yes	Yes
Swaziland	No	No	No	No
Togo	No	No	No	No
Uganda	Yes	Yes	Yes	Yes
United Republic of Tanzania	Yes	Yes	. . .	No
Zambia	Yes	Yes	No	No
Zimbabwe	Yes	Yes	Yes	Yes

Africa

INDOOR OFFICES	RESTAURANTS	PUBS AND BARS	OTHER INDOOR WORKPLACES	OVERALL ENFORCEMENT OF REGULATION ON SMOKE-FREE ENVIRONMENTS*	OTHER SUBNATIONAL MEASURES ON SMOKE-FREE ENVIRONMENTS^
Yes	No	No	Yes	3	No
No	No	No	No	1	No
Yes	No	No	Yes	1	No
Yes	Yes	Yes	Yes	5	Yes
Yes	No	No	No	2	No
No	No	No	No	—	No
No	No	No	No	0	No
No	No	No	No	—	No
No	No	No	No	1	No
No	No	No	No	0	No
No	No	No	No	4	No
No	No	No	No	—	No
No	No	No	No	2	No
No	No	No	No	1	No
No	No	No	No	3	No
Yes	No	No	Yes	5	No
No	No	No	No	—	No
No	No	No	No	—	No
Yes	No	No	Yes	3	No
No	No	No	No	—	No
Yes	Yes	Yes	Yes	0	No
No	No	No	No	—	No
No	No	No	No	5	No
No	No	No	No	. . .	No
No	No	No	No	—	No
Yes	No	No	Yes	3	No
No	No	No	No	—	. . .
Yes	No	No	Yes	0	No
No	No	No	No	0	No
Yes	No	No	Yes	6	No
Yes	No	No	No	. . .	No
No	No	No	No	. . .	No
Yes	Yes	Yes	Yes	0	No
Yes	No	No	. . .	0	Yes
No	No	No	No	—	No
No	No	No	No	—	No
No	No	No	No	0	No
No	No	No	No	7	No
No	No	No	No	—	No
Yes	No !	No !	Yes	5	Yes
No	No	No	No	—	No
No	No	No	No	—	No
Yes	Yes	Yes	Yes	6	Yes
No	No	No	. . .	3	No
Yes	No	No	Yes	. . .	No
Yes	No	No	Yes	6	No

Table 2.1.5
Regulation on packaging in Africa

[2] Including, but not limited to "low tar", "light", "ultra light", or "mild", in any language.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DECEITFUL TERMS[2]	PERCENTAGE OF PRINCIPAL DISPLAY AREA MANDATED TO BE COVERED BY A HEALTH WARNING	IF THE WARNING IS 30% OR MORE OF THE MAIN DISPLAY AREA…	
			DOES THE LAW MANDATE SPECIFIC WARNINGS?	IF SO, HOW MANY?
Algeria	No	15%	—	—
Angola	No	Not mandated	—	—
Benin	No	30%	Yes	1
Botswana	No	Not mandated	—	—
Burkina Faso	No	Not mandated	—	—
Burundi	No	. . .	. . .	. . .
Cameroon	No	50%	Yes	1
Cape Verde	No	Not mandated	—	—
Central African Republic	No	Not mandated	—	—
Chad	Yes	Not mandated	—	—
Comoros	No	Not mandated	—	—
Congo	No	Not mandated	—	—
Côte d'Ivoire	No	<30%	—	—
Democratic Republic of the Congo	No	30%	Yes	1
Equatorial Guinea	No	Not mandated	—	—
Eritrea	Yes	50%	Yes	5
Ethiopia	No	Not mandated	—	—
Gabon	No	. . .	. . .	. . .
Gambia	No	Not mandated	—	—
Ghana	No	5%	—	—
Guinea	No	Not mandated	—	—
Guinea-Bissau	No	Not mandated	—	—
Kenya	No	Not mandated	—	—
Lesotho	No	. . .	. . .	. . .
Liberia	No	Not mandated	—	—
Madagascar	No	50%	Yes	1
Malawi	No	Not mandated	—	—
Mali	Yes	Not mandated	—	—
Mauritania	No	Not mandated	—	—
Mauritius	No	Not mandated	—	—
Mozambique	Yes	30%	Yes	. . .
Namibia	No	Not mandated	—	—
Niger	Yes	30%	No	—
Nigeria	No	Not mandated	—	—
Rwanda	No	Not mandated	—	—
Sao Tome and Principe	No	Not mandated	—	—
Senegal	No	Not mandated	—	—
Seychelles	No	Not mandated	—	—
Sierra Leone	No	Not mandated	—	—
South Africa	Yes	37%	Yes	8
Swaziland	No	Not mandated	—	—
Togo	No	Not mandated	—	—
Uganda	No	Not mandated	—	—
United Republic of Tanzania	No	Not mandated	—	—
Zambia	Yes	Not mandated	—	—
Zimbabwe	No	40%	Yes	2

Africa

DO WARNINGS APPEAR ON EACH PACKAGE AND OUTSIDE PACKAGING?	DO WARNINGS DESCRIBE THE HARMFUL EFFECTS OF TOBACCO?	ARE WARNINGS LARGE, CLEAR, LEGIBLE AND VISIBLE?	ARE THE HEALTH WARNINGS ROTATING?	ARE HEALTH WARNINGS WRITTEN IN THE PRINCIPAL LANGUAGE OF THE COUNTRY?	DO WARNINGS INCLUDE A PICTURE?
—	—	—	—	—	—
—	—	—	—	—	—
Yes	No	No	No	No	No
—	—	—	—	—	—
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
Yes	No	Yes	No	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	No	Yes	No	No	No
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
—	—	—	—	—	—
Yes	Yes	No	No	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	. . .	. . .	Yes	. . .
—	—	—	—	—	—
No	No	No	No	No	No
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
No	Yes	Yes	No	No	No

Table 2.1.6

Support for treatment of tobacco dependence in Africa

[3] "Pharmacy with Rx" means that a prescription is required.
[4] "Most" means that availability of service is generally not an obstacle to treatment; "Some" means that low availability of treatment is often an obstacle to treatment.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	POPULATION WITH ACCESS TO A TOLL-FREE QUIT LINE	NICOTINE REPLACEMENT THERAPY		BUPROPION
		AVAILABLE	PLACE AVAILABLE[3]	AVAILABLE
Algeria	No	Yes	Pharmacy	No
Angola	No	No	—	No
Benin	No	Yes	Pharmacy	. . .
Botswana	No	Yes	Pharmacy with Rx	Yes
Burkina Faso	No	Yes	Pharmacy	No
Burundi	No	No	—	No
Cameroon	No	Yes	Pharmacy	Yes
Cape Verde	No	Yes	Pharmacy with Rx	No
Central African Republic	No	No	—	No
Chad	No	No	—	No
Comoros	No	No	—	No
Congo	No	Yes	Pharmacy	No
Côte d'Ivoire	No	Yes	Pharmacy	Yes
Democratic Republic of the Congo	No	Yes	Pharmacy	Yes
Equatorial Guinea	No	No	—	No
Eritrea	No	No	—	No
Ethiopia	No	No	—	No
Gabon	No	Yes	Pharmacy	Yes
Gambia	No	No	—	No
Ghana	No	No	—	No
Guinea	No	Yes	General store	Yes
Guinea-Bissau	No	No	—	No
Kenya	No	Yes	Pharmacy	Yes
Lesotho	No	Yes	Pharmacy	No
Liberia	No	No	—	No
Madagascar	No	Yes	Pharmacy	No
Malawi	No	No	—	No
Mali	No	Yes	General store	No
Mauritania	No	No	—	No
Mauritius	No	Yes	Pharmacy with Rx	Yes
Mozambique	No	No	—	No
Namibia	No	Yes	Pharmacy	Yes
Niger	No	Yes	Pharmacy	No
Nigeria	No	Yes	General store	Yes
Rwanda	No	No	—	No
Sao Tome and Principe	No	No	—	No
Senegal	Yes	Yes	Pharmacy	Yes
Seychelles	No	No	—	No
Sierra Leone	No	No	—	No
South Africa	Yes	Yes	Pharmacy	Yes
Swaziland	No	Yes	Pharmacy	Yes
Togo	No	Yes	Pharmacy with Rx	No
Uganda	No	No	—	No
United Republic of Tanzania	No	No	—	No
Zambia	No	Yes	Pharmacy with Rx	Yes
Zimbabwe	No	Yes	Pharmacy with Rx	No

Africa

	IS SMOKING CESSATION SUPPORT AVAILABLE IN…?[4]				
PLACE AVAILABLE[3]	PRIMARY CARE FACILITIES	HOSPITALS	OFFICES OF HEALTH PROFESSIONALS	COMMUNITY	OTHER
—	No	No	No	No	No
—	No	No	No	No	Yes, in some
. . .	No	No	No	No	No
Pharmacy with Rx	No	No	Yes, in some	Yes, in some	Yes, in some
—	No	No	Yes, in some	No	No
—	No	No	No	No	No
Pharmacy	Yes, in some	Yes, in some	No	No	No
—	No	No	No	Yes, in some	Yes, in some
—	No	Yes, in some	No	No	. . .
—	No	No	No	No	. . .
—	. . .	. . .	. . .	. . .	. . .
—	No	No	Yes, in some	No	No
Pharmacy	No	No	No	No	No
Pharmacy	No	No	Yes, in some	No	No
—	No	No	No	No	No
—	No	No	No	No	No
—	No	No	No	No	No
Pharmacy	No	No	No	No	No
—	No	No	No	No	No
—	Yes, in some	Yes, in some	Yes, in some	No	No
Pharmacy	No	No	No	No	. . .
—	No	No	No	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	. . .
—	Yes, in most	Yes, in some	Yes, in most	Yes, in some	Yes, in some
—	Yes, in most	Yes, in most	Yes, in most	No	No
—	No	No	Yes, in some	No	. . .
—	No	No	No	No	No
—	No	No	No	No	No
—	No	No	No	No	No
Pharmacy with Rx	No	No	Yes, in some	No	Yes, in some
—	No	Yes, in some	Yes, in some	Yes, in some	No
Pharmacy with Rx	No	No	No	No	No
—	No	No	No	No	. . .
General store	No	Yes, in some	Yes, in some	No	. . .
—	No	No	No	No	No
—	No	No	No	No	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	Yes, in some
—	No	Yes, in most	No	No	Yes, in most
—	No	No	No	No	No
Pharmacy	Yes, in most	Yes, in most	Yes, in most	Yes, in most	Yes, in most
Pharmacy with Rx	No	Yes, in some	Yes, in some	No	. . .
—	No	No	Yes, in some	No	No
—	. . .	Yes, in some	No	No	Yes, in some
—	No	Yes, in some	Yes, in some	No	. . .
Pharmacy with Rx	No	No	Yes, in some	Yes, in some	No
—	No	No	No	No	No

Table 2.1.7

Governmental programmes and agencies dedicated to tobacco control in Africa

. . .Data not reported/not available.
— Data not required/not applicable.

COUNTRY	ARE THERE NATIONAL OBJECTIVES ON TOBACCO CONTROL?	IS THERE A NATIONAL AGENCY FOR TOBACCO CONTROL? (IF YES, NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES)	
Algeria	Yes	Yes	2
Angola	No	No	—
Benin	Yes	Yes	1.5
Botswana	Yes	Yes	2
Burkina Faso	No	Yes	. . .
Burundi	No	No	—
Cameroon	Yes	Yes	9
Cape Verde	No	Yes	1.5
Central African Republic	No	Yes	2
Chad	Yes	Yes	11
Comoros	Yes	Yes	4
Congo	No	No	—
Côte d'Ivoire	Yes	Yes	6.5
Democratic Republic of the Congo	Yes	Yes	30
Equatorial Guinea	No	No	—
Eritrea	Yes	Yes	2
Ethiopia	No	Yes	4
Gabon	No	Yes	2
Gambia	No	Yes	1
Ghana	Yes	Yes	0.5
Guinea	Yes	Yes	5
Guinea-Bissau	No	No	—
Kenya	No	Yes	2
Lesotho	No	Yes	14
Liberia	No	No	—
Madagascar	Yes	Yes	11
Malawi	No	No	—
Mali	No	Yes	1
Mauritania	No	No	—
Mauritius	No	No	—
Mozambique	Yes	No	—
Namibia	No	No	—
Niger	No	Yes	2
Nigeria	Yes	Yes	58
Rwanda	No	Yes	2
Sao Tome and Principe	No	No	—
Senegal	Yes	Yes	8
Seychelles	No	Yes	1
Sierra Leone	No	No	—
South Africa	Yes	Yes	4
Swaziland	No	Yes	1
Togo	Yes	Yes	0.7
Uganda	No	No	—
United Republic of Tanzania	No	No	—
Zambia	No	Yes	5
Zimbabwe	No	Yes	1

Africa

WHAT IS THE OVERALL NATIONAL BUDGET FOR TOBACCO CONTROL ACTIVITIES?			
IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY UNIT (OR CURRENCY REPORTED)	IN USD, AT PURCHASING POWER PARITY, 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006
0	DZD	0	0
0	AOA	0	0
. . .	—	. . .	. . .
. . .	—	. . .	. . .
16 288 000	XOF	90 184	31 150
0	BIF	0	0
0	XAF	0	0
1 571 625	CVE	50 431	17 880
8 400 000	XAF	56 930	16 065
52 560 000	XOF	238 036	100 518
8 700 000	KMF	68 123	22 185
0	XAF	0	0
27 740 000	XOF	95 351	53 051
0	CDF	0	0
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
0	GMD	0	0
250 000 000	GHC	126 548	257 059
0	GNF	0	0
. . .	—	. . .	. . .
30 000	USD	. . .	30 000
41 500	LSL	26 680	6 130
. . .	—	. . .	. . .
34 306 000	MGA	54 024	16 014
. . .	—	. . .	. . .
3 000 000	XOF	14 670	5 737
. . .	—	. . .	. . .
355 000	MUR	30 491	11 199
. . .	—	. . .	. . .
. . .	—	. . .	. . .
18 000 000	XOF	113 450	34 424
55 000 000	NGN	635 531	418 984
38 400 000	RWF	329 784	69 602
. . .	—	. . .	. . .
50 000 000	XOF	236 071	95 622
20 000	USD	. . .	20 000
. . .	—	. . .	. . .
1 500 000	ZAR	492 392	221 566
. . .	—	. . .	. . .
20 000 000	XOF	165 100	38 249
2 000 000	UGX	5 334	1 092
14 000 000	TZS	. . .	11 183
6 057	USD	. . .	6 057
0	ZWN	0	0

	NOTES TO APPENDIX II (AFRICA)
Eritrea	Smoke-free environments: Following consultation and data review, it appears that legislation allows for designated smoking areas in restaurants; the country answer was tentatively changed.
Ghana	Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.
Mozambique	Treatment of tobacco dependence: The country did not specify whether treatment of tobacco dependence was available in "some" or "most" hospitals, offices of health professionals and communities. It was assumed that treatment of tobacco dependence was available in "some" of these places rather than in "most."
Senegal	Advertising, promotion and sponsorship: Although Senegal does not have a full ban on product placement in TV and films, product placement is banned in TV and films for youth audiences.
Seychelles	Tobacco taxes: Calculation includes a profit margin and will tend to underestimate the share of tobacco taxes in the price of the pack relative to other countries.
South Africa	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.

The Americas

Table 2.2.1

National/federal taxes per pack and retail price for a pack of 20 cigarettes in the Americas

! Data were not validated by country focal point in time for publication of this report.
Total may be different from the sum of the parts, due to rounding.
. . . Data not reported/not available.
— Data not required/not applicable.

	COUNTRY	PRICE OF A 20-CIGARETTE PACK OF MOST WIDELY CONSUMED BRAND		
		IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY (OR CURRENCY REPORTED)	IN INTERNATIONAL DOLLARS (USD AT PURCHASING POWER PARITY), 2006
	Antigua and Barbuda	5.50	XCD	2.52
	Argentina	3.40	ARA	3.21
	Bahamas	3.75	BSD	. . .
	Barbados	5.25	BBD	. . .
	Belize	7.00	BZD	6.39
	Bolivia	5.00	BOP	1.56
	Brazil	1.75	BRL	1.29
	Canada	8.35	CAD	6.71
	Chile	1 000.00	CLP	2.69
	Colombia	1 500.00	COP	1.70
	Costa Rica	500.00	CRC	2.16
!	Cuba	7.00	CUP	. . .
	Dominica	3.63	XCD	2.27
	Dominican Republic	76.00	DOP	6.31
	Ecuador	1.50	USD	. . .
	El Salvador	1.35	SVC	2.85
	Grenada	3.75	XCD	2.47
	Guatemala	10.00	GTQ	2.31
	Guyana	100.00	GYD	2.04
	Haiti	500.00	HTG	. . .
	Honduras	20.00	HNL	3.07
	Jamaica	291.25	JMD	5.06
	Mexico	16.00	MXN	2.10
	Nicaragua	14.59	NIC	3.32
	Panama	1.50	USD	2.41
	Paraguay	1 000.00	PYG	0.59
	Peru	3.80	PEN	2.34
	Saint Kitts and Nevis	8.00	XCD	4.27
	Saint Lucia	3.00	XCD	1.53
	Saint Vincent and the Grenadines	3.30	XCD	2.20
	Suriname	4.00	SRG	3.45
	Trinidad and Tobago	12.00	TTD	2.13
	United States of America	3.89	USD	3.89
	Uruguay	35.00	UYU	2.86
	Venezuela	3 200.00	VEB	1.66

	EXCISE TOBACCO TAX AS A % OF PRICE			
IN USD, AT OFFICIAL EXCHANGE RATES, 2006	SPECIFIC EXCISE	AD VALOREM EXCISE	IMPORT DUTIES	TOTAL[#]
2.04	. . .	. . .	. . .	. . .
1.11	—	61%	—	61%
3.75	. . .	. . .	. . .	. . .
2.63	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
0.62	—	30%	—	30%
0.81	32%	—	—	32%
7.39	20%	—	—	20%
1.89	—	60%	—	60%
0.64	—	36%	—	36%
0.98	—	45%	—	45%
. . .	22%	—	—	22%
1.34	12%	7%	—	19%
2.28	. . .	. . .	. . .	. . .
1.50	—	47%	—	47%
0.15	7%	26%	—	33%
1.39	. . .	. . .	. . .	. . .
1.32	—	47%	—	47%
0.50	—	32%	32%	64%
. . .	. . .	. . .	. . .	. . .
1.06	—	19%	—	19%
4.68	16%	15%	24%	54%
1.47	51%	13%	—	64%
0.83	—	27%	—	27%
1.50	—	22%	—	22%
0.16	—	10%	—	10%
1.16	—	19%	—	19%
2.96	—	—	13%	13%
1.11	. . .	. . .	. . .	. . .
1.22	2%	—	—	2%
1.46	—	38%	19%	57%
1.90	7%	—	28%	35%
3.89	10%	—	—	10%
1.45	—	70%	—	70%
1.49	—	38%	—	38%

Table 2.2.2
Advertising ban at the national/federal level in the Americas

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DIRECT ADVERTISING		
	NATIONAL TV AND RADIO	INTERNATIONAL TV AND RADIO	LOCAL MAGAZINES AND NEWSPAPERS
Antigua and Barbuda	No	No	No
Argentina	No	No	No
Bahamas	Yes	No	Yes
Barbados	No	No	No
Belize	No	No	No
Bolivia	No	No	No
Brazil	Yes	No	Yes
Canada	Yes	No	No
Chile	Yes	Yes	Yes
Colombia	No	No	No
Costa Rica	No	No	No
! Cuba	No	No	No
Dominica	No	No	No
Dominican Republic	No	No	No
Ecuador	No	No	No
El Salvador	No	No	No
Grenada	No	No	No
Guatemala	No	No	No
Guyana	No	No	No
Haiti	No	No	No
Honduras	No	No	No
Jamaica	Yes	No	No
Mexico	Yes	No	No
Nicaragua	No	No	No
Panama	No	No	No
Paraguay	No	No	No
Peru	Yes	No	No
Saint Kitts and Nevis	No	No	No
Saint Lucia	No	No	No
Saint Vincent and the Grenadines	No	No	No
Suriname	No	No	No
Trinidad and Tobago	No	No	No
United States of America	Yes	No	No
Uruguay	No	No	No
Venezuela	Yes	Yes	No

The Americas

INTERNATIONAL MAGAZINES AND NEWSPAPERS	BILLBOARD AND OUTDOOR ADVERTISING	POINT OF SALE	INTERNET	OVERALL ENFORCEMENT OF BAN ON DIRECT ADVERTISING*	OTHER SUBNATIONAL BANS ON ADVERTISING
No	No	No	No	—	. . .
No	No	No	No	—	Yes
No	Yes	Yes	No	. . .	. . .
No	No	No	No	—	. . .
No	No	No	. . .	. . .	No
No	No	No	No	—	Yes
No	Yes	No	Yes	10	No
No	Yes	No	No	. . .	No
Yes	Yes	No	Yes	. . .	No
No	No	No	No	—	No
No	No	No	No	—	No
No	No	No	No	—	No
No	No	No	No	—	. . .
No	No	No	No	—	No
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	—	No
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	. . .	. . .
No	No	No	No	9	Yes
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	—	No
No	No	No	No	9	. . .
No	No	No	. . .	. . .	. . .
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	—	No
No	No	No	No	—	. . .
No	No	No	No	6	Yes
No	No	No	No	—	No
No	Yes	No	No	. . .	. . .

Table 2.2.3

Ban on promotion and sponsorship in the Americas

* Based on a score of 0–10, where 0 is low enforcement/ compliance. Refer to Technical Note I for more information.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

	COUNTRY	FREE DISTRIBUTION IN MAIL OR BY OTHER MEANS	PROMOTIONAL DISCOUNTS	NON-TOBACCO PRODUCTS IDENTIFIED WITH TOBACCO BRAND NAMES
	Antigua and Barbuda	No	No	No
	Argentina	No	No	No
	Bahamas	Yes	Yes	Yes
	Barbados	No	No	No
	Belize	. . .	. . .	No
	Bolivia	No	No	No
	Brazil	Yes	No	Yes
	Canada	Yes	No	No
	Chile	Yes	Yes	Yes
	Colombia	No	No	No
	Costa Rica	No	No	Yes
!	Cuba	No	No	No
	Dominica	No	No	No
	Dominican Republic	No	No	No
	Ecuador	No	No	No
	El Salvador	No	No	No
	Grenada	No	No	No
	Guatemala	Yes	No	No
	Guyana	No	No	No
	Haiti	No	No	No
	Honduras	No	No	No
	Jamaica	No	No	No
	Mexico	No	No	No
	Nicaragua	No	No	No
	Panama	No	No	No
	Paraguay	No	No	No
	Peru	No	No	No
	Saint Kitts and Nevis	No	No	No
	Saint Lucia	No	No	No
	Saint Vincent and the Grenadines	No	No	No
	Suriname	No	No	No
	Trinidad and Tobago	No	No	No
	United States of America	No	No	No
	Uruguay	No	No	No
	Venezuela	Yes	Yes	Yes

BRAND NAME OF NON-TOBACCO PRODUCTS USED FOR TOBACCO PRODUCTS	APPEARANCE OF TOBACCO PRODUCTS IN TV AND/OR FILMS	SPONSORED EVENTS	OVERALL ENFORCEMENT OF BAN ON PROMOTION*
No	No	No	—
No	No	No	—
Yes	No	Yes	. . .
No	No	No	—
. . .	No	No	. . .
No	No	. . .	. . .
No	No	Yes	6
No	No	Yes	. . .
Yes	Yes	Yes	. . .
No	No	No	—
No	No	No	10
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	4
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
No	No	No	—
Yes	No	No	. . .

Table 2.2.4

Regulation on smoke-free environments in the Americas

[1] Except universities.
* Based on a score of 0–10, where 0 is low enforcement/ compliance. Refer to Technical Note I for more information.
^ Provincial, state, or local complete ban on tobacco smoking indoors in health care, educational or governmental facilities or workplaces including bars and restaurants.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	HEALTH-CARE FACILITIES	EDUCATIONAL FACILITIES[1]	UNIVERSITIES	GOVERNMENTAL FACILITIES
Antigua and Barbuda	No	No	No	No
Argentina	No	No	No	No
Bahamas	No	No	No	No
Barbados	No	No	No	No
Belize	No	. . .	No	. . .
Bolivia	Yes	Yes	Yes	Yes
Brazil	No	No	No	No
Canada	No	No	No	No
Chile	Yes	Yes	No	No
Colombia	No	No	No	No
Costa Rica	No	Yes	No	No
! Cuba	No	Yes	Yes	No
Dominica	No	No	No	No
Dominican Republic	No	Yes	Yes	No
Ecuador	Yes	Yes	Yes	Yes
El Salvador	Yes	No	No	No
Grenada	No	No	No	No
Guatemala	Yes	No	No	Yes
Guyana	Yes	No	No	No
Haiti	No	No	No	No
Honduras	No	Yes	Yes	Yes
Jamaica	No	No	No	No
Mexico	No	No	No	No
Nicaragua	Yes	No	No	No
Panama	Yes	Yes	No	Yes
Paraguay	Yes	Yes	No	No
Peru	Yes	Yes	Yes	Yes
Saint Kitts and Nevis	No	No	No	No
Saint Lucia	Yes	Yes	No	Yes
Saint Vincent and the Grenadines	No	No	No	No
Suriname	No	No	No	No
Trinidad and Tobago	Yes	Yes	No	Yes
United States of America	No	No	No	No
Uruguay	Yes	Yes	Yes	Yes
Venezuela	Yes	Yes	No	No

INDOOR OFFICES	RESTAURANTS	PUBS AND BARS	OTHER INDOOR WORKPLACES	OVERALL ENFORCEMENT OF REGULATION ON SMOKE-FREE ENVIRONMENTS*	OTHER SUBNATIONAL MEASURES ON SMOKE-FREE ENVIRONMENTS^
No	No	No	No	—	. . .
No	No	No	No	—	Yes
No	No	No	No	—	. . .
No	No	No	No	—	. . .
. . .	No	No	Yes	. . .	No
No	No	No	No	2	. . .
No	No	No	No	—	No
No	No	No	No	—	Yes
No	No	No	No	10	. . .
No	No	No	No	—	Yes
No	No	No	Yes	7	. . .
No	No	No	No	5	No
No	No	No	No	—	. . .
No	No	No	Yes	. . .	No
No	Yes	No	Yes	. . .	. . .
. . .	No	No	No	4	. . .
No	No	No	No	—	. . .
No	No	No	No	4	. . .
No	No	No	No	. . .	No
No	No	No	No	—	. . .
No	No	No	No	2	. . .
No	No	No	No	—	. . .
No	No	No	No	—	. . .
No	No	No	No	6	. . .
No	No	No	No	5	. . .
No	No	No	No	5	. . .
No	No	No	No	5	. . .
No	No	No	No	—	. . .
No	No	No	No	. . .	. . .
No	No	No	No	—	. . .
No	No	No	No	—	No
No	No	No	No	7	. . .
No	No	No	No	—	Yes
Yes	Yes	Yes	Yes	10	No
No	No	No	Yes	. . .	. . .

Table 2.2.5

Regulation on packaging in the Americas

[2] Including, but not limited to "low tar", "light", "ultra light", or "mild", in any language.

! Data were not validated by country focal point in time for publication of this report.

. . . Data not reported/not available.

— Data not required/not applicable.

	COUNTRY	BAN ON DECEITFUL TERMS[2]	PERCENTAGE OF PRINCIPAL DISPLAY AREA MANDATED TO BE COVERED BY A HEALTH WARNING	IF THE WARNING IS 30% OR MORE OF THE MAIN DISPLAY AREA…	
				DOES THE LAW MANDATE SPECIFIC WARNINGS?	IF SO, HOW MANY?
	Antigua and Barbuda	No	Not mandated	—	—
	Argentina	No	Not mandated	—	—
	Bahamas	No	Not mandated	—	—
	Barbados	No	Not mandated	—	—
	Belize	No	Not mandated	—	—
	Bolivia	No	Not mandated	—	—
	Brazil	Yes	50%	Yes	10
	Canada	Yes	50%	Yes	16
	Chile	Yes	50%	Yes	1
	Colombia	No	10%	—	—
	Costa Rica	No	Not mandated	—	—
!	Cuba	Yes	30%	Yes	4
	Dominica	No	Not mandated	—	—
	Dominican Republic	No	Not mandated	—	—
	Ecuador	No	40%	Yes	3
	El Salvador	No	Not mandated	—	—
	Grenada	No	Not mandated	—	—
	Guatemala	No	25%	—	—
	Guyana	No	50%	Yes	1
	Haiti	No	Not mandated	—	—
	Honduras	No	20%	—	—
	Jamaica	Yes	33%	Yes	12
	Mexico	No	25%	—	—
	Nicaragua	No	25%	—	—
	Panama	No	50%	Yes	1
	Paraguay	No	Not mandated	—	—
	Peru	Yes	25%	—	—
	Saint Kitts and Nevis	No	Not mandated	—	—
	Saint Lucia	No	Not mandated	—	—
	Saint Vincent and the Grenadines	No	Not mandated	—	—
	Suriname	No	Not mandated	—	—
	Trinidad and Tobago	No	Not mandated	—	—
	United States of America	No	Not mandated	—	—
	Uruguay	Yes	50%	Yes	8
	Venezuela	Yes	33%	Yes	10

DO WARNINGS APPEAR ON EACH PACKAGE AND OUTSIDE PACKAGING?	DO WARNINGS DESCRIBE THE HARMFUL EFFECTS OF TOBACCO?	ARE WARNINGS LARGE, CLEAR, LEGIBLE AND VISIBLE?	ARE THE HEALTH WARNINGS ROTATING?	ARE HEALTH WARNINGS WRITTEN IN THE PRINCIPAL LANGUAGE OF THE COUNTRY?	DO WARNINGS INCLUDE A PICTURE?
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	No	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	No	Yes	. . .	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	. . .	Yes	Yes
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes
Yes	Yes	Yes	Yes	Yes	Yes

Table 2.2.6

Support for treatment of tobacco dependence in the Americas

[3] "Pharmacy with Rx" means that a prescription is required.
[4] "Most" means that availability of service is generally not an obstacle to treatment; "Some" means that low availability of treatment is often an obstacle to treatment.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	POPULATION WITH ACCESS TO A TOLL-FREE QUIT LINE	NICOTINE REPLACEMENT THERAPY		BUPROPION
		AVAILABLE	PLACE AVAILABLE[3]	AVAILABLE
Antigua and Barbuda	No	Yes	Pharmacy	Yes
Argentina	Yes	Yes	Pharmacy	Yes
Bahamas	No	Yes	General store	Yes
Barbados	No	Yes	Pharmacy	No
Belize	No	Yes	Pharmacy	No
Bolivia	No	Yes	Pharmacy	No
Brazil	Yes	Yes	Pharmacy	Yes
Canada	Yes	Yes	Pharmacy	Yes
Chile	No	Yes	Pharmacy with Rx	Yes
Colombia	No	Yes	Pharmacy	Yes
Costa Rica	No	Yes	Pharmacy	Yes
! Cuba	Yes	No	—	No
Dominica	No	Yes	Pharmacy	Yes
Dominican Republic	No	Yes	Pharmacy with Rx	No
Ecuador	No	No	—	Yes
El Salvador	No	Yes	Pharmacy with Rx	Yes
Grenada	No	Yes	Pharmacy with Rx	Yes
Guatemala	No	Yes	Pharmacy with Rx	Yes
Guyana	No	Yes	Pharmacy	Yes
Haiti	Yes	Yes	Pharmacy with Rx	No
Honduras	Yes	Yes	Pharmacy	Yes
Jamaica	No	Yes	Pharmacy	Yes
Mexico	No	Yes	Pharmacy	Yes
Nicaragua	No	Yes	Pharmacy with Rx	No
Panama	No	Yes	Pharmacy	Yes
Paraguay	No	No	—	Yes
Peru	No	Yes	General store	Yes
Saint Kitts and Nevis	No	Yes	Pharmacy	. . .
Saint Lucia	No	. . .	. . .	. . .
Saint Vincent and the Grenadines	No	Yes	Pharmacy with Rx	No
Suriname	No	Yes	Pharmacy	No
Trinidad and Tobago	. . .	Yes	Pharmacy	Yes
United States of America	Yes	Yes	General store	Yes
Uruguay	Yes	Yes	Pharmacy	Yes
Venezuela	No	Yes	Pharmacy	Yes

	IS SMOKING CESSATION SUPPORT AVAILABLE IN…?[4]				
PLACE AVAILABLE[3]	PRIMARY CARE FACILITIES	HOSPITALS	OFFICES OF HEALTH PROFESSIONALS	COMMUNITY	OTHER
Pharmacy with Rx	No	No	Yes, in some	No	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	Yes, in some
Pharmacy with Rx	Yes, in most	Yes, in most	Yes, in most	Yes, in most	. . .
—	No	No	No	No	. . .
—	No	No	No	No	. . .
—	No	No	Yes, in some	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	Yes, in most
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	Yes, in some
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	. . .
Pharmacy	No	No	Yes, in some	Yes, in some	Yes, in some
—	Yes, in most	Yes, in some	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	Yes, in most	Yes, in most	No	Yes, in some	. . .
—	No	No	Yes, in most	No	. . .
Pharmacy with Rx	No	Yes, in some	Yes, in some	No	. . .
Pharmacy with Rx	No	Yes, in some	Yes, in some	Yes, in some	No
Pharmacy with Rx	No	No	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	No	Yes, in some	Yes, in some	No	No
Pharmacy with Rx	No	Yes, in some	Yes, in some	No	Yes, in some
—	No	No	No	No	. . .
Pharmacy with Rx	No	Yes, in some	Yes, in some	No	Yes, in some
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	Yes, in most	Yes, in some	Yes, in some	Yes, in some	No
—	Yes, in most	Yes, in most	Yes, in most	No	No
Pharmacy with Rx	Yes, in some	No	Yes, in some	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	No	No	Yes, in some	Yes, in some	No
. . .	No	No	No	No	No
. . .	No	No	Yes, in some	No	. . .
—	No	Yes, in some	Yes, in most	Yes, in some	. . .
—	Yes, in most	Yes, in most	Yes, in most	Yes, in some	. . .
Pharmacy with Rx	No	No	Yes, in some	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	Yes, in some

Table 2.2.7

Governmental programmes and agencies dedicated to tobacco control in the Americas

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	ARE THERE NATIONAL OBJECTIVES ON TOBACCO CONTROL?	IS THERE A NATIONAL AGENCY FOR TOBACCO CONTROL? (IF YES, NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES)?	
Antigua and Barbuda	No	No	—
Argentina	Yes	Yes	13
Bahamas	No	No	—
Barbados	No	Yes	0
Belize	Yes	Yes	2.5
Bolivia	Yes	Yes	2
Brazil	Yes	Yes	30.5
Canada	Yes	Yes	179
Chile	No	Yes	1.75
Colombia	No	Yes	. . .
Costa Rica	Yes	Yes	. . .
! Cuba	Yes	Yes	3
Dominica	No	Yes	3
Dominican Republic	No	No	—
Ecuador	No	Yes	2
El Salvador	Yes	Yes	. . .
Grenada	No	Yes	. . .
Guatemala	Yes	Yes	3
Guyana	No	Yes	. . .
Haiti	No	Yes	0
Honduras	No	Yes	. . .
Jamaica	Yes	Yes	2.8
Mexico	Yes	Yes	. . .
Nicaragua	Yes	Yes	. . .
Panama	Yes	Yes	. . .
Paraguay	Yes	Yes	6
Peru	Yes	Yes	. . .
Saint Kitts and Nevis	No	No	—
Saint Lucia	No	No	—
Saint Vincent and the Grenadines	No	No	—
Suriname	Yes	Yes	. . .
Trinidad and Tobago	No	No	—
United States of America	Yes	Yes	. . .
Uruguay	Yes	Yes	6
Venezuela	Yes	Yes	3

NOTES TO APPENDIX II (THE AMERICAS)

Argentina	Smoke-free environments: Although Argentina lacks smoke-free legislation at the national level, an estimated 20% of Argentineans live in completely smoke-free jurisdictions as a result of sub national laws.
Canada	Health warnings: Despite wide and diversified use of many pictorial warnings in Canada, rotation of warnings is not specifically mentioned in the law.
	Tobacco taxes: Tax data includes only federal taxes on tobacco. Calculation of the share of taxes as a percent of price includes the federal excise tax of 16.41 CAD per 200 cigarettes. Including provincial taxes in the calculation would result in taxes covering approximately 75% of the pack price.
	Smoke-free environments: Although Canada lacks smoke-free legislation at the national level, over 90 % of the Canadian population live in completely smoke-free jurisdictions as a result of sub national laws. The Canadian Federal government does not have the power to pass smoke-free legislation in all public places.
	Treatment of tobacco dependence: Although Canada lacks universal provision of treatment of tobacco dependence at the national level, many provinces offer support for treatment locally.

WHAT IS THE OVERALL NATIONAL BUDGET FOR TOBACCO CONTROL ACTIVITIES?			
IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY UNIT (OR CURRENCY REPORTED)	IN USD, AT PURCHASING POWER PARITY, 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006
...	—	...	...
867 000	USD	...	867 000
...	—	...	...
...	—	...	...
12 400	USD	...	12 400
...	—	...	...
10 000 000	BRL	7 355 005	4 608 295
72 600 000	CAD	58 321 212	64 247 788
414 000 000	CLP	1 114 541	780 720
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
0	DOP	0	0
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
6 417 253	JMD	111 589	103 039
...	—	...	...
...	—	...	...
...	—	...	...
209 000 000	PYG	123 766	33 830
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
10 000 000 000	VRB	5 192 424	4 657 662

NOTES TO APPENDIX II (THE AMERICAS)

Guyana
Treatment of tobacco dependence: The country did not specify whether treatment of tobacco dependence was available in "some" or "most" hospitals. It was assumed that treatment of tobacco dependence was available only in "some" and not in "most" hospitals.

Mexico
Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit. Excise tobacco tax as a share of price was calculated by the Instituto Nacional de Salud Pública de México.

Panama
Advertising, promotion and sponsorship: Although some forms of outdoor advertising for tobacco products are not banned, advertising on billboards is banned.

United States
Tobacco taxes: Tax data includes only federal taxes on tobacco. Including state level taxes in the calculation would result in a significantly higher share of taxes in pack price for many states.

Uruguay
Advertising, promotion and sponsorship: Although the free distribution of tobacco products is not banned in general, there is a ban on the free distribution of tobacco products to minors (defined as those under 18 years old).

Trinidad and Tobago
Full-time equivalent employees in tobacco control: While response was not required, Trinidad and Tobago reports 3.5 full-time equivalent staff working in the national tobacco control programme.

Eastern Mediterranean

Table 2.3.1
National/federal taxes per pack and retail price for a pack of 20 cigarettes in the Eastern Mediterranean

! Data were not validated by country focal point in time for publication of this report.
Total may be different from the sum of the parts, due to rounding.
. . . Data not reported/not available.
— Data not required/not applicable.
> Refers to a territory.

	COUNTRY	PRICE OF A 20-CIGARETTE PACK OF MOST WIDELY CONSUMED BRAND		
		IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY (OR CURRENCY REPORTED)	IN INTERNATIONAL DOLLARS (USD AT PURCHASING POWER PARITY), 2006
	Afghanistan	60.00	AFN	. . .
	Bahrain	1.50	USD	. . .
	Djibouti	100.00	DJF	1.37
	Egypt	2.50	EGP	1.42
	Iran (Islamic Republic of)	5 500.00	IRR	1.59
	Iraq	3 500.00	IQD	. . .
	Jordan	1.25	JOD	4.16
	Kuwait	0.45	KWD	1.27
	Lebanon	750.00	LBP	0.50
	Libyan Arab Jamahiriya	1.00	LYD	. . .
	Morocco	17.50	MAD	5.32
	Oman	0.60	OMR	. . .
	Pakistan	15.25	PKR	0.80
	Qatar	6.00	QAR	. . .
!	Saudi Arabia	5.00	SAR	1.65
!	Somalia	0.40	SOS	. . .
	Sudan	5.00	SDG	5.38
	Syrian Arab Republic	30.00	SYP	1.30
	Tunisia	1.65	TND	3.72
!	United Arab Emirates	1.50	AED	0.36
	West Bank and Gaza Strip>	2.50	USD	. . .
	Yemen	130.00	YER	0.74

Table 2.3.2
Advertising ban at the national/federal level in the Eastern Mediterranean

	COUNTRY	BAN ON DIRECT ADVERTISING		
		NATIONAL TV AND RADIO	INTERNATIONAL TV AND RADIO	LOCAL MAGAZINES AND NEWSPAPERS
	Afghanistan	Yes	No	Yes
	Bahrain	Yes	No	No
	Djibouti	Yes	Yes	Yes
	Egypt	Yes	Yes	Yes
	Iran (Islamic Republic of)	Yes	Yes	Yes
	Iraq	Yes	Yes	Yes
	Jordan	Yes	No	Yes
	Kuwait	Yes	No	Yes
	Lebanon	No	No	No
	Libyan Arab Jamahiriya	Yes	No	Yes
	Morocco	Yes	Yes	Yes
	Oman	No	No	No
	Pakistan	No	No	No
	Qatar	Yes	No	Yes
!	Saudi Arabia	Yes	No	Yes
!	Somalia	No	No	No
	Sudan	Yes	No	Yes
	Syrian Arab Republic	Yes	Yes	Yes
	Tunisia	Yes	Yes	Yes
!	United Arab Emirates	Yes	No	Yes
	West Bank and Gaza Strip>	Yes	Yes	No
	Yemen	Yes	Yes	Yes

	EXCISE TOBACCO TAX AS A % OF PRICE			
IN USD, AT OFFICIAL EXCHANGE RATES, 2006	SPECIFIC EXCISE	AD VALOREM EXCISE	IMPORT DUTIES	TOTAL[#]
1.21	—	—	9%	9%
1.50	35%	32%	—	68%
0.56	—	29%	18%	47%
0.43	58%	—	—	58%
0.60	—	10%	—	10%
2.38	—	—	29%	29%
1.79	18%	20%	—	39%
1.55	—	32%	36%	68%
0.50	—	48%	—	48%
0.76	—	2%	—	2%
1.99	—	50%	—	50%
1.58	—	—	50%	50%
0.25	. . .	. . .	. . .	. . .
1.65	33%	—	33%	67%
1.34	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
2.30	. . .	. . .	. . .	. . .
2.67	—	25%	—	25%
1.24	. . .	. . .	. . .	. . .
0.41	. . .	. . .	. . .	. . .
2.50	. . .	. . .	. . .	. . .
0.68	—	47%	—	47%

INTERNATIONAL MAGAZINES AND NEWSPAPERS	BILLBOARD AND OUTDOOR ADVERTISING	POINT OF SALE	INTERNET	OVERALL ENFORCEMENT OF BAN ON DIRECT ADVERTISING*	OTHER SUBNATIONAL BANS ON ADVERTISING
No	Yes	No	No	5	Yes
No	No	No	No	5	No
Yes	Yes	Yes	Yes	9	No
Yes	Yes	No	No	10	No
Yes	Yes	Yes	Yes	10	No
Yes	Yes	Yes	Yes	0	No
No	Yes	Yes	No	10	No
No	Yes	Yes	No	5	. . .
No	No	No	No	—	No
No	Yes	No	No	6	No
Yes	Yes	Yes	No	. . .	No
No	No	No	No	—	No
No	No	No	No	—	Yes
No	Yes	Yes	No	9	No
Yes	Yes	No	No	5	Yes
No	No	No	No	—	No
No	Yes	Yes	No	9	No
Yes	Yes	Yes	Yes	10	No
Yes	Yes	No	No	8	No
No	Yes	Yes	No	9	Yes
No	No	No	No	2	No
Yes	Yes	Yes	Yes	3	No

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
> Refers to a territory.

Table 2.3.3
Ban on promotion and sponsorship in the Eastern Mediterranean

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
> Refers to a territory.

COUNTRY	FREE DISTRIBUTION IN MAIL OR BY OTHER MEANS	PROMOTIONAL DISCOUNTS	NON-TOBACCO PRODUCTS IDENTIFIED WITH TOBACCO BRAND NAMES
Afghanistan	No	No	No
Bahrain	No	No	No
Djibouti	Yes	Yes	Yes
Egypt	Yes	No	Yes
Iran (Islamic Republic of)	Yes	Yes	Yes
Iraq	No	No	No
Jordan	Yes	Yes	Yes
Kuwait	Yes	Yes	Yes
Lebanon	No	No	No
Libyan Arab Jamahiriya	No	No	No
Morocco	Yes	No	No
Oman	No	No	No
Pakistan	Yes	No	No
Qatar	Yes	Yes	Yes
! Saudi Arabia	Yes	Yes	Yes
! Somalia	No	No	No
Sudan	Yes	Yes	Yes
Syrian Arab Republic	Yes	Yes	Yes
Tunisia	Yes	Yes	Yes
! United Arab Emirates	Yes	Yes	Yes
West Bank and Gaza Strip>	No	No	No
Yemen	Yes	Yes	Yes

Table 2.3.4
Regulation on smoke-free environments in the Eastern Mediterranean

COUNTRY	HEALTH-CARE FACILITIES	EDUCATIONAL FACILITIES[1]	UNIVERSITIES	GOVERNMENTAL FACILITIES
Afghanistan	No	No	No	No
Bahrain	Yes	Yes	Yes	Yes
Djibouti	Yes	Yes	Yes	Yes
Egypt	Yes	Yes	Yes	Yes
Iran (Islamic Republic of)	Yes	Yes	Yes	Yes
Iraq	No	No	No	No
Jordan	Yes	Yes	Yes	No
Kuwait	Yes	Yes	Yes	Yes
Lebanon	No	No	No	No
Libyan Arab Jamahiriya	Yes	Yes	Yes	Yes
Morocco	Yes	Yes	Yes	Yes
Oman	Yes	Yes	Yes	Yes
Pakistan	Yes	Yes	Yes	Yes
Qatar	No	No	No	No
! Saudi Arabia	Yes	Yes	Yes	Yes
! Somalia	No	No	. . .	Yes
Sudan	No	Yes	No	No
Syrian Arab Republic	No	No	No	No
Tunisia	No	No	No	No
! United Arab Emirates	Yes	Yes	Yes	Yes
West Bank and Gaza Strip>	Yes	Yes	Yes	Yes
Yemen	Yes	Yes	Yes	Yes

Eastern Mediterranean

BRAND NAME OF NON-TOBACCO PRODUCTS USED FOR TOBACCO PRODUCTS	APPEARANCE OF TOBACCO PRODUCTS IN TV AND/OR FILMS	SPONSORED EVENTS	OVERALL ENFORCEMENT OF BAN ON PROMOTION*
No	Yes	No	1
No	No	Yes	6
Yes	Yes	Yes	5
No	No	Yes	10
Yes	Yes	Yes	10
No	Yes	No	0
Yes	Yes	Yes	9
Yes	Yes	Yes	9
No	No	No	—
No	No	No	—
No	Yes	Yes	. . .
No	No	No	—
No	Yes	Yes	4
Yes	Yes	Yes	8
Yes	Yes	No	5
No	No	No	—
Yes	Yes	Yes	1
Yes	No	Yes	10
Yes	Yes	Yes	8
Yes	Yes	Yes	4
No	No	No	—
Yes	Yes	Yes	5

INDOOR OFFICES	RESTAURANTS	PUBS AND BARS	OTHER INDOOR WORKPLACES	OVERALL ENFORCEMENT OF REGULATION ON SMOKE-FREE ENVIRONMENTS*	OTHER SUBNATIONAL MEASURES ON SMOKE-FREE ENVIRONMENTS^
No	No	No	No	—	No
Yes	No	No	Yes	3	No
Yes	No	No	No	0	No
Yes	No	No	Yes	3	Yes
Yes	Yes	Yes	Yes	5	No
No	No	No	No	—	No
Yes	No	No	No	4	Yes
Yes	Yes	No	Yes	5	No
No	No	No	No	—	No
Yes	No	—	No	1	No
Yes	No	No	Yes	. . .	No
No	No	No	No	8	No
Yes	Yes	—	Yes	2	Yes
No	No	No	No	—	No
No	No	. . .	No	0	Yes
Yes	No	No	No	3	No
No	No	No	Yes	0	No
No	No	No	No	—	No
No	No	No	. . .	—	No
Yes	No	No	No	3	No
Yes	Yes	No	No	1	No
Yes	Yes	No	No	2	No

[1] Except universities.
* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
^ Provincial, state, or local complete ban on tobacco smoking indoors in health care, educational or governmental facilities or workplaces including bars and restaurants.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
> Refers to a territory.

Table 2.3.5
Regulation on packaging in the Eastern Mediterranean

[2] Including, but not limited to "low tar", "light", "ultra light", or "mild", in any language.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
[>] Refers to a territory.

COUNTRY	BAN ON DECEITFUL TERMS[2]	PERCENTAGE OF PRINCIPAL DISPLAY AREA MANDATED TO BE COVERED BY A HEALTH WARNING	IF THE WARNING IS 30% OR MORE OF THE MAIN DISPLAY AREA…	
			DOES THE LAW MANDATE SPECIFIC WARNINGS?	IF SO, HOW MANY?
Afghanistan	No	Not mandated	—	—
Bahrain	No	Not mandated	—	—
Djibouti	Yes	50%	Yes	1
Egypt	Yes	50%	Yes	1
Iran (Islamic Republic of)	Yes	50%	Yes	. . .
Iraq	No	Not mandated	—	—
Jordan	No	30%	Yes	1
Kuwait	No	Not mandated	—	—
Lebanon	No	15%	—	—
Libyan Arab Jamahiriya	No	25%	—	—
Morocco	No	1%	—	—
Oman	No	Not mandated	—	—
Pakistan	No	30%	Yes	1
Qatar	Yes	30%	Yes	4
! Saudi Arabia	No	Not mandated	—	—
! Somalia	No	Not mandated	—	—
Sudan	No	30%	Yes	. . .
Syrian Arab Republic	Yes	30%	Yes	1
Tunisia	Yes	5%	—	—
! United Arab Emirates	No	Not mandated	—	—
West Bank and Gaza Strip[>]	No	20%	—	—
Yemen	No	33%	No	—

Eastern Mediterranean

DO WARNINGS APPEAR ON EACH PACKAGE AND OUTSIDE PACKAGING?	DO WARNINGS DESCRIBE THE HARMFUL EFFECTS OF TOBACCO?	ARE WARNINGS LARGE, CLEAR, LEGIBLE AND VISIBLE?	ARE THE HEALTH WARNINGS ROTATING?	ARE HEALTH WARNINGS WRITTEN IN THE PRINCIPAL LANGUAGE OF THE COUNTRY?	DO WARNINGS INCLUDE A PICTURE?
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	No	Yes	Yes
Yes	No	Yes	No	Yes	No
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
Yes	Yes	Yes	No	Yes	Yes
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
No	Yes	Yes	No	Yes	No
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	No	No	Yes	No
Yes	Yes	Yes	No	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
No	Yes	No	No	Yes	No

NOTES APPENDIX II (EASTERN MEDITERRANEAN)

Afghanistan Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Bahrain Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Djibouti Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Egypt Health warnings: At the time of printing, a law requiring pictorial warnings on cigarette packages had been approved by the government but had not been implemented.

Iran Health warnings: At the time of printing, a law requiring pictorial warnings on cigarette packages had been approved by the government but had not been fully implemented.

Smoke-free environments: Iran's comprehensive smoke-free legislation was recently enacted; implementation and enforcement are underway but not yet optimized.

Full-time equivalent employees in tobacco control: In addition to the 10 full-time equivalent employees, there are some 5 000 inspectors with additional health duties.

Iraq Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Jordan Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Kuwait Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Oman Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Qatar Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Saudi Arabia Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Somalia Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Sudan Tobacco taxes: The price of a 20-cigarette pack of Marlboro brand is presented here rather than the price of the most popular local brand.

Treatment of tobacco dependence: The country did not specify whether treatment of tobacco dependence was available in "some" or "most" primary care facilities. It was assumed that treatment of tobacco dependence was available only in "some" and not in "most" such facilities.

Table 2.3.6
Support for treatment of tobacco dependence in the Eastern Mediterranean

[3] "Pharmacy with Rx" means that a prescription is required.
[4] "Most" means that availability of service is generally not an obstacle to treatment; "Some" means that low availability of treatment is often an obstacle to treatment.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
[>] Refers to a territory.

	COUNTRY	POPULATION WITH ACCESS TO A TOLL-FREE QUIT LINE	NICOTINE REPLACEMENT THERAPY	
			AVAILABLE	PLACE AVAILABLE[3]
	Afghanistan	No	Yes	Pharmacy
	Bahrain	No	Yes	. . .
	Djibouti	No	Yes	Pharmacy
	Egypt	No	Yes	Pharmacy
	Iran (Islamic Republic of)	No	Yes	Pharmacy
	Iraq	No	Yes	Pharmacy with Rx
	Jordan	No	Yes	Pharmacy
	Kuwait	No	Yes	Pharmacy
	Lebanon	No	Yes	Pharmacy
	Libyan Arab Jamahiriya	No	No	—
	Morocco	No	Yes	Pharmacy with Rx
	Oman	No	Yes	Pharmacy
	Pakistan	No	No	—
	Qatar	No	Yes	Pharmacy with Rx
!	Saudi Arabia	No	No	—
!	Somalia	No	No	—
	Sudan	No	No	—
	Syrian Arab Republic	No	Yes	Pharmacy with Rx
	Tunisia	No	Yes	Pharmacy
!	United Arab Emirates	No	Yes	Pharmacy
	West Bank and Gaza Strip[>]	No	Yes	Pharmacy
	Yemen	No	No	—

Table 2.3.7
Governmental programmes and agencies dedicated to tobacco control in the Eastern Mediterranean

	COUNTRY	ARE THERE NATIONAL OBJECTIVES ON TOBACCO CONTROL?	IS THERE A NATIONAL AGENCY FOR TOBACCO CONTROL? (IF YES, NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES)?	
	Afghanistan	No	No	—
	Bahrain	Yes	No	—
	Djibouti	Yes	Yes	1
	Egypt	Yes	Yes	2
	Iran (Islamic Republic of)	Yes	Yes	10
	Iraq	Yes	Yes	0
	Jordan	Yes	Yes	3
	Kuwait	Yes	Yes	0
	Lebanon	No	Yes	1
	Libyan Arab Jamahiriya	No	No	—
	Morocco	Yes	Yes	1
	Oman	Yes	Yes	1
	Pakistan	Yes	Yes	2
	Qatar	Yes	Yes	3
!	Saudi Arabia	Yes	Yes	0
!	Somalia	No	Yes	0
	Sudan	Yes	No	—
	Syrian Arab Republic	Yes	Yes	11
	Tunisia	Yes	Yes	1
!	United Arab Emirates	No	Yes	0
	West Bank and Gaza Strip[>]	No	No	—
	Yemen	Yes	Yes	1

Eastern Mediterranean

BUPROPION		IS SMOKING CESSATION SUPPORT AVAILABLE IN…?[4]				
AVAILABLE	PLACE AVAILABLE[3]	PRIMARY CARE FACILITIES	HOSPITALS	OFFICES OF HEALTH PROFESSIONALS	COMMUNITY	OTHER
No	—	No	No	No	No	No
Yes	. . .	Yes, in some	Yes, in some	Yes, in some	No	No
Yes	Pharmacy with Rx	No	No	No	No	No
No	—	Yes, in some	Yes, in some	No	No	No
Yes	Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	No
No	—	No	No	No	No	No
No	—	Yes, in some	No	No	Yes, in some	Yes, in most
No	—	Yes, in most	Yes, in most	Yes, in most	Yes, in most	Yes, in most
Yes	Pharmacy with Rx	No	Yes, in some	Yes, in some	No	No
No	—	No	No	No	No	No
Yes	Pharmacy with Rx	Yes, in most	Yes, in some	Yes, in some	No	No
No	—	No	No	No	No	Yes, in some
No	—	No	No	No	No	No
No	—	Yes, in some	Yes, in some	Yes, in some	Yes, in some	No
No	—	No	No	No	No	No
No	—	No	No	No	No	No
No	—	Yes, in some	No	No	No	No
No	—	Yes, in most	Yes, in most	Yes, in most	Yes, in most	No
No	—	Yes, in most	Yes, in most	Yes, in most	Yes, in some	No
No	—	No	No	No	No	No
Yes	Pharmacy with Rx	No	Yes, in some	No	No	No
No	—	No	No	No	No	No

WHAT IS THE OVERALL NATIONAL BUDGET FOR TOBACCO CONTROL ACTIVITIES?			
IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY UNIT (OR CURRENCY REPORTED)	IN USD, AT PURCHASING POWER PARITY, 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006
. . .	—	. . .	. . .
. . .	—	. . .	. . .
520 000	DJF	7 142	2 926
12 500	USD	. . .	12 500
2 000 000	USD	. . .	2 000 000
. . .	—	. . .	. . .
65 790	JOD	218 956	93 986
52 675	KWD	149 027	181 638
30 000	USD	. . .	30 000
. . .	—	. . .	. . .
. . .	—	. . .	. . .
32 000	OMR	. . .	84 211
5 000 000	PKR	263 100	82 960
353 000	QAR	. . .	96 978
9 500 000	SAR	3 141 098	2 540 107
. . .	—	. . .	. . .
960 000	SDD	10 329	4 421
1 500 000	SYP	65 164	133 690
. . .	—	. . .	. . .
. . .	—	. . .	. . .
30 000	USD	. . .	30 000
25 000	USD	. . .	25 000

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.
> Refers to a territory.

Europe

Table 2.4.1
National/federal taxes per pack and retail price for a pack of 20 cigarettes in Europe

. . .Data not reported/not available.
— Data not required/not applicable.

COUNTRY	PRICE OF A 20-CIGARETTE PACK OF MOST WIDELY CONSUMED BRAND	
	IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY (OR CURRENCY REPORTED)
Albania	. . .	—
Andorra	. . .	—
Armenia	. . .	—
Austria	3.10	EUR
Azerbaijan	. . .	—
Belarus	. . .	—
Belgium	3.56	EUR
Bosnia and Herzegovina	. . .	—
Bulgaria	2.43	BGN
Croatia	. . .	—
Cyprus	1.65	CYP
Czech Republic	44.00	CZK
Denmark	31.50	DKK
Estonia	19.61	EEK
Finland	4.10	EUR
France	5.00	EUR
Georgia	. . .	—
Germany	4.44	EUR
Greece	2.80	EUR
Hungary	440.00	HUF
Iceland	565.00	ISK
Ireland	6.45	EUR
Israel	12.50	ILS
Italy	3.20	EUR
Kazakhstan	. . .	—
Kyrgyzstan	. . .	—
Latvia	0.44	LVL
Lithuania	3.75	LTL
Luxembourg	2.88	EUR
Malta	1.55	MTL
Monaco	. . .	—
Montenegro	. . .	—
Netherlands	4.00	EUR
Norway	65.00	NOK
Poland	5.85	PLN
Portugal	2.75	EUR
Republic of Moldova	. . .	—
Romania	4.00	RON
Russian Federation	24.00	RUB
San Marino	. . .	—
Serbia	33.00	RSD
Slovakia	45.00	SKK
Slovenia	475.00	SIT
Spain	2.25	EUR
Sweden	40.00	SEK
Switzerland	5.80	CHF
Tajikistan	. . .	—
The former Yugoslav Republic of Macedonia	. . .	—
Turkey	3.75	TRY
Turkmenistan	. . .	—
Ukraine	. . .	—
United Kingdom of Great Britain and Northern Ireland	5.23	GBP
Uzbekistan	. . .	—

		SPECIFIC AND AD VALOREM EXCISE AS A % OF PRICE
IN INTERNATIONAL DOLLARS (USD AT PURCHASING POWER PARITY), 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006	
. . .	. . .	42%
. . .	. . .	. . .
. . .	. . .	44%
3.53	3.92	59%
. . .	. . .	. . .
. . .	. . .	. . .
4.15	4.51	58%
. . .	. . .	49%
3.86	1.57	60%
. . .	. . .	49%
. . .	3.67	59%
3.20	1.95	51%
3.80	5.30	55%
2.36	1.57	54%
4.54	5.19	57%
5.73	6.33	64%
. . .	. . .	41%
5.01	5.62	62%
4.00	3.54	58%
3.65	2.09	58%
5.90	8.05	47%
6.41	8.16	60%
4.04	2.81	69%
3.91	4.05	58%
. . .	. . .	. . .
. . .	. . .	. . .
1.42	0.79	49%
2.52	1.36	40%
2.79	3.65	57%
6.23	4.56	61%
. . .	. . .	. . .
. . .	. . .	36%
4.52	5.06	57%
6.60	10.14	56%
3.28	1.89	57%
4.16	3.48	61%
. . .	. . .	8%
1.37	2.72	53%
1.53	0.88	27%
. . .	. . .	. . .
. . .	0.55	36%
2.64	1.52	54%
3.22	2.49	58%
2.87	2.85	64%
4.48	5.43	49%
3.44	4.64	55%
. . .	. . .	. . .
. . .	. . .	33%
4.31	2.64	36%
. . .	. . .	57%
. . .	. . .	14%
8.68	9.69	63%
. . .	. . .	45%

Table 2.4.2
Advertising ban at the national/federal level in Europe

[+] Collection of enforcement data in Europe was not possible in time for this year's report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DIRECT ADVERTISING		
	NATIONAL TV AND RADIO	INTERNATIONAL TV AND RADIO	LOCAL MAGAZINES AND NEWSPAPERS
Albania	Yes	No	Yes
Andorra	No	No	No
Armenia	Yes	No	No
Austria	Yes	No	No
Azerbaijan	Yes	No	Yes
Belarus	No	No	No
Belgium	Yes	No	Yes
Bosnia and Herzegovina	Yes	No	Yes
Bulgaria	Yes	No	Yes
Croatia	Yes	No	Yes
Cyprus	Yes	No	Yes
Czech Republic	Yes	No	Yes
Denmark	Yes	No	Yes
Estonia	Yes	No	Yes
Finland	Yes	No	Yes
France	Yes	No	Yes
Georgia	Yes	No	No
Germany	Yes	No	No
Greece	Yes	No	No
Hungary	Yes	No	Yes
Iceland	Yes	No	Yes
Ireland	Yes	No	Yes
Israel	Yes	No	No
Italy	Yes	No	Yes
Kazakhstan	Yes	No	No
Kyrgyzstan	No	No	No
Latvia	Yes	No	Yes
Lithuania	Yes	No	Yes
Luxembourg	Yes	No	No
Malta	Yes	No	Yes
Monaco	. . .	. . .	. . .
Montenegro	Yes	No	Yes
Netherlands	Yes	No	Yes
Norway	Yes	No	Yes
Poland	Yes	No	Yes
Portugal	Yes	No	Yes
Republic of Moldova	Yes	No	No
Romania	Yes	No	No
Russian Federation	Yes	No	No
San Marino	. . .	. . .	. . .
Serbia	Yes	No	Yes
Slovakia	Yes	No	Yes
Slovenia	Yes	No	Yes
Spain	Yes	No	Yes
Sweden	Yes	No	Yes
Switzerland	Yes	No	No
Tajikistan	Yes	No	Yes
The former Yugoslav Republic of Macedonia	Yes	No	Yes
Turkey	Yes	No	Yes
Turkmenistan	Yes	No	Yes
Ukraine	Yes	No	No
United Kingdom of Great Britain and Northern Ireland	Yes	No	Yes
Uzbekistan	Yes	No	No

INTERNATIONAL MAGAZINES AND NEWSPAPERS	BILLBOARD AND OUTDOOR ADVERTISING	POINT OF SALE	INTERNET	OVERALL ENFORCEMENT OF BAN ON DIRECT ADVERTISING[+]	OTHER SUBNATIONAL BANS ON ADVERTISING
No	No	No	No	. . .	. . .
No	No	No	No	—	No
No	No	No	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	No	. . .	. . .	No
No	No	No	No	—	No
No	Yes	No	No	. . .	No
Yes	Yes	Yes	No	. . .	No
Yes	Yes	No	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	Yes	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	Yes	No	. . .	No
No	Yes	Yes	No	. . .	No
Yes	Yes	No	. . .	. . .	No
No	No	No	No	. . .	No
No	No	No	No	. . .	No
No	No	No	Yes	. . .	No
No	Yes	No	No	. . .	No
No	Yes	Yes	No	. . .	No
No	Yes	Yes	No	. . .	No
No	Yes	No	No	. . .	. . .
No	Yes	Yes	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	No	No	. . .	No
Yes	Yes	Yes	No	. . .	No
No	Yes	Yes	No	. . .	No
No	Yes	No	No	. . .	No
. . .	. . .	. . .	. . .	. . .	No
Yes	Yes	Yes	No	. . .	. . .
No	Yes	No	No	. . .	No
No	Yes	Yes	No	. . .	No
Yes	Yes	Yes	No	. . .	No
No	Yes	Yes	No	. . .	No
No	No	No	No	. . .	No
No	No	No	No	. . .	. . .
No	No	No	No	. . .	No
. . .	. . .	. . .	. . .	. . .	. . .
No	Yes	No	No	. . .	. . .
No	Yes	Yes	No	. . .	. . .
No	No	No	No	. . .	No
Yes	Yes	Yes	No	. . .	. . .
No	Yes	Yes	No	. . .	No
No	No	No	No	. . .	Yes
No	Yes	No	No	. . .	. . .
Yes	Yes	No	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	No	No	. . .	. . .
No	No	No	No	. . .	No
No	Yes	No	No	. . .	No
No	Yes	No	No	. . .	No

Table 2.4.3

Ban on promotion and sponsorship in Europe

[+] Collection of enforcement data in Europe was not possible in time for this year's report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	FREE DISTRIBUTION IN MAIL OR BY OTHER MEANS	PROMOTIONAL DISCOUNTS	NON-TOBACCO PRODUCTS IDENTIFIED WITH TOBACCO BRAND NAMES
Albania	No	No	No
Andorra	No	No	No
Armenia	No	No	No
Austria	Yes	Yes	No
Azerbaijan	Yes	No	No
Belarus	No	No	No
Belgium	Yes	Yes	No
Bosnia and Herzegovina	Yes	Yes	Yes
Bulgaria	Yes	Yes	Yes
Croatia	Yes	Yes	Yes
Cyprus	Yes	Yes	No
Czech Republic	Yes	No	No
Denmark	Yes	Yes	No
Estonia	No	No	No
Finland	Yes	Yes	Yes
France	Yes	Yes	Yes
Georgia	No	No	No
Germany	No	No	No
Greece	No	No	No
Hungary	No	No	Yes
Iceland	Yes	Yes	No
Ireland	Yes	Yes	. . .
Israel	Yes	No	Yes
Italy	No	No	No
Kazakhstan	Yes	No	No
Kyrgyzstan	No	No	No
Latvia	Yes	Yes	No
Lithuania	Yes	Yes	. . .
Luxembourg	No	No	Yes
Malta	Yes	Yes	No
Monaco	. . .	. . .	. . .
Montenegro	Yes	Yes	Yes
Netherlands	Yes	Yes	No
Norway	Yes	Yes	Yes
Poland	No	No	Yes
Portugal	No	No	No
Republic of Moldova	No	No	No
Romania	No	No	No
Russian Federation	No	No	No
San Marino	. . .	. . .	. . .
Serbia	No	Yes	Yes
Slovakia	No	No	No
Slovenia	No	No	Yes
Spain	Yes	Yes	Yes
Sweden	Yes	No	Yes
Switzerland	No	No	No
Tajikistan	No	No	No
The former Yugoslav Republic of Macedonia	Yes	Yes	Yes
Turkey	No	No	Yes
Turkmenistan	No	No	No
Ukraine	No	No	No
United Kingdom of Great Britain and Northern Ireland	Yes	Yes	Yes
Uzbekistan	No	No	No

BRAND NAME OF NON-TOBACCO PRODUCTS USED FOR TOBACCO PRODUCTS	APPEARANCE OF TOBACCO PRODUCTS IN TV AND/OR FILMS	SPONSORED EVENTS	OVERALL ENFORCEMENT OF BAN ON PROMOTION[+]
No	No	No	—
No	No	No	—
No	No	No	—
No	Yes	Yes	. . .
No	Yes	Yes	. . .
No	No	No	—
No	Yes	Yes	. . .
Yes	Yes	Yes	. . .
Yes	Yes	Yes	. . .
Yes	Yes	No	. . .
No	No	Yes	. . .
No	No	No	. . .
No	No	Yes	. . .
Yes	Yes	No	. . .
Yes	Yes	Yes	. . .
Yes	Yes	Yes	. . .
No	Yes	No	. . .
No	No	No	—
No	Yes	No	. . .
Yes	No	No	. . .
Yes	No	Yes	. . .
. . .	No	Yes	. . .
Yes	No	No	. . .
No	Yes	No	. . .
No	No	No	. . .
No	No	No	—
No	Yes	No	. . .
No	Yes	Yes	. . .
No	No	No	. . .
No	Yes	No	. . .
. . .	. . .	. . .	. . .
Yes	Yes	Yes	. . .
No	No	Yes	. . .
Yes	Yes	Yes	. . .
Yes	Yes	Yes	. . .
No	Yes	Yes	. . .
No	Yes	No	. . .
No	Yes	No	. . .
No	Yes	No	. . .
. . .	. . .	. . .	. . .
No	Yes	No	. . .
No	No	No	—
No	Yes	Yes	. . .
No	Yes	Yes	. . .
No	Yes	Yes	. . .
No	No	No	—
No	No	No	—
Yes	Yes	Yes	. . .
No	No	No	. . .
No	No	No	—
No	Yes	No	. . .
Yes	Yes	Yes	. . .
No	No	No	—

Table 2.4.4

Regulation on smoke-free environments in Europe

[1] Except universities.
+ Collection of enforcement data in Europe was not possible in time for this year's report.
^ Provincial, state, or local complete ban on tobacco smoking indoors in health care, educational or governmental facilities or workplaces including bars and restaurants.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	HEALTH-CARE FACILITIES	EDUCATIONAL FACILITIES[1]	UNIVERSITIES	GOVERNMENTAL FACILITIES
Albania	No	No	No	No
Andorra	Yes	Yes	. . .	Yes
Armenia	Yes	Yes	No	No
Austria	Yes	Yes	No	Yes
Azerbaijan	Yes	Yes	No	No
Belarus	No	No	No	No
Belgium	Yes	Yes	No	Yes
Bosnia and Herzegovina	Yes	Yes	No	No
Bulgaria	Yes	Yes	No	Yes
Croatia	No	Yes	No	No
Cyprus	Yes	Yes	No	Yes
Czech Republic	No	Yes	No	Yes
Denmark	No	No	No	No
Estonia	Yes	Yes	Yes	Yes
Finland	Yes	Yes	Yes	Yes
France	Yes	Yes	Yes	Yes
Georgia	No	No	No	No
Germany	No	No	No	Yes
Greece	No	No	No	No
Hungary	No	No	No	No
Iceland	Yes	Yes	Yes	Yes
Ireland	Yes	Yes	Yes	Yes
Israel	Yes	Yes	No	No
Italy	Yes	Yes	Yes	Yes
Kazakhstan	No	No	No	Yes
Kyrgyzstan	Yes	No	No	No
Latvia	No	No	No	No
Lithuania	Yes	Yes	Yes	No
Luxembourg	Yes	Yes	No	No
Malta	Yes	Yes	Yes	Yes
Monaco	. . .	. . .	. . .	. . .
Montenegro	Yes	Yes	Yes	Yes
Netherlands	Yes	Yes	Yes	No
Norway	Yes	Yes	Yes	Yes
Poland	No	No	No	No
Portugal	Yes	Yes	No	Yes
Republic of Moldova	Yes	Yes	No	No
Romania	Yes	Yes	Yes	Yes
Russian Federation	No	No	No	No
San Marino	. . .	. . .	. . .	. . .
Serbia	Yes	Yes	Yes	No
Slovakia	Yes	Yes	Yes	Yes
Slovenia	Yes	Yes	No	No
Spain	Yes	Yes	Yes	Yes
Sweden	Yes	Yes	Yes	Yes
Switzerland	No	No	No	No
Tajikistan	No	No	No	No
The former Yugoslav Republic of Macedonia	No	No	No	No
Turkey	No	No	No	No
Turkmenistan	Yes	Yes	. . .	Yes
Ukraine	No	No	No	No
United Kingdom of Great Britain and Northern Ireland	Yes	Yes	Yes	Yes
Uzbekistan	No	No	No	No

INDOOR OFFICES	RESTAURANTS	PUBS AND BARS	OTHER INDOOR WORKPLACES	OVERALL ENFORCEMENT OF REGULATION ON SMOKE-FREE ENVIRONMENTS[+]	OTHER SUBNATIONAL MEASURES ON SMOKE-FREE ENVIRONMENTS?[^]
No	No	No	No	—	No
No	No	No	No	. . .	No
No	No	No	No	. . .	No
Yes	No	No	. . .	. . .	No
No	No	No	No	. . .	. . .
No	No	No	No	—	No
Yes	Yes	No	Yes	. . .	No
No	No	No	Yes	. . .	No
No	No	No	Yes	. . .	No
No	No	No	Yes	. . .	No
No	No	No	No	. . .	No
No	No	No	Yes	. . .	No
No	No	No	No	—	. . .
Yes	Yes	Yes	Yes	. . .	No
Yes	No	No	Yes	. . .	No
Yes	Yes	Yes	Yes	. . .	No
No	No	No	No	—	No
Yes	No	No	No	. . .	Yes
No	No	No	Yes	. . .	No
No	No	No	No	—	No
Yes	No	No	Yes	. . .	No
Yes	Yes	Yes	Yes	. . .	No
No	No	No	Yes	. . .	. . .
Yes	Yes	Yes	Yes	. . .	No
No	No	No	No	. . .	No
No	No	No	No	. . .	No
No	No	No	No	—	No
Yes	No	No	Yes	. . .	No
No	No	No	No	. . .	No
Yes	Yes	Yes	Yes	. . .	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	. . .	. . .
No	No	No	No	. . .	No
Yes	Yes	Yes	Yes	. . .	No
No	No	No	No	—	. . .
Yes	No	No	Yes	. . .	No
No	No	No	No	. . .	No
Yes	No	No	Yes	. . .	. . .
No	No	No	No	—	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	. . .	. . .
Yes	No	No	Yes	. . .	No
No	No	No	Yes	. . .	No
Yes	No	No	Yes	. . .	. . .
Yes	Yes	Yes	Yes	. . .	No
No	No	No	No	—	No
No	No	No	No	—	. . .
No	No	No	No	—	No
No	No	No	No	—	No
Yes	No	No	Yes	. . .	. . .
No	No	No	No	—	No
Yes	Yes	Yes	Yes	. . .	Yes
No	No	No	No	—	. . .

Table 2.4.5
Regulation on packaging in Europe

[2] Including, but not limited to "low tar", "light", "ultra light", or "mild", in any language.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DECEITFUL TERMS[2]	PERCENTAGE OF PRINCIPAL DISPLAY AREA MANDATED TO BE COVERED BY A HEALTH WARNING	IF THE WARNING IS 30% OR MORE OF THE MAIN DISPLAY AREA…	
			DOES THE LAW MANDATE SPECIFIC WARNINGS?	IF SO, HOW MANY?
Albania	No	Not mandated	—	—
Andorra	No	Not mandated	—	—
Armenia	Yes	4%	—	—
Austria	Yes	30%	Yes	14
Azerbaijan	No	Not mandated	—	—
Belarus	No	10%	—	—
Belgium	Yes	35%	Yes	14
Bosnia and Herzegovina	No	Not mandated	—	—
Bulgaria	Yes	30%	Yes	14
Croatia	. . .	Not mandated	—	—
Cyprus	Yes	32%	Yes	14
Czech Republic	Yes	30%	Yes	14
Denmark	Yes	30%	Yes	14
Estonia	Yes	30%	Yes	14
Finland	Yes	30%	Yes	14
France	Yes	30%	Yes	14
Georgia	Yes	5%	—	—
Germany	Yes	30%	Yes	14
Greece	Yes	30%	Yes	14
Hungary	Yes	30%	Yes	14
Iceland	Yes	30%	Yes	12
Ireland	Yes	30%	Yes	14
Israel	Yes	30%	Yes	13
Italy	Yes	30%	Yes	14
Kazakhstan	No	20%	—	—
Kyrgyzstan	No	4%	—	—
Latvia	Yes	30%	Yes	14
Lithuania	Yes	30%	Yes	14
Luxembourg	Yes	30%	Yes	14
Malta	Yes	32%	Yes	14
Monaco	. . .	. . .	. . .	. . .
Montenegro	Yes	40%	. . .	. . .
Netherlands	Yes	30%	Yes	14
Norway	Yes	30%	Yes	14
Poland	Yes	30%	Yes	14
Portugal	Yes	30%	Yes	14
Republic of Moldova	Yes	10%	—	—
Romania	Yes	30%	Yes	14
Russian Federation	No	4%	—	—
San Marino	. . .	. . .	. . .	. . .
Serbia	Yes	30%	Yes	11
Slovakia	Yes	30%	Yes	14
Slovenia	Yes	30%	Yes	14
Spain	Yes	30%	Yes	15
Sweden	Yes	30%	Yes	15
Switzerland	Yes	35%	Yes	14
Tajikistan	No	Not mandated	—	—
The former Yugoslav Republic of Macedonia	No	Not mandated	—	—
Turkey	Yes	30%	. . .	. . .
Turkmenistan	No	Not mandated	—	—
Ukraine	Yes	10%	—	—
United Kingdom of Great Britain and Northern Ireland	Yes	30%	Yes	14
Uzbekistan	No	4%	—	—

Europe

DO WARNINGS APPEAR ON EACH PACKAGE AND OUTSIDE PACKAGING?	DO WARNINGS DESCRIBE THE HARMFUL EFFECTS OF TOBACCO?	ARE WARNINGS LARGE, CLEAR, LEGIBLE AND VISIBLE?	ARE THE HEALTH WARNINGS ROTATING?	ARE HEALTH WARNINGS WRITTEN IN THE PRINCIPAL LANGUAGE OF THE COUNTRY?	DO WARNINGS INCLUDE A PICTURE?
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	No	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—

Table 2.4.6
Support for treatment of tobacco dependence in Europe

[3] "Pharmacy with Rx" means that a prescription is required.
[4] "Most" means that availability of service is generally not an obstacle to treatment; "Some" means that low availability of treatment is often an obstacle to treatment.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	POPULATION WITH ACCESS TO A TOLL-FREE QUIT LINE	NICOTINE REPLACEMENT THERAPY		BUPROPION
		AVAILABLE	PLACE AVAILABLE[3]	AVAILABLE
Albania	No	. . .	. . .	. . .
Andorra	No	Yes	Pharmacy	Yes
Armenia	Yes	Yes	Pharmacy	Yes
Austria	No	Yes	Pharmacy	Yes
Azerbaijan	. . .	. . .	. . .	. . .
Belarus	No	Yes	Pharmacy	Yes
Belgium	Yes	Yes	Pharmacy	Yes
Bosnia and Herzegovina	No	Yes	Pharmacy	Yes
Bulgaria	No	Yes	Pharmacy	Yes
Croatia	Yes	Yes	Pharmacy	Yes
Cyprus	Yes	Yes	Pharmacy	Yes
Czech Republic	Yes	Yes	Pharmacy	Yes
Denmark	Yes	Yes	Pharmacy	Yes
Estonia	Yes	Yes	Pharmacy	Yes
Finland	Yes	Yes	General store	Yes
France	Yes	Yes	Pharmacy	Yes
Georgia	Yes	Yes	Pharmacy	No
Germany	Yes	Yes	Pharmacy	Yes
Greece	No	Yes	Pharmacy	Yes
Hungary	Yes	Yes	Pharmacy	No
Iceland	Yes	Yes	Pharmacy	Yes
Ireland	Yes	Yes	Pharmacy	Yes
Israel	. . .	. . .	. . .	. . .
Italy	Yes	Yes	Pharmacy	Yes
Kazakhstan	Yes	Yes	Pharmacy	Yes
Kyrgyzstan	No	Yes	Pharmacy	No
Latvia	Yes	Yes	Pharmacy	Yes
Lithuania	Yes	Yes	Pharmacy with Rx	Yes
Luxembourg	. . .	. . .	. . .	. . .
Malta	Yes	Yes	Pharmacy	Yes
Monaco	. . .	. . .	. . .	. . .
Montenegro	No	. . .	. . .	. . .
Netherlands	Yes	Yes	Pharmacy	Yes
Norway	Yes	Yes	Pharmacy	Yes
Poland	Yes	Yes	Pharmacy	Yes
Portugal	Yes	Yes	Pharmacy	Yes
Republic of Moldova	No	Yes	Pharmacy	No
Romania	No	Yes	Pharmacy	Yes
Russian Federation	No	Yes	Pharmacy	No
San Marino	. . .	. . .	. . .	. . .
Serbia	No	Yes	Pharmacy	Yes
Slovakia	Yes	Yes	Pharmacy	Yes
Slovenia	No	Yes	Pharmacy	Yes
Spain	Yes	Yes	Pharmacy	Yes
Sweden	Yes	Yes	Pharmacy	Yes
Switzerland	Yes	Yes	Pharmacy	Yes
Tajikistan	No	. . .	. . .	. . .
The former Yugoslav Republic of Macedonia	No	Yes	Pharmacy	No
Turkey	. . .	. . .	. . .	. . .
Turkmenistan	No	. . .	. . .	. . .
Ukraine	No	Yes	Pharmacy	Yes
United Kingdom of Great Britain and Northern Ireland	Yes	Yes	Pharmacy	Yes
Uzbekistan	No	Yes	Pharmacy	Yes

	IS SMOKING CESSATION SUPPORT AVAILABLE IN…?[4]				
PLACE AVAILABLE[3]	PRIMARY CARE FACILITIES	HOSPITALS	OFFICES OF HEALTH PROFESSIONALS	COMMUNITY	OTHER
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	No	No	No	. . .	. . .
Pharmacy	No	No	No	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	No
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	No	No	No	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	No
Pharmacy	. . .	. . .	. . .	. . .	. . .
Pharmacy	No	No	. . .	. . .	. . .
Pharmacy	No	No	No	No	No
Pharmacy with Rx	No	No	No	No	No
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	No	No	No	. . .	. . .
—	No	No	No	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
—	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
—	No	No	No	. . .	. . .
Pharmacy with Rx	No	No	No	. . .	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	No	No	No	No	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	. . .	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
—	No	No	No	. . .	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
—	No	No	No	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	No	No	No	No	. . .
Pharmacy with Rx	No	No	No	No	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	Yes, in most	Yes, in most	Yes, in some	Yes, in some	. . .
Pharmacy with Rx	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
—	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	No	No	No	. . .	. . .
Pharmacy with Rx	Yes, in most	Yes, in most	Yes, in most	. . .	. . .
Pharmacy	No	No	No	. . .	. . .

Table 2.4.7

Governmental programmes and agencies dedicated to tobacco control in Europe

. . .Data not reported/not available.
— Data not required/not applicable.

	NOTES TO APPENDIX II (EUROPE)
France	Smoke-free environments: Separately ventilated smoking rooms in restaurants and bars are allowed but there is no food or beverage service and they must be equipped with automatic sliding doors. Given the difficulty of meeting the very strict requirements delineated for such rooms, these have remained a theoretical possibility but have not been widely constructed.
Germany	Smoke-free environments: since 1 September 2007, smoking is prohibited in federal governmental buildings with the exception of separate smoking rooms. Smoke-free legislation in all public places including bars and restaurants is under sub-national jurisdiction and will be in place in most of the German "Länder" as of 1 January 2008 (with the exception of separate smoking-rooms).
Ireland	Smoke-free environments: Exemptions are allowed for prisons, psychiatric institutions and homes for the elderly.
Iceland	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Israel	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Italy	Smoke-free environments: Separate smoking rooms in restaurants and bars are allowed if they are separately ventilated and equipped with automatic sliding doors. Given the difficulty of meeting the very strict requirements delineated for such rooms, these have remained a theoretical possibility but have not been widely constructed.

COUNTRY	ARE THERE NATIONAL OBJECTIVES ON TOBACCO CONTROL?	IS THERE A NATIONAL AGENCY FOR TOBACCO CONTROL? (IF YES, NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES)?	
Albania	No	Yes	1
Andorra	No	No	—
Armenia	Yes	Yes	. . .
Austria	No	No	—
Azerbaijan	Yes	Yes	. . .
Belarus	No	Yes	. . .
Belgium	No	No	—
Bosnia and Herzegovina	Yes	Yes	. . .
Bulgaria	Yes	No	—
Croatia	No	Yes	. . .
Cyprus	. . .	. . .	. . .
Czech Republic	Yes	No	—
Denmark	Yes	Yes	. . .
Estonia	Yes	Yes	. . .
Finland	Yes	No	—
France	Yes	Yes	. . .
Georgia	Yes	Yes	. . .
Germany	No	No	—
Greece	No	No	—
Hungary	Yes	No	—
Iceland	Yes	Yes	. . .
Ireland	Yes	Yes	. . .
Israel	. . .	. . .	. . .
Italy	Yes	No	—
Kazakhstan	No	Yes	. . .
Kyrgyzstan	No	No	—
Latvia	No	Yes	. . .
Lithuania	Yes	No	—
Luxembourg	. . .	. . .	. . .
Malta	No	Yes	. . .
Monaco	. . .	. . .	. . .
Montenegro	. . .	. . .	. . .
Netherlands	Yes	Yes	. . .
Norway	Yes	Yes	. . .
Poland	Yes	Yes	. . .
Portugal	Yes	Yes	. . .
Republic of Moldova	No	Yes	. . .
Romania	No	No	—
Russian Federation	Yes	Yes	. . .
San Marino	. . .	. . .	. . .
Serbia	. . .	. . .	. . .
Slovakia	Yes	Yes	. . .
Slovenia	Yes	Yes	. . .
Spain	Yes	Yes	. . .
Sweden	Yes	Yes	3
Switzerland	Yes	Yes	. . .
Tajikistan	No	. . .	. . .
The former Yugoslav Republic of Macedonia	Yes	Yes	. . .
Turkey	No	Yes	4
Turkmenistan	No	No	—
Ukraine	No	No	—
United Kingdom of Great Britain and Northern Ireland	Yes	Yes	. . .
Uzbekistan	No	No	—

Europe

WHAT IS THE OVERALL NATIONAL BUDGET FOR TOBACCO CONTROL ACTIVITIES?			
IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY UNIT (OR CURRENCY REPORTED)	IN USD, AT PURCHASING POWER PARITY, 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
230 000	EUR	267 929	291 139
...	—	...	...
...	—	...	...
...	—	...	...
13 745	CYP	...	30 544
...	—	...	...
21 500 000	DKK	2 592 195	3 619 529
700 000	EKK	84 339	56 180
1 262 000	EUR	1 398 070	1 597 468
29 988 306	EUR	34 391 199	37 959 881
...	—	...	...
1 000 000	EUR	1 129 106	1 265 823
...	—	...	...
42 500 000	HUF	352 392	202 006
...	—	...	...
2 000 000	EUR	1 988 818	2 531 646
...	—	...	...
11 355 969	EUR	13 865 782	14 374 644
...	—	...	...
...	—	...	...
15 000	LVL	48 348	26 786
60 000	LTL	40 330	21 818
...	—	...	...
27 821	MTL	111 827	81 826
...	—	...	...
...	—	...	...
15 000 000	EUR	16 968 630	18 987 342
44 000 000	NOK	4 465 028	6 864 275
500 000	PLN	280 052	161 290
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
658 320	SKK	38 621	22 173
9 000 300	SIT	60 978	47 117
...	—	...	...
30 000 000	SEK	3 359 797	4 070 556
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
...	—	...	...
75 000 000	GBP	124 441 036	138 888 889
...	—	...	...

	NOTES TO APPENDIX II (EUROPE)
Malta	Smoke-free environments: Separate smoking rooms are allowed in restaurants, although such facilities are extremely rare.
Norway	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Russian Federation	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Serbia	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Sweden	Smoke-free environments: Separate smoking rooms are allowed in restaurants, psychiatric institutions, workplaces and schools, although such facilities are extremely rare.
Switzerland	Health warnings: Although at the time of printing there were no pictorial warnings on cigarette packages, the Swiss government had announced that it will require such warnings beginning 1 January 2008, with a transitional period until 31 December 2009, within which tobacco companies have time to implement the new requirement for pictorial warnings.
	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Turkey	Bans on advertising, promotion and sponsorship: On 1 May 2008, a complete ban on smoking scenes on television will enter into force.
	Smoke-free environments: A complete smoking ban will be introduced on 1 January 2008, with a transitional period until 1 May 2008, for all enclosed public areas and workplaces. Separate smoking rooms will be allowed in psychiatric institutions, prisons and homes for the elderly. Turkish cafés, cafeterias, restaurants and bars will become smoke-free on 1 July 2009.
	Tobacco taxes: Source for the price of cigarettes is Economist Intelligence Unit.
Turkmenistan	Tobacco taxes: Source for excise tobacco tax rates is ERC Group Plc.
United Kingdom of Great Britain and Northern Ireland	Health warnings: Although the UK does not currently have pictorial warnings on tobacco products, the UK government has announced that it will require such warnings beginning 1 October 2008.

South-East Asia

Table 2.5.1
National/federal taxes per pack and retail price for a pack of 20 cigarettes in South-East Asia

COUNTRY	PRICE OF A 20-CIGARETTE PACK OF MOST WIDELY CONSUMED BRAND		
	IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY (OR CURRENCY REPORTED)	IN INTERNATIONAL DOLLARS (USD AT PURCHASING POWER PARITY), 2006
Bangladesh	18.00	BDT	1.38
Bhutan	—	—	—
Democratic People's Republic of Korea	100.00	KRW	. . .
India	68.00	INR	7.04
Indonesia	8 500.00	IDR	2.35
Maldives	18.00	MVR	. . .
Myanmar	650.00	MMK	. . .
Nepal	21.90	NPR	1.66
Sri Lanka	220.00	LKR	7.89
Thailand	42.00	THB	3.25
Timor-Leste	1.00	USD	. . .

[#] Total may be different from the sum of the parts, due to rounding.
. . . Data not reported/not available.
— Data not required/not applicable.

Table 2.5.2
Advertising ban at the national/federal level in South-East Asia

COUNTRY	BAN ON DIRECT ADVERTISING		
	NATIONAL TV AND RADIO	INTERNATIONAL TV AND RADIO	LOCAL MAGAZINES AND NEWSPAPERS
Bangladesh	Yes	No	Yes
Bhutan	Yes	No	No
Democratic People's Republic of Korea	Yes	Yes	Yes
India	Yes	Yes	Yes
Indonesia	No	No	No
Maldives	Yes	No	Yes
Myanmar	Yes	No	Yes
Nepal	Yes	No	No
Sri Lanka	Yes	No	Yes
Thailand	Yes	No	Yes
Timor-Leste	No	No	No

[*] Based on a score of 0-10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
. . . Data not reported/not available.
— Data not required/not applicable.

	EXCISE TOBACCO TAX AS A % OF PRICE			
IN USD, AT OFFICIAL EXCHANGE RATES, 2006	SPECIFIC EXCISE	AD VALOREM EXCISE	IMPORT DUTIES	TOTAL[#]
0.26	—	50%	—	50%
—	—	—	—	—
…	…	…	…	…
1.50	58%	—	—	58%
0.93	<1%	22%	—	22%
1.41	—	—	33%	33%
…	—	75%	—	75%
0.30	70%	—	—	70%
2.12	54%	—	—	54%
1.11	—	79%	—	79%
1.00	…	…	…	…

				OVERALL ENFORCEMENT OF BAN ON DIRECT ADVERTISING[*]	OTHER SUBNATIONAL BANS ON ADVERTISING
INTERNATIONAL MAGAZINES AND NEWSPAPERS	BILLBOARD AND OUTDOOR ADVERTISING	POINT OF SALE	INTERNET		
No	Yes	No	No	5	No
No	No	Yes	No	…	No
Yes	Yes	Yes	Yes	10	No
Yes	Yes	No	Yes	9	Yes
No	No	No	No	—	No
No	Yes	Yes	No	10	No
No	Yes	Yes	Yes	9	No
No	No	No	No	10	No
No	Yes	Yes	Yes	9	No
No	Yes	Yes	Yes	5	No
No	No	No	No	—	No

Table 2.5.3
Ban on promotion and sponsorship in South-East Asia

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	FREE DISTRIBUTION IN MAIL OR BY OTHER MEANS	PROMOTIONAL DISCOUNTS	NON-TOBACCO PRODUCTS IDENTIFIED WITH TOBACCO BRAND NAMES
Bangladesh	Yes	No	Yes
Bhutan	No	No	No
Democratic People's Republic of Korea	Yes	Yes	Yes
India	Yes	Yes	Yes
Indonesia	Yes	No	No
Maldives	Yes	Yes	No
Myanmar	Yes	Yes	Yes
Nepal	No	No	No
Sri Lanka	Yes	Yes	Yes
Thailand	Yes	No	Yes
Timor-Leste	No	No	No

Table 2.5.4
Regulation on smoke-free environments in South-East Asia

! Data were not validated by country focal point in time for publication of this report.
[1] Except universities.
* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
^ Provincial, state, or local complete ban on tobacco smoking indoors in health care, educational or governmental facilities or workplaces including bars and restaurants.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	HEALTH-CARE FACILITIES	EDUCATIONAL FACILITIES[1]	UNIVERSITIES	GOVERNMENTAL FACILITIES
Bangladesh	Yes	Yes	No	No
Bhutan	Yes	Yes	Yes	Yes
! Democratic People's Republic of Korea	Yes	Yes	Yes	Yes
India	Yes	Yes	Yes	Yes
Indonesia	Yes	Yes	Yes	No
Maldives	Yes	Yes	Yes	Yes
Myanmar	No	Yes	No	No
Nepal	No	No	No	No
Sri Lanka	Yes	Yes	Yes	Yes
Thailand	No	Yes	No	No
Timor-Leste	No	No	No	No

South-East Asia

BRAND NAME OF NON-TOBACCO PRODUCTS USED FOR TOBACCO PRODUCTS	APPEARANCE OF TOBACCO PRODUCTS IN TV AND/OR FILMS	SPONSORED EVENTS	OVERALL ENFORCEMENT OF BAN ON PROMOTION*
No	No	Yes	5
No	No	No	—
Yes	Yes	Yes	7
Yes	Yes	Yes	5
No	No	No	2
No	No	Yes	9
Yes	Yes	Yes	8
No	No	No	—
Yes	Yes	Yes	10
Yes	Yes	Yes	5
No	No	No	—

INDOOR OFFICES	RESTAURANTS	PUBS AND BARS	OTHER INDOOR WORKPLACES	OVERALL ENFORCEMENT OF REGULATION ON SMOKE-FREE ENVIRONMENTS*	OTHER SUBNATIONAL MEASURES ON SMOKE-FREE ENVIRONMENTS^
No	No	No	No	0	No
Yes	Yes	Yes	Yes	5	Yes
Yes	No	No	Yes	8	Yes
Yes	No	Yes	Yes	2	Yes
No	No	No	No	3	Yes
No	No	. . .	No	6	No
No	No	No	No	5	No
No	No	No	Yes	10	No
Yes	No	No	Yes	8	No
No	No	No	Yes	6	No
No	No	No	No	—	No

Table 2.5.5
Regulation on packaging in South-East Asia

[2] Including, but not limited to "low tar", "light", "ultra light", or "mild", in any language.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DECEITFUL TERMS[2]	PERCENTAGE OF PRINCIPAL DISPLAY AREA MANDATED TO BE COVERED BY A HEALTH WARNING	IF THE WARNING IS 30% OR MORE OF THE MAIN DISPLAY AREA…	
			DOES THE LAW MANDATE SPECIFIC WARNINGS?	IF SO, HOW MANY?
Bangladesh	No	30%	Yes	6
Bhutan	No	Not mandated	—	—
Democratic People's Republic of Korea	No	<30%	—	—
India	Yes	50%	Yes	4
Indonesia	No	Not mandated	—	—
Maldives	No	30%	Yes	5
Myanmar	Yes	Not mandated	—	—
Nepal	No	Not mandated	—	—
Sri Lanka	Yes	Not mandated	—	—
Thailand	Yes	50%	Yes	9
Timor-Leste	No	Not mandated	—	—

Table 2.5.6
Support for treatment of tobacco dependence in South-East Asia

[3] "Pharmacy with Rx" means that a prescription is required.
[4] "Most" means that availability of service is generally not an obstacle to treatment; "Some" means that low availability of treatment is often an obstacle to treatment.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	POPULATION WITH ACCESS TO A TOLL-FREE QUIT LINE	NICOTINE REPLACEMENT THERAPY		BUPROPION
		AVAILABLE	PLACE AVAILABLE[3]	AVAILABLE
Bangladesh	No	Yes	Pharmacy	No
Bhutan	No	No	—	No
Democratic People's Republic of Korea	No	No	—	. . .
India	No	Yes	Pharmacy	Yes
Indonesia	No	No	—	No
Maldives	No	Yes	Pharmacy with Rx	No
Myanmar	No	No	—	Yes
Nepal	No	Yes	Pharmacy with Rx	No
Sri Lanka	No	Yes	Pharmacy with Rx	No
Thailand	No	Yes	Pharmacy with Rx	Yes
Timor-Leste	No	No	—	No

South-East Asia

DO WARNINGS APPEAR ON EACH PACKAGE AND OUTSIDE PACKAGING?	DO WARNINGS DESCRIBE THE HARMFUL EFFECTS OF TOBACCO?	ARE WARNINGS LARGE, CLEAR, LEGIBLE AND VISIBLE?	ARE THE HEALTH WARNINGS ROTATING?	ARE HEALTH WARNINGS WRITTEN IN THE PRINCIPAL LANGUAGE OF THE COUNTRY?	DO WARNINGS INCLUDE A PICTURE?
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	No
—	—	—	—	—	—
—	—	—	—	—	—
—	—	—	—	—	—
Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—

	IS SMOKING CESSATION SUPPORT AVAILABLE IN…?[4]				
PLACE AVAILABLE[3]	PRIMARY CARE FACILITIES	HOSPITALS	OFFICES OF HEALTH PROFESSIONALS	COMMUNITY	OTHER
—	No	No	No	Yes, in some	No
—	No	No	No	No	No
. . .	Yes, in most	Yes, in most	Yes, in most	Yes, in most	Yes, in most
Pharmacy with Rx	Yes, in some	Yes, in some	No	Yes, in some	Yes, in some
—	No	Yes, in some	No	No	No
—	Yes, in some	Yes, in some	No	Yes, in some	No
Pharmacy	Yes, in some	Yes, in some	Yes, in some	Yes, in some	No
—	No	No	No	No	No
—	Yes, in most	Yes, in most	Yes, in most	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in some	No
—	No	No	No	No	No

Table 2.5.7

Governmental programmes and agencies dedicated to tobacco control in South-East Asia

. . .Data not reported/not available.
— Data not required/not applicable.

COUNTRY	ARE THERE NATIONAL OBJECTIVES ON TOBACCO CONTROL?	IS THERE A NATIONAL AGENCY FOR TOBACCO CONTROL? (IF YES, NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES)?	
Bangladesh	Yes	Yes	2
Bhutan	No	Yes	3
Democratic People's Republic of Korea	Yes	Yes	. . .
India	Yes	Yes	8
Indonesia	Yes	Yes	. . .
Maldives	No	Yes	2
Myanmar	Yes	Yes	3
Nepal	Yes	No	—
Sri Lanka	Yes	Yes	4
Thailand	Yes	Yes	18
Timor-Leste	No	Yes	0.5

WHAT IS THE OVERALL NATIONAL BUDGET FOR TOBACCO CONTROL ACTIVITIES?			
IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY UNIT (OR CURRENCY REPORTED)	IN USD, AT PURCHASING POWER PARITY, 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006
50 000	USD	. . .	50 000
29 000	USD	. . .	29 000
. . .	—	. . .	. . .
25 000 000	INR	2 589 453	551 876
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
5 000 000	THB	386 492	131 996
. . .	—	. . .	. . .

South-East Asia

	NOTES TO APPENDIX II (SOUTH-EAST ASIA)
Bhutan	Tobacco taxes: As the sale of all tobacco products is banned in Bhutan, no information is provided about the price of a pack of cigarettes or about excise tobacco taxes.
Democratic People's Republic of Korea	Treatment of tobacco dependence: The country is in the process of developing a program to provide effective treatments for tobacco dependence, including nicotine replacement therapies.
India	Health warnings: At the time of printing, a law requiring pictorial warnings on all tobacco products had been approved by the government but had not been implemented.

Western Pacific

Table 2.6.1

National/federal taxes per pack and retail price for a pack of 20 cigarettes in the Western Pacific

! Data were not validated by country focal point in time for publication of this report.
Total may be different from the sum of the parts, due to rounding.
. . . Data not reported/not available.
— Data not required/not applicable.

	COUNTRY	PRICE OF A 20-CIGARETTE PACK OF MOST WIDELY CONSUMED BRAND		
		IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY (OR CURRENCY REPORTED)	IN INTERNATIONAL DOLLARS (USD AT PURCHASING POWER PARITY), 2006
	Australia	9.13	AUD	6.52
	Brunei Darussalam	. . .	—	. . .
	Cambodia	800.00	KHR	1.18
!	China	4.00	CNY	1.92
	Cook Islands	7.12	NZD	4.91
	Fiji	. . .	—	. . .
	Japan	300.00	JPY	2.46
	Kiribati	. . .	—	. . .
	Lao People's Democratic Republic	555.00	LAK	0.22
	Malaysia	8.20	MYR	4.51
	Marshall Islands	. . .	—	. . .
	Micronesia (Federated States of)	. . .	—	. . .
	Mongolia	450.00	MNT	0.86
	Nauru	. . .	—	. . .
	New Zealand	9.90	NZD	6.83
!	Niue	7.50	NZD	5.17
	Palau	2.00	USD	. . .
	Papua New Guinea	. . .	—	. . .
	Philippines	25.00	PHP	1.93
	Republic of Korea	2.63	USD	. . .
	Samoa	. . .	—	. . .
	Singapore	10.20	SGD	6.99
	Solomon Islands	. . .	—	. . .
	Tonga	. . .	—	. . .
	Tuvalu	. . .	—	. . .
	Vanuatu	. . .	—	. . .
	Viet Nam	9 000.00	VND	2.63

	EXCISE TOBACCO TAX AS A % OF PRICE			
IN USD, AT OFFICIAL EXCHANGE RATES, 2006	SPECIFIC EXCISE	AD VALOREM EXCISE	IMPORT DUTIES	TOTAL[a]
6.92	53%	. . .	. . .	53%
. . .	. . .	. . .	. . .	. . .
0.20	—	9%	—	9%
0.50	2%	19%/34%	—	21%/35%
4.62	—	—	46%	46%
. . .	. . .	. . .	. . .	. . .
2.58	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
0.05	—	32%	—	32%
2.24	37%	3%	—	39%
. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
0.37	31%	—	—	31%
. . .	. . .	. . .	. . .	. . .
6.43	58%	—	—	58%
4.87	—	—	84%	84%
2.00	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
0.49	41%	—	—	41%
2.63	54%	—	—	54%
. . .	. . .	. . .	. . .	. . .
6.46	69%	—	—	69%
. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .
0.57	—	32% / 41%	—	32% / 41%

Table 2.6.2

Advertising ban at the national/federal level in the Western Pacific

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	BAN ON DIRECT ADVERTISING		
	NATIONAL TV AND RADIO	INTERNATIONAL TV AND RADIO	LOCAL MAGAZINES AND NEWSPAPERS
Australia	Yes	Yes	Yes
Brunei Darussalam	. . .	. . .	. . .
Cambodia	No	No	No
China	Yes	Yes	Yes
Cook Islands	Yes	No	Yes
Fiji	. . .	. . .	. . .
Japan	No	No	No
Kiribati	. . .	. . .	. . .
Lao People's Democratic Republic	No	No	No
Malaysia	Yes	Yes	Yes
Marshall Islands	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .
Mongolia	Yes	Yes	Yes
Nauru	. . .	. . .	. . .
New Zealand	Yes	No	Yes
! Niue	No	No	No
Palau	No	No	No
Papua New Guinea	. . .	. . .	. . .
Philippines	Yes	Yes	Yes
Republic of Korea	Yes	Yes	No
Samoa	. . .	. . .	. . .
Singapore	Yes	No	Yes
Solomon Islands	. . .	. . .	. . .
Tonga	. . .	. . .	. . .
Tuvalu	. . .	. . .	. . .
Vanuatu	. . .	. . .	. . .
Viet Nam	Yes	No	Yes

Western Pacific

INTERNATIONAL MAGAZINES AND NEWSPAPERS	BILLBOARD AND OUTDOOR ADVERTISING	POINT OF SALE	INTERNET	OVERALL ENFORCEMENT OF BAN ON DIRECT ADVERTISING*	OTHER SUBNATIONAL BANS ON ADVERTISING
No	Yes	No	No	. . .	Yes
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	—	No
Yes	No	No	No	3	Yes
No	Yes	Yes	No	. . .	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	—	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	—	Yes
No	Yes	Yes	No	7	No
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	5	No
. . .	. . .	. . .	. . .	. . .	. . .
No	Yes	Yes	Yes	10	No
No	No	No	No	—	No
No	No	No	No	—	No
. . .	. . .	. . .	. . .	. . .	. . .
No	Yes	No	Yes	5	No
No	Yes	No	Yes	6	No
. . .	. . .	. . .	. . .	. . .	. . .
No	Yes	Yes	No	10	Yes
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
No	Yes	Yes	Yes	10	No

Table 2.6.3

Ban on promotion and sponsorship in the Western Pacific

* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	FREE DISTRIBUTION IN MAIL OR BY OTHER MEANS	PROMOTIONAL DISCOUNTS	NON-TOBACCO PRODUCTS IDENTIFIED WITH TOBACCO BRAND NAMES
Australia	Yes	Yes	Yes
Brunei Darussalam	. . .	. . .	. . .
Cambodia	No	No	No
China	No	No	No
Cook Islands	Yes	Yes	Yes
Fiji	. . .	. . .	. . .
Japan	No	Yes	No
Kiribati	. . .	. . .	. . .
Lao People's Democratic Republic	No	No	No
Malaysia	Yes	Yes	No
Marshall Islands	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .
Mongolia	Yes	Yes	Yes
Nauru	. . .	. . .	. . .
New Zealand	Yes	Yes	Yes
! Niue	No	No	No
Palau	No	No	No
Papua New Guinea	. . .	. . .	. . .
Philippines	No	No	Yes
Republic of Korea	Yes	Yes	No
Samoa	. . .	. . .	. . .
Singapore	Yes	Yes	Yes
Solomon Islands	. . .	. . .	. . .
Tonga	. . .	. . .	. . .
Tuvalu	. . .	. . .	. . .
Vanuatu	. . .	. . .	. . .
Viet Nam	Yes	Yes	Yes

Western Pacific

BRAND NAME OF NON-TOBACCO PRODUCTS USED FOR TOBACCO PRODUCTS	APPEARANCE OF TOBACCO PRODUCTS IN TV AND/OR FILMS	SPONSORED EVENTS	OVERALL ENFORCEMENT OF BAN ON PROMOTION*
No	No	Yes	. . .
. . .	. . .	. . .	. . .
No	No	No	—
No	No	No	—
Yes	No	Yes	. . .
. . .	. . .	. . .	. . .
No	No	No	. . .
. . .	. . .	. . .	. . .
No	No	No	—
No	No	Yes	5
. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .
No	Yes	Yes	3
. . .	. . .	. . .	. . .
Yes	No	Yes	9
No	No	No	—
No	No	No	—
. . .	. . .	. . .	. . .
Yes	Yes	Yes	5
No	No	No	6
. . .	. . .	. . .	. . .
No	No	Yes	8
. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .
No	Yes	Yes	9

Table 2.6.4

Regulation on smoke-free environments in the Western Pacific

[1] Except universities.
* Based on a score of 0–10, where 0 is low enforcement/compliance. Refer to Technical Note I for more information.
^ Provincial, state, or local complete ban on tobacco smoking indoors in health care, educational or governmental facilities or workplaces including bars and restaurants.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

	COUNTRY	HEALTH-CARE FACILITIES	EDUCATIONAL FACILITIES[1]	UNIVERSITIES	GOVERNMENTAL FACILITIES
	Australia	No	No	No	No
	Brunei Darussalam	. . .	. . .	. . .	. . .
	Cambodia	Yes	Yes	Yes	Yes
	China	No	Yes	No	No
	Cook Islands	Yes	Yes	No	Yes
	Fiji	. . .	. . .	. . .	. . .
	Japan	No	No	No	No
	Kiribati	. . .	. . .	. . .	. . .
	Lao People's Democratic Republic	Yes	No	Yes	No
	Malaysia	Yes	Yes	Yes	Yes
	Marshall Islands	. . .	. . .	. . .	. . .
	Micronesia (Federated States of)	. . .	. . .	. . .	. . .
	Mongolia	No	No	No	No
	Nauru	. . .	. . .	. . .	. . .
	New Zealand	Yes	Yes	Yes	Yes
!	Niue	No	No	No	No
	Palau	No	No	No	Yes
	Papua New Guinea	. . .	. . .	. . .	. . .
	Philippines	Yes	Yes	Yes	Yes
	Republic of Korea	Yes	Yes	No	No
	Samoa	. . .	. . .	. . .	. . .
	Singapore	Yes	Yes	No	Yes
	Solomon Islands	. . .	. . .	. . .	. . .
	Tonga	. . .	. . .	. . .	. . .
	Tuvalu	. . .	. . .	. . .	. . .
	Vanuatu	. . .	. . .	. . .	. . .
	Viet Nam	Yes	No	No	No

Western Pacific

INDOOR OFFICES	RESTAURANTS	PUBS AND BARS	OTHER INDOOR WORKPLACES	OVERALL ENFORCEMENT OF REGULATION ON SMOKE-FREE ENVIRONMENTS*	OTHER SUBNATIONAL MEASURES ON SMOKE-FREE ENVIRONMENTS^
No	No	No	No	—	Yes
. . .	. . .	. . .	. . .	. . .	. . .
Yes	No	No	Yes	5	No
No	No	No	No	1	Yes
Yes	Yes	Yes	Yes	. . .	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	—	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	. . .	Yes
No	No	No	No	5	No
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	Yes	2	No
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	10	No
No	No	No	No	—	No
No	No	No	No	9	No
. . .	. . .	. . .	. . .	. . .	. . .
No	No	No	No	5	Yes
No	No	No	No	6	No
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	No	Yes	7	Yes
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Yes	No	No	No	4	No

Table 2.6.5

Regulation on packaging in the Western Pacific

[2] Including, but not limited to "low tar", "light", "ultra light", or "mild", in any language.

! Data were not validated by country focal point in time for publication of this report.

. . . Data not reported/not available.

— Data not required/not applicable.

COUNTRY	BAN ON DECEITFUL TERMS[2]	PERCENTAGE OF PRINCIPAL DISPLAY AREA MANDATED TO BE COVERED BY A HEALTH WARNING	IF THE WARNING IS 30% OR MORE OF THE MAIN DISPLAY AREA…	
			DOES THE LAW MANDATE SPECIFIC WARNINGS?	IF SO, HOW MANY?
Australia	Yes	60%	Yes	14
Brunei Darussalam	. . .	. . .	. . .	. . .
Cambodia	No	. . .	. . .	. . .
China	No	5%	—	—
Cook Islands	No	Not mandated	—	—
Fiji	. . .	. . .	. . .	. . .
Japan	No	30%	Yes	. . .
Kiribati	. . .	. . .	. . .	. . .
Lao People's Democratic Republic	No	20%	—	—
Malaysia	No	Not mandated	—	—
Marshall Islands	. . .	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .	. . .
Mongolia	Yes	33%	Yes	6
Nauru	. . .	. . .	. . .	. . .
New Zealand	No	60%	Yes	14
! Niue	No	Not mandated	—	—
Palau	No	Not mandated	—	—
Papua New Guinea	. . .	. . .	. . .	. . .
Philippines	No	30%	Yes	. . .
Republic of Korea	No	30%	Yes	3
Samoa	. . .	. . .	. . .	. . .
Singapore	No	50%	Yes	6
Solomon Islands	. . .	. . .	. . .	. . .
Tonga	. . .	. . .	. . .	. . .
Tuvalu	. . .	. . .	. . .	. . .
Vanuatu	. . .	. . .	. . .	. . .
Viet Nam	No	30%	Yes	5

DO WARNINGS APPEAR ON EACH PACKAGE AND OUTSIDE PACKAGING?	DO WARNINGS DESCRIBE THE HARMFUL EFFECTS OF TOBACCO?	ARE WARNINGS LARGE, CLEAR, LEGIBLE AND VISIBLE?	ARE THE HEALTH WARNINGS ROTATING?	ARE HEALTH WARNINGS WRITTEN IN THE PRINCIPAL LANGUAGE OF THE COUNTRY?	DO WARNINGS INCLUDE A PICTURE?
Yes	Yes	Yes	Yes	Yes	Yes
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
—	—	—	—	—	—
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	No
. . .	. . .	. . .	. . .	. . .	. . .
—	—	—	—	—	—
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	Yes
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	Yes
—	—	—	—	—	—
—	—	—	—	—	—
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	No
Yes	Yes	Yes	Yes	Yes	No
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	Yes
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Yes	Yes	Yes	Yes	Yes	No

Table 2.6.6

Support for treatment of tobacco dependence in the Western Pacific

[3] "Pharmacy with Rx" means that a prescription is required.
[4] "Most" means that availability of service is generally not an obstacle to treatment; "Some" means that low availability of treatment is often an obstacle to treatment.
! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

COUNTRY	POPULATION WITH ACCESS TO A TOLL-FREE QUIT LINE	NICOTINE REPLACEMENT THERAPY		BUPROPION
		AVAILABLE	PLACE AVAILABLE[3]	AVAILABLE
Australia	Yes	Yes	General store	Yes
Brunei Darussalam	. . .	. . .	. . .	. . .
Cambodia	No	No	—	No
China	No	Yes	Pharmacy	Yes
Cook Islands	No	Yes	Pharmacy	No
Fiji	. . .	. . .	. . .	. . .
Japan	No	Yes	Pharmacy	No
Kiribati	. . .	. . .	. . .	. . .
Lao People's Democratic Republic	Yes	No	—	No
Malaysia	No	Yes	Pharmacy	No
Marshall Islands	. . .	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .	. . .
Mongolia	No	Yes	Pharmacy	No
Nauru	. . .	. . .	. . .	. . .
New Zealand	Yes	Yes	General store	Yes
! Niue	No	No	—	. . .
Palau	No	Yes	General store	Yes
Papua New Guinea	. . .	. . .	. . .	. . .
Philippines	No	Yes	Pharmacy with Rx	No
Republic of Korea	Yes	Yes	Pharmacy	Yes
Samoa	. . .	. . .	. . .	. . .
Singapore	Yes	Yes	Pharmacy	Yes
Solomon Islands	. . .	. . .	. . .	. . .
Tonga	. . .	. . .	. . .	. . .
Tuvalu	. . .	. . .	. . .	. . .
Vanuatu	. . .	. . .	. . .	. . .
Viet Nam	No	No	—	Yes

Western Pacific

	IS SMOKING CESSATION SUPPORT AVAILABLE IN…?[4]				
PLACE AVAILABLE[3]	PRIMARY CARE FACILITIES	HOSPITALS	OFFICES OF HEALTH PROFESSIONALS	COMMUNITY	OTHER
Pharmacy with Rx	Yes, in most	. . .	Yes, in most	Yes, in some	. . .
. . .	. . .	. . .	. . .	. . .	. . .
—	Yes, in some	. . .	No	Yes, in some	Yes, in some
Pharmacy with Rx	Yes, in some	Yes, in some	. . .	Yes, in some	. . .
—	Yes, in most	Yes, in most	Yes, in most	Yes, in most	No
. . .	. . .	. . .	. . .	. . .	. . .
—	Yes, in some	Yes, in some	Yes, in some	Yes, in some	. . .
. . .	. . .	. . .	. . .	. . .	. . .
—	No	Yes, in some	No	No	No
—	Yes, in some	Yes, in some	No	Yes, in some	Yes, in some
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
—	Yes, in some	Yes, in some	Yes, in some	No	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	Yes, in most	. . .
. . .	No	No	No	No	No
Pharmacy with Rx	Yes, in some	Yes, in some	Yes, in some	No	. . .
. . .	. . .	. . .	. . .	. . .	. . .
—	No	Yes, in some	Yes, in some	No	. . .
Pharmacy with Rx	Yes, in some	Yes, in some	No	No	No
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	Yes, in most	Yes, in most	Yes, in some	Yes, in some	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .
Pharmacy with Rx	No	Yes, in some	. . .	No	. . .

Table 2.6.7

Governmental programmes and agencies dedicated to tobacco control in the Western Pacific

! Data were not validated by country focal point in time for publication of this report.
. . . Data not reported/not available.
— Data not required/not applicable.

	COUNTRY	ARE THERE NATIONAL OBJECTIVES ON TOBACCO CONTROL?	IS THERE A NATIONAL AGENCY FOR TOBACCO CONTROL? (IF YES, NUMBER OF FULL-TIME EQUIVALENT EMPLOYEES)?	
	Australia	Yes	Yes	16
	Brunei Darussalam	. . .	. . .	. . .
	Cambodia	Yes	Yes	4
	China	Yes	Yes	7
	Cook Islands	Yes	Yes	. . .
	Fiji	. . .	. . .	. . .
	Japan	Yes	Yes	3
	Kiribati	. . .	. . .	. . .
	Lao People's Democratic Republic	No	Yes	1
	Malaysia	No	Yes	3
	Marshall Islands	. . .	. . .	. . .
	Micronesia (Federated States of)	. . .	. . .	. . .
	Mongolia	Yes	No	—
	Nauru	. . .	. . .	. . .
	New Zealand	Yes	Yes	5
!	Niue	Yes	Yes	2
	Palau	Yes	Yes	4
	Papua New Guinea	. . .	. . .	. . .
	Philippines	Yes	Yes	. . .
	Republic of Korea	Yes	Yes	3
	Samoa	. . .	. . .	. . .
	Singapore	Yes	Yes	7
	Solomon Islands	. . .	. . .	. . .
	Tonga	. . .	. . .	. . .
	Tuvalu	. . .	. . .	. . .
	Vanuatu	. . .	. . .	. . .
	Viet Nam	Yes	Yes	10

WHAT IS THE OVERALL NATIONAL BUDGET FOR TOBACCO CONTROL ACTIVITIES?			
IN LOCAL CURRENCY (OR CURRENCY REPORTED)	LOCAL CURRENCY UNIT (OR CURRENCY REPORTED)	IN USD, AT PURCHASING POWER PARITY, 2006	IN USD, AT OFFICIAL EXCHANGE RATES, 2006
3 500 000	AUD	2 500 746	2 651 515
. . .	—	. . .	. . .
6 700 000	KHR	9 909	1 637
9 600 000	CNY	4 606 391	1 204 517
20 000	NZD	13 790	12 987
. . .	—	. . .	. . .
495 000 000	JPY	4 051 335	4 256 600
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
30 000 000	NZD	20 685 127	19 480 519
0	NZD	0	0
36 000	USD	. . .	36 000
. . .	—	. . .	. . .
500 000	PHP	38 578	9 745
31 502 000 000	KRW	42 814 622	32 991 915
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
. . .	—	. . .	. . .
10 000	USD	. . .	10 000

APPENDIX III: **INTERNATIONALLY COMPARABLE PREVALENCE ESTIMATES**

Appendix III provides adjusted and age-standardized data on the prevalence of tobacco use for the 135 Member States that provided data that satisfy criteria outlined in Technical Note I. In Table 3a adjusted estimates are shown. The adjusted estimates are more important for individual countries, since the total number of smokers in each country can be obtained using these estimates. To obtain these, all of the currently available data were used, and adjustments were made to allow for 1) urban-rural differences (when one is available and not the other); 2) time trends (when the most recent estimates are not current or when data are available over time); 3) sex (where data are available for one sex but not the other); 4) age (where the data do not cover all adults over the age of 15 or where the age categories are not standard); 5) current versus daily smoking (when one is available but not the other).

In Table 3b age-standardized estimates are shown. These estimates were obtained using adjusted estimates and adding age standardization, to make them comparable between countries. Because these estimates were adjusted to WHO standard population, they should be used solely for the purpose of comparing prevalence between countries, and not, in any case, to track the epidemic at the level of a single country or to infer the total number of smokers in a country or in the world. For these reasons, all figures provided are officially validated by Member States for the sole purpose of international comparison and cannot replace or be compared to national figures without taking into considerations the sometimes significant adjustments performed.

The adjustment of country-reported survey data was limited by the availability and quality of country survey data. In some instances, adjusted and age-standardized prevalence estimates differ notably from crude country-reported data. Prevalence figures for four indicators of adult tobacco use are described with 95% confidence intervals (CI) that reflect the accuracy of the underlying data and statistical adjustments combined; these intervals are an integral part of the data and should always be used along with the point estimate. The four definitions of tobacco use are as follows:

Smoking any tobacco product:
Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, kreteks, etc.

Smoking cigarettes:
Smoking manufactured cigarettes.

Current smoking:
Smoking at the time of the survey, including daily and non-daily smoking.

Daily smoking:
Smoking every day at the time of the survey.

Countries that have not validated the adjusted and age-standardized prevalence estimates are identified by footnotes.

Africa

Table 3.1a

Adjusted prevalence estimates for WHO Member States (Africa)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Algeria	31.3	(28.8-33.8)	29.5	(27.1-32.0)	0.3	(0.1-0.5)
Angola	. . .	. . .	. . .	. . .	. . .	. . .
Benin	. . .	. . .	. . .	. . .	. . .	. . .
Botswana	. . .	. . .	. . .	. . .	. . .	. . .
Burkina Faso	20.3	(18.4-22.2)	16.3	(14.6-18.0)	8.2	(7.0-9.4)
Burundi	. . .	. . .	. . .	. . .	. . .	. . .
Cameroon	12.9	(8.7-17.1)	10.6	(7.1-14.1)	2.7	(0.5-5.0)
Cape Verde	. . .	. . .	. . .	. . .	. . .	. . .
Central African Republic	. . .	. . .	. . .	. . .	. . .	. . .
Chad	14.0	(9.6-18.5)	10.9	(7.4-14.5)	2.2	(0.4-3.9)
Comoros	23.1	(19.5-26.7)	17.8	(14.7-20.9)	10.4	(7.3-13.6)
Congo	12.3	(8.0-16.6)	8.9	(5.7-12.2)	0.8	(0.0-1.6)
Côte d'Ivoire	15.4	(13.7-17.1)	11.4	(9.9-12.9)	1.7	(1.2-2.2)
Democratic Republic of the Congo	13.8	(9.0-18.6)	10.4	(6.6-14.1)	1.6	(0.2-3.0)
Equatorial Guinea	. . .	. . .	. . .	. . .	. . .	. . .
Eritrea	16.1	(13.6-18.7)	11.6	(9.5-13.7)	1.1	(0.5-1.8)
Ethiopia	5.8	(4.7-6.9)	3.8	(3.0-4.7)	0.6	(0.3-1.0)
Gabon	. . .	. . .	. . .	. . .	. . .	. . .
Gambia	27.8	(25.6-29.9)	25.5	(23.4-27.6)	2.3	(1.8-2.8)
Ghana	8.2	(6.9-9.6)	5.9	(4.7-7.0)	0.7	(0.3-1.0)
Guinea	. . .	. . .	. . .	. . .	. . .	. . .
Guinea-Bissau	. . .	. . .	. . .	. . .	. . .	. . .
Kenya	24.1	(21.2-27.0)	18.6	(16.1-21.0)	1.6	(1.0-2.3)
Lesotho	. . .	. . .	. . .	. . .	. . .	. . .
Liberia	. . .	. . .	. . .	. . .	. . .	. . .
Madagascar	. . .	. . .	. . .	. . .	. . .	. . .
Malawi	19.3	(16.9-21.7)	14.8	(12.9-16.8)	4.0	(2.8-5.2)
Mali	19.2	(17.3-21.1)	15.1	(13.4-16.8)	2.5	(1.7-3.3)
Mauritania	23.1	(20.6-25.5)	19.2	(16.9-21.4)	3.7	(2.8-4.5)
Mauritius	36.2	(32.3-40.0)	29.1	(25.9-32.4)	1.1	(0.6-1.7)
Mozambique	21.4	(19.2-23.6)	15.8	(14.1-17.5)	3.2	(2.4-4.1)
Namibia	31.0	(27.6-34.3)	24.8	(21.9-27.6)	9.3	(7.9-10.7)
Niger	. . .	. . .	. . .	. . .	. . .	. . .
Nigeria	11.7	(10.0-13.3)	8.6	(7.1-10.0)	0.9	(0.5-1.2)
Rwanda	. . .	. . .	. . .	. . .	. . .	. . .
Sao Tome and Principe	22.0	(9.5-34.5)	21.3	(9.0-33.5)	10.6	(0.0-23.7)
Senegal	19.9	(17.5-22.3)	15.8	(13.6-17.9)	1.3	(0.6-1.9)
! Seychelles	35.5	(30.5-40.5)	28.4	(23.9-32.9)	7.0	(4.4-9.7)
Sierra Leone	. . .	. . .	. . .	. . .	. . .	. . .
South Africa	27.1	(23.6-30.5)	20.9	(18.0-23.9)	8.9	(7.1-10.6)
Swaziland	11.9	(9.5-14.3)	7.8	(5.9-9.7)	2.1	(1.3-3.0)
Togo	. . .	. . .	. . .	. . .	. . .	. . .
Uganda	17.3	(15.0-19.5)	13.2	(11.3-15.1)	2.5	(1.8-3.2)
United Republic of Tanzania	21.2	(18.9-23.5)	16.1	(14.3-18)	3.3	(2.4-4.2)
! Zambia	17.0	(14.7-19.4)	12.8	(10.8-14.7)	3.5	(2.3-4.6)
Zimbabwe	20.8	(18.0-23.6)	15.8	(13.4-18.1)	2.9	(1.9-3.8)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
0.2	(0.0-0.4)	28.7	(26.3-31.2)	27.0	(24.7-29.4)	0.2	(0.0-0.4)	0.2	(0.0-0.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
7.6	(6.5-8.8)	15.5	(13.8-17.1)	11.2	(9.8-12.6)	0.9	(0.5-1.2)	0.3	(0.1-0.6)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.0	(0.3-3.7)	10.1	(6.8-13.5)	7.6	(5.0-10.2)	1.8	(0.3-3.3)	1.3	(0.2-2.5)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.5	(0.2-2.8)	11.2	(7.6-14.8)	8.0	(5.3-10.6)	1.1	(0.1-2.0)	0.7	(0.1-1.4)
8.6	(5.9-11.3)	20.3	(17.0-23.7)	15.1	(12.2-17.9)	4.0	(2.4-5.6)	2.7	(1.5-3.9)
0.5	(0.1-1.1)	9.9	(6.4-13.4)	6.6	(4.1-9.2)	0.4	(0.1-0.9)	0.2	(0.1-0.6)
1.1	(0.7-1.6)	12.5	(10.9-14.1)	8.7	(7.4-10.0)	0.6	(0.3-0.8)	0.2	(0.0-0.4)
1.2	(0.1-2.3)	11.2	(7.1-15.2)	7.7	(4.7-10.6)	0.4	(0.1-1.0)	0.3	(0.1-0.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.6	(0.1-1.0)	15.2	(12.7-17.6)	10.8	(8.8-12.9)	0.7	(0.2-1.2)	0.3	(0.0-0.6)
0.3	(0.1-0.5)	5.3	(4.3-6.3)	3.5	(2.7-4.2)	0.4	(0.1-0.7)	0.2	(0.0-0.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.8	(1.3-2.2)	18.0	(16.2-19.7)	14.4	(12.8-16)	0.5	(0.3-0.8)	0.2	(0.0-0.4)
0.3	(0.1-0.5)	6.0	(4.9-7.1)	3.8	(2.9-4.7)	0.5	(0.2-0.8)	0.2	(0.0-0.4)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.9	(0.5-1.4)	22.2	(19.4-24.9)	16.7	(14.5-19.0)	0.9	(0.5-1.3)	0.4	(0.2-0.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
3.3	(2.3-4.3)	16.6	(14.5-18.8)	12.3	(10.5-14.0)	1.6	(1-2.1.0)	1.0	(0.6-1.5)
1.7	(1.1-2.4)	15.3	(13.6-17.0)	11.1	(9.6-12.6)	0.8	(0.3-1.2)	0.3	(0.0-0.6)
2.8	(2.1-3.5)	17.9	(15.7-20.1)	13.7	(11.8-15.6)	0.8	(0.4-1.2)	0.3	(0.1-0.6)
0.6	(0.2-1.0)	36.2	(32.3-40.0)	29.1	(25.9-32.4)	1.1	(0.6-1.7)	0.6	(0.2-1.0)
2.0	(1.5-2.6)	20.0	(17.9-22.1)	14.6	(13.0-16.2)	1.5	(1.1-2.0)	0.8	(0.5-1.1)
7.5	(6.3-8.7)	28.9	(25.7-32.1)	22.6	(19.9-25.3)	7.9	(6.7-9.2)	5.9	(4.9-7.0)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.6	(0.3-0.9)	9.0	(7.5-10.4)	6.0	(4.8-7.2)	0.2	(0.0-0.4)	0.1	(0.0-0.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
8.6	(0.0-20.6)	22.0	(9.5-34.5)	21.3	(9.0-33.5)	10.6	(0.0-23.7)	8.6	(0.0-20.6)
0.8	(0.3-1.3)	15.7	(13.6-17.9)	11.5	(9.7-13.4)	0.6	(0.1-1.0)	0.2	(0.0-0.5)
5.1	(2.9-7.2)	31.5	(26.7-36.2)	24.4	(20.3-28.6)	3.0	(1.4-4.5)	1.8	(0.6-2.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.7	(5.1-8.2)	24.9	(21.6-28.1)	18.8	(16.0-21.6)	7.6	(6.0-9.2)	5.3	(4.0-6.6)
1.3	(0.6-1.9)	11.0	(8.7-13.3)	7.1	(5.2-8.9)	1.9	(1.1-2.7)	1.0	(0.5-1.6)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.6	(1.1-2.1)	15.7	(13.6-17.8)	11.7	(9.9-13.5)	1.2	(0.8-1.5)	0.6	(0.4-0.9)
2.4	(1.7-3.2)	18.8	(16.7-20.9)	13.8	(12.1-15.5)	1.4	(0.9-1.8)	0.8	(0.5-1.1)
2.5	(1.6-3.4)	15.0	(12.8-17.1)	10.8	(9.0-12.6)	1.5	(0.9-2.2)	0.9	(0.4-1.4)
2.0	(1.3-2.7)	18.4	(15.8-20.9)	13.4	(11.3-15.6)	1.3	(0.8-1.9)	0.8	(0.4-1.1)

The Americas

Table 3.2a

Adjusted prevalence estimates for WHO Member States (The Americas)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval
* Current smoking prevalence not validated

	COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
		MALES				FEMALES	
		CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
	Antigua and Barbuda	. . .	. . .	. . .	. . .	. . .	. . .
	Argentina	34.6	(31.1-38.1)	27.0	(24.3-29.8)	24.6	(21.7-27.5)
	Bahamas	. . .	. . .	. . .	. . .	. . .	. . .
!	Barbados	18.5	(10.1-26.9)	16.6	(8.9-24.3)	3.3	(1.5-5.1)
	Belize	. . .	. . .	. . .	. . .	. . .	. . .
	Bolivia	35.8	(27.9-43.8)	32.6	(25.3-39.9)	29.8	(26.3-33.4)
*	Brazil	. . .	. . .	16.8	(11.5-22.0)	. . .	. . .
!	Canada	. . .	. . .	. . .	. . .	. . .	. . .
!	Chile	42.6	(34.0-51.1)	40.1	(32.0-48.2)	33.3	(27.9-38.6)
	Colombia	. . .	. . .	. . .	. . .	. . .	. . .
	Costa Rica	26.7	(22.5-30.9)	10.0	(8.2-11.9)	7.3	(5.8-8.9)
	Cuba	44.8	(27.1-62.4)	44.4	(26.9-61.9)	29.6	(22.6-36.6)
	Dominica	. . .	. . .	. . .	. . .	. . .	. . .
	Dominican Republic	14.9	(8.7-21.2)	13.1	(7.6-18.7)	11.0	(7.9-14.1)
	Ecuador	23.9	(20.7-27.0)	5.8	(4.5-7.0)	5.4	(4.3-6.5)
	El Salvador	. . .	. . .	. . .	. . .	. . .	. . .
	Grenada	. . .	. . .	. . .	. . .	. . .	. . .
	Guatemala	24.8	(20.8-28.9)	7.8	(6.1-9.4)	3.9	(3.0-4.8)
	Guyana	. . .	. . .	. . .	. . .	. . .	. . .
	Haiti	. . .	. . .	. . .	. . .	. . .	. . .
	Honduras	. . .	. . .	. . .	. . .	3.3	(1.8-4.8)
	Jamaica	19.6	(11.1-28.1)	17.9	(10.0-25.8)	8.9	(6.1-11.7)
	Mexico	37.6	(30.2-45.0)	22.1	(19.0-25.3)	12.4	(8.9-15.9)
	Nicaragua	. . .	. . .	. . .	. . .	. . .	. . .
	Panama	. . .	. . .	. . .	. . .	. . .	. . .
	Paraguay	33.4	(29.6-37.3)	22.1	(19.3-24.9)	14.9	(12.7-17.1)
	Peru	. . .	. . .	. . .	. . .	. . .	. . .
	Saint Kitts and Nevis	. . .	. . .	. . .	. . .	. . .	. . .
	Saint Lucia	28.0	(16.3-39.7)	26.9	(15.6-38.2)	11.0	(7.3-14.6)
	Saint Vincent and the Grenadines	17.6	(9.2-26.1)	16.0	(8.2-23.8)	5.2	(2.4-7.9)
	Suriname	. . .	. . .	. . .	. . .	. . .	. . .
	Trinidad and Tobago	36.5	(21.9-51.1)	36.3	(21.8-50.9)	7.3	(5.0-9.7)
	United States of America	25.7	(22.6-28.8)	20.5	(19.0-22.0)	20.3	(17.0-23.6)
	Uruguay	36.6	(32.2-41.0)	34.3	(30.1-38.5)	25.8	(22.1-29.6)
	Venezuela	33.4	(27.5-39.3)	26.0	(20.8-31.3)	27.8	(21.8-33.8)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILYD	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
21.1	(18.5-23.6)	34.3	(30.8-37.8)	26.1	(23.4-28.8)	22.7	(20.0-25.4)	18.1	(15.9-20.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.7	(1.1-4.3)	17.1	(9.2-25.0)	15.2	(8.1-22.3)	2.5	(1.0-4.0)	2.0	(0.7-3.4)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
27.0	(23.7-30.2)	35.7	(27.8-43.6)	32.1	(24.9-39.3)	27.3	(24.0-30.6)	24.1	(21.2-27)
9.5	(5.7-13.3)	. . .	. . .	16.3	(11.3-21.3)	. . .	. . .	8.4	(5.1-11.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
32.8	(27.5-38)	42.2	(33.7-50.7)	39.4	(31.5-47.4)	30.1	(25.2-35.0)	29.1	(24.4-33.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.5	(1.7-3.2)	26.7	(22.5-30.9)	10.0	(8.2-11.9)	7.3	(5.8-8.9)	2.5	(1.7-3.2)
26.1	(19.9-32.3)	37.0	(22.4-51.6)	36.5	(22.1-50.8)	27.3	(20.8-33.8)	24.0	(18.3-29.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
9.4	(6.7-12.1)	13.6	(7.9-19.3)	11.8	(6.7-16.8)	9.4	(6.7-12.1)	8.0	(5.6-10.4)
1.3	(0.8-1.8)	23.6	(20.5-26.7)	5.5	(4.3-6.7)	5.2	(4.1-6.3)	1.2	(0.7-1.6)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.8	(0.5-1.2)	24.8	(20.8-28.9)	7.8	(6.1-9.4)	3.9	(3.0-4.8)	0.8	(0.5-1.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.6	(0.3-0.9)	. . .	. . .	. . .	. . .	3.3	(1.8-4.8)	0.6	(0.3-0.9)
7.5	(5.1-10.0)	17.7	(9.9-25.5)	15.9	(8.8-23.0)	7.5	(5.0-9.9)	6.3	(4.1-8.5)
6.1	(5.2-7.1)	37.6	(30.2-45.0)	22.1	(19.0-25.3)	12.4	(8.9-15.9)	6.1	(5.2-7.1)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.7	(5.5-7.9)	33.2	(29.4-37.0)	21.3	(18.6-24.0)	14.4	(12.2-16.5)	5.8	(4.7-6.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
9.5	(6.2-12.8)	25.0	(14.4-35.6)	23.6	(13.6-33.6)	8.2	(5.3-11.2)	7.0	(4.4-9.6)
4.4	(1.9-6.9)	17.6	(9.2-26.1)	16.0	(8.2-23.8)	5.2	(2.4-7.9)	4.4	(1.9-6.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.2	(4.1-8.2)	32.6	(19.5-45.7)	32.3	(19.3-45.2)	5.6	(3.7-7.6)	4.7	(3.0-6.4)
15.8	(13.9-17.7)	25.7	(22.6-28.8)	20.5	(19.0-22.0)	20.3	(17.0-23.6)	15.8	(13.9-17.7)
24.3	(20.7-27.8)	36.6	(32.2-41.0)	34.3	(30.1-38.5)	25.8	(22.1-29.6)	24.3	(20.7-27.8)
25.1	(19.5-30.8)	33.4	(27.5-39.3)	26.0	(20.8-31.3)	27.8	(21.8-33.8)	25.1	(19.5-30.8)

Eastern Mediterranean

Table 3.3a

Adjusted prevalence estimates for WHO Member States (Eastern Mediterranean)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval
> Refers to a territory.

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Afghanistan	. . .	. . .	. . .	. . .	. . .	. . .
Bahrain	26.2	(22.5-30.0)	13.4	(11.5-15.3)	2.7	(1.1-4.2)
Djibouti	. . .	. . .	. . .	. . .	. . .	. . .
Egypt	26.0	(23.8-28.1)	24.4	(22.3-26.5)	4.1	(3.0-5.2)
Iran (Islamic Republic of)	26.2	(21.3-31.0)	20.2	(16.5-23.9)	4.5	(3.1-6.0)
Iraq	25.7	(21.6-29.9)	9.9	(8.0-11.8)	1.9	(0.6-3.1)
Jordan	61.7	(52.8-70.7)	61.7	(52.8-70.7)	7.9	(3.2-12.6)
Kuwait	. . .	. . .	. . .	. . .	. . .	. . .
Lebanon	29.0	(24.2-33.9)	27.3	(22.7-31.9)	6.9	(2.7-11.2)
Libyan Arab Jamahiriya	. . .	. . .	. . .	. . .	. . .	. . .
Morocco	29.5	(27.3-31.8)	27.9	(25.7-30.1)	0.3	(0.1-0.6)
Oman	24.8	(21.0-28.6)	11.4	(9.4-13.3)	1.0	(0.3-1.7)
Pakistan	31.7	(25.6-37.7)	25.3	(20.4-30.1)	5.2	(3.4-7.1)
Qatar	. . .	. . .	. . .	. . .	. . .	. . .
! Saudi Arabia	25.6	(21.8-29.3)	12.9	(11.0-14.9)	3.2	(1.3-5.2)
Somalia	. . .	. . .	. . .	. . .	. . .	. . .
Sudan	. . .	. . .	. . .	. . .	. . .	. . .
Syrian Arab Republic	42.0	(16.8-67.1)	38.6	(31.5-45.6)	. . .	. . .
Tunisia	51.0	(48.3-53.8)	49.2	(46.5-51.9)	1.7	(1.1-2.3)
! United Arab Emirates	27.2	(21.9-32.5)	16.0	(12.2-19.8)	2.4	(0.5-4.4)
West Bank and Gaza Strip[>]	. . .	. . .	. . .	. . .	. . .	. . .
Yemen	. . .	. . .	. . .	. . .	. . .	. . .

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.4	(0.6-2.3)	25.7	(22.1-29.4)	12.0	(10.3-13.7)	2.1	(0.9-3.4)	1.0	(0.4-1.5)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
4.1	(3.0-5.2)	22.7	(20.7-24.7)	21.1	(19.2-23.1)	3.5	(2.5-4.5)	3.5	(2.5-4.5)
3.2	(2.1-4.2)	21.4	(17.5-25.4)	15.8	(12.9-18.7)	1.7	(1.1-2.2)	1.0	(0.6-1.3)
1.0	(0.3-1.7)	25.2	(21.1-29.3)	8.8	(7.1-10.6)	1.3	(0.4-2.1)	0.6	(0.1-1.1)
7.9	(3.2-12.6)	61.4	(52.5-70.3)	61.4	(52.5-70.3)	7.9	(3.2-12.6)	7.9	(3.2-12.6)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.9	(2.7-11.2)	29.0	(24.2-33.9)	27.3	(22.7-31.9)	6.9	(2.7-11.2)	6.9	(2.7-11.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.3	(0.1-0.5)	26.8	(24.6-28.9)	25.2	(23.1-27.3)	0.3	(0.0-0.5)	0.2	(0.0-0.4)
0.2	(0.0-0.4)	24.4	(20.6-28.1)	10.3	(8.5-12.0)	0.3	(0.1-0.6)	0.0	(0.0-0.1)
3.9	(2.4-5.3)	26.7	(21.5-31.8)	20.3	(16.4-24.3)	2.2	(1.3-3.1)	1.4	(0.8-2.0)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.9	(0.8-3.1)	25.2	(21.4-28.9)	11.8	(10.0-13.6)	3.0	(1.2-4.8)	1.7	(0.7-2.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	41.2	(16.5-65.9)	37.8	(30.9-44.8)	. . .	. . .	. . .	. . .
1.6	(1.1-2.2)	47.4	(44.7-50.1)	45.5	(42.9-48.2)	1.0	(0.6-1.4)	0.9	(0.5-1.4)
1.1	(0.0-2.1)	26.8	(21.6-32.1)	14.9	(11.3-18.5)	1.7	(0.2-3.2)	0.5	(0.0-1.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .

Europe

Table 3.4a

Adjusted prevalence estimates for WHO Member States (Europe)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Albania	39.6	(26.6-52.7)	36.5	(24.5-48.5)	3.9	(0.6-7.2)
Andorra	35.7	(30.1-41.3)	32.2	(26.9-37.5)	24.5	(19.8-29.2)
Armenia	52.9	(45.2-60.5)	47.0	(40.2-53.8)	4.0	(1.5-6.5)
Austria	45.5	(43.3-47.6)	39.9	(37.8-42.0)	35.8	(33.9-37.8)
Azerbaijan	. . .	. . .	. . .	. . .	0.9	(0.3-1.5)
Belarus	63.6	(53.2-73.9)	57.6	(48.1-67.1)	17.4	(12.2-22.6)
Belgium	28.8	(25.8-31.9)	22.0	(19.6-24.4)	21.5	(19.6-23.5)
Bosnia and Herzegovina	48.8	(42.3-55.3)	45.1	(39.0-51.2)	32.0	(26.3-37.8)
Bulgaria	44.6	(36.7-52.5)	38.8	(31.8-45.9)	21.8	(15.3-28.3)
Croatia	37.5	(35.7-39.3)	33.8	(32.0-35.5)	25.4	(24.3-26.5)
Cyprus	. . .	. . .	. . .	. . .	. . .	. . .
Czech Republic	35.9	(29.4-42.5)	29.7	(24.1-35.3)	23.4	(16.4-30.3)
Denmark	35.8	(33.8-37.8)	28.8	(26.9-30.7)	29.4	(27.5-31.2)
Estonia	49.0	(46.2-51.7)	41.3	(38.6-44.0)	25.3	(23.2-27.4)
Finland	30.7	(28.4-33.0)	24.0	(21.9-26.2)	21.0	(19.1-22.9)
France	34.4	(33.6-35.2)	28.3	(27.6-29.0)	22.7	(22.0-23.4)
Georgia	55.8	(47.3-64.3)	49.7	(42.0-57.4)	5.8	(2.2-9.5)
Germany	36.0	(33.5-38.4)	29.5	(27.5-31.6)	22.0	(20.6-23.3)
Greece	62.4	(54.9-69.9)	59.4	(52.2-66.5)	32.8	(28.4-37.1)
Hungary	44.6	(37.4-51.8)	38.2	(31.9-44.4)	30.5	(22.0-38.9)
Iceland	25.7	(23.2-28.1)	19.2	(17.0-21.4)	25.2	(22.9-27.5)
Ireland	25.0	(20.1-29.8)	18.6	(16.2-21.0)	23.8	(20.7-26.9)
Israel	30.9	(26.1-35.8)	27.3	(22.9-31.7)	17.6	(7.1-28.1)
Italy	30.6	(28.4-32.8)	27.0	(25.0-29.0)	16.4	(15.2-17.7)
Kazakhstan	43.9	(35.5-52.3)	37.0	(29.8-44.2)	9.8	(6.4-13.1)
Kyrgyzstan	45.0	(36.9-53.2)	38.6	(31.6-45.7)	2.2	(1.3-3.0)
Latvia	53.2	(44.6-61.8)	45.9	(38.3-53.5)	19.1	(16.3-21.9)
Lithuania	44.4	(37.3-51.5)	36.7	(30.5-42.8)	17.6	(15.0-20.2)
Luxembourg	37.1	(33.6-40.7)	31.3	(28.1-34.5)	27.3	(24.5-30.1)
Malta	32.0	(27.7-36.4)	28.5	(24.7-32.3)	21.8	(18.7-24.9)
Monaco	. . .	. . .	. . .	. . .	. . .	. . .
Montenegro	. . .	. . .	. . .	. . .	. . .	. . .
Netherlands	38.3	(37.4-39.3)	31.5	(30.6-32.4)	28.5	(27.6-29.4)
Norway	32.7	(28.3-37.1)	25.8	(22.2-29.4)	28.3	(24.5-32.1)
Poland	44.0	(35.3-52.7)	37.8	(29.9-45.7)	25.6	(17.0-34.2)
Portugal	38.5	(33.2-43.9)	35.0	(29.9-40.1)	24.3	(20.8-27.9)
Republic of Moldova	45.9	(38.5-53.3)	39.3	(33.0-45.7)	5.3	(3.8-6.8)
Romania	45.2	(37.8-52.6)	38.7	(32.2-45.2)	23.6	(16.7-30.5)
Russian Federation	70.2	(59.2-81.3)	65.0	(54.7-75.3)	23.2	(16.7-29.7)
San Marino	. . .	. . .	. . .	. . .	. . .	. . .
Serbia	41.4	(36.5-46.3)	37.8	(32.9-42.6)	40.4	(35.7-45.1)
Slovakia	41.4	(34.4-48.4)	34.7	(28.6-40.7)	18.5	(13.2-23.8)
Slovenia	29.6	(23.6-35.5)	26.2	(20.6-31.8)	19.9	(15.1-24.7)
Spain	36.0	(31.9-40.1)	32.4	(28.6-36.1)	27.7	(24.3-31.1)
Sweden	19.8	(18.8-20.8)	14.9	(14.0-15.8)	22.7	(21.6-23.7)
Switzerland	29.4	(27.0-31.9)	22.3	(20.3-24.3)	20.3	(18.6-22.0)
Tajikistan	. . .	. . .	. . .	. . .	. . .	. . .
The former Yugoslav Republic of Macedonia	. . .	. . .	. . .	. . .	. . .	. . .
Turkey	53.3	(45.5-61.0)	46.4	(39.6-53.2)	20.5	(8.4-32.5)
Turkmenistan	. . .	. . .	. . .	. . .	. . .	. . .
Ukraine	63.3	(53.2-73.5)	57.4	(48.1-66.7)	19.3	(14.0-24.6)
United Kingdom of Great Britain and Northern Ireland	34.7	(33.6-35.8)	27.6	(26.5-28.6)	31.1	(30.1-32.1)
Uzbekistan	24.2	(19.6-28.7)	18.9	(15.3-22.6)	1.3	(0.8-1.8)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
2.6	(0.4-4.7)	39.6	(26.6-52.7)	36.5	(24.5-48.5)	3.9	(0.6-7.2)	2.6	(0.4-4.7)
20.6	(16.3-24.8)	35.7	(30.1-41.3)	32.2	(26.9-37.5)	24.5	(19.8-29.2)	20.6	(16.3-24.8)
2.8	(1.0-4.6)	52.9	(45.2-60.5)	47.0	(40.2-53.8)	4.0	(1.5-6.5)	2.8	(1.0-4.6)
35.8	(33.8-37.7)	45.5	(43.3-47.6)	39.9	(37.8-42.0)	35.8	(33.9-37.8)	35.8	(33.8-37.7)
0.4	(0.2-0.6)	. . .	. . .	. . .	. . .	0.9	(0.3-1.5)	0.4	(0.2-0.6)
13.8	(9.5-18.0)	63.6	(53.2-73.9)	57.6	(48.1-67.1)	17.4	(12.2-22.6)	13.8	(9.5-18.0)
18.3	(16.6-20.0)	28.8	(25.8-31.9)	22.0	(19.6-24.4)	21.5	(19.6-23.5)	18.3	(16.6-20.0)
28.7	(23.5-33.9)	48.8	(42.3-55.3)	45.1	(39.0-51.2)	32.0	(26.3-37.8)	28.7	(23.5-33.9)
18.3	(12.7-23.9)	44.6	(36.7-52.5)	38.8	(31.8-45.9)	21.8	(15.3-28.3)	18.3	(12.7-23.9)
22.0	(21.0-23.0)	37.5	(35.7-39.3)	33.8	(32.0-35.5)	25.4	(24.3-26.5)	22.0	(21.0-23.0)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
19.3	(13.4-25.2)	35.9	(29.4-42.5)	29.7	(24.1-35.3)	23.4	(16.4-30.3)	19.3	(13.4-25.2)
24.2	(22.4-25.9)	35.8	(33.8-37.8)	28.8	(26.9-30.7)	29.4	(27.5-31.2)	24.2	(22.4-25.9)
19.7	(17.8-21.7)	49.0	(46.2-51.7)	41.3	(38.6-44.0)	25.3	(23.2-27.4)	19.7	(17.8-21.7)
15.4	(13.7-17.1)	30.7	(28.4-33.0)	24.0	(21.9-26.2)	21.0	(19.1-22.9)	15.4	(13.7-17.1)
20.1	(19.4-20.7)	34.4	(33.6-35.2)	28.3	(27.6-29.0)	22.7	(22.0-23.4)	20.1	(19.4-20.7)
3.8	(1.4-6.2)	55.8	(47.3-64.3)	49.7	(42.0-57.4)	5.8	(2.2-9.5)	3.8	(1.4-6.2)
19.2	(18.0-20.4)	36.0	(33.5-38.4)	29.5	(27.5-31.6)	22.0	(20.6-23.3)	19.2	(18.0-20.4)
29.0	(25.1-33)	62.4	(54.9-69.9)	59.4	(52.2-66.5)	32.8	(28.4-37.1)	29.0	(25.1-33)
27.0	(19.5-34.5)	44.6	(37.4-51.8)	38.2	(31.9-44.4)	30.5	(22.0-38.9)	27.0	(19.5-34.5)
18.9	(16.9-21.0)	25.7	(23.2-28.1)	19.2	(17.0-21.4)	25.2	(22.9-27.5)	18.9	(16.9-21.0)
17.5	(15.1-19.8)	25.0	(20.1-29.8)	18.6	(16.2-21.0)	23.8	(20.7-26.9)	17.5	(15.1-19.8)
14.8	(6.0-23.7)	30.9	(26.1-35.8)	27.3	(22.9-31.7)	17.6	(7.1-28.1)	14.8	(6.0-23.7)
13.2	(12.2-14.2)	30.6	(28.4-32.8)	27.0	(25.0-29.0)	16.4	(15.2-17.7)	13.2	(12.2-14.2)
6.5	(4.2-8.9)	43.9	(35.5-52.3)	37.0	(29.8-44.2)	9.8	(6.4-13.1)	6.5	(4.2-8.9)
1.2	(0.6-1.7)	45.0	(36.9-53.2)	38.6	(31.6-45.7)	2.2	(1.3-3.0)	1.2	(0.6-1.7)
13.9	(11.5-16.2)	53.2	(44.6-61.8)	45.9	(38.3-53.5)	19.1	(16.3-21.9)	13.9	(11.5-16.2)
11.9	(9.8-14.1)	44.4	(37.3-51.5)	36.7	(30.5-42.8)	17.6	(15.0-20.2)	11.9	(9.8-14.1)
25.3	(22.6-27.9)	37.1	(33.6-40.7)	31.3	(28.1-34.5)	27.3	(24.5-30.1)	25.3	(22.6-27.9)
18.1	(15.5-20.7)	32.0	(27.7-36.4)	28.5	(24.6-32.4)	21.8	(18.7-24.9)	18.1	(15.4-20.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
26.5	(25.7-27.4)	38.3	(37.4-39.3)	31.5	(30.6-32.4)	28.5	(27.6-29.4)	26.5	(25.7-27.4)
22.8	(19.6-25.9)	32.7	(28.3-37.1)	25.8	(22.2-29.4)	28.3	(24.5-32.1)	22.8	(19.6-25.9)
22.0	(14.4-29.7)	44.0	(35.3-52.7)	37.8	(29.9-45.7)	25.6	(17.0-34.2)	22.0	(14.4-29.7)
20.4	(17.2-23.6)	38.5	(33.2-43.9)	35.0	(29.9-40.1)	24.3	(20.8-27.9)	20.4	(17.2-23.6)
3.3	(2.3-4.3)	45.9	(38.5-53.3)	39.3	(33.0-45.7)	5.3	(3.8-6.8)	3.3	(2.3-4.3)
19.4	(13.6-25.2)	45.2	(37.8-52.6)	38.7	(32.2-45.2)	23.6	(16.7-30.5)	19.4	(13.6-25.2)
18.9	(13.5-24.2)	70.2	(59.2-81.3)	65.0	(54.7-75.3)	23.2	(16.7-29.7)	18.9	(13.5-24.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
37.7	(33.1-42.3)	41.4	(36.5-46.3)	37.8	(32.9-42.6)	40.4	(35.7-45.1)	37.7	(33.1-42.3)
14.3	(10.1-18.5)	41.4	(34.4-48.4)	34.7	(28.6-40.7)	18.5	(13.2-23.8)	14.3	(10.1-18.5)
17.2	(12.7-21.6)	29.6	(23.6-35.5)	26.2	(20.6-31.8)	19.9	(15.1-24.7)	17.2	(12.7-21.6)
24.3	(21.3-27.3)	36.0	(31.9-40.1)	32.4	(28.6-36.1)	27.7	(24.3-31.1)	24.3	(21.3-27.3)
17.6	(16.6-18.5)	19.8	(18.8-20.8)	14.9	(14.0-15.8)	22.7	(21.6-23.7)	17.6	(16.6-18.5)
16.8	(15.3-18.3)	29.4	(27.0-31.9)	22.3	(20.3-24.3)	20.3	(18.6-22.0)	16.8	(15.3-18.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
15.7	(6.4-24.9)	53.3	(45.5-61.0)	46.4	(39.6-53.2)	20.5	(8.4-32.5)	15.7	(6.4-24.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
15.5	(11.2-19.7)	63.3	(53.2-73.5)	57.4	(48.1-66.7)	19.3	(14.0-24.6)	15.5	(11.2-19.7)
25.6	(24.6-26.5)	34.7	(33.6-35.8)	27.6	(26.5-28.6)	31.1	(30.1-32.1)	25.6	(24.6-26.5)
0.6	(0.3-0.9)	24.2	(19.6-28.7)	18.9	(15.3-22.6)	1.3	(0.8-1.8)	0.6	(0.3-0.9)

South-East Asia

Table 3.5a
Adjusted prevalence estimates for WHO Member States (South-East Asia)

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Bangladesh	44.5	(36.1-53.0)	39.2	(31.7-46.7)	2.9	(1.7-4.0)
Bhutan	. . .	. . .	. . .	. . .	. . .	. . .
Democratic People's Republic of Korea	59.5	(57.0-62.0)	57.4	(40.4-74.4)	. . .	. . .
India	30.8	(24.9-36.8)	24.9	(20.1-29.8)	2.8	(1.9-3.7)
Indonesia	65.3	(57.3-73.2)	57.4	(50.4-64.4)	4.2	(3.7-4.7)
Maldives	44.4	(36.0-52.8)	38.0	(30.7-45.2)	9.2	(6.2-12.2)
Myanmar	45.0	(39.2-50.7)	34.6	(30.1-39.1)	11.7	(10.5-12.9)
Nepal	29.9	(24.2-35.6)	24.0	(19.4-28.6)	22.6	(15.4-29.8)
Sri Lanka	29.9	(24.2-35.7)	23.6	(19.0-28.2)	2.5	(1.5-3.4)
Thailand	39.9	(35.1-44.7)	29.6	(26.0-33.1)	3.4	(3.3-3.5)
Timor-Leste	. . .	. . .	. . .	. . .	. . .	. . .

Western Pacific

Table 3.6a
Adjusted prevalence estimates for WHO Member States (Western Pacific)

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
! Australia	26.5	(23.2-29.8)	21.1	(18.4-23.7)	20.3	(17.3-23.4)
Brunei Darussalam	. . .	. . .	. . .	. . .	. . .	. . .
Cambodia	31.7	(27.7-35.8)	22.0	(19.1-24.9)	12.4	(11.4-13.3)
China	60.8	(48.8-72.8)	58.5	(41.3-75.8)	4.2	(3.5-4.9)
Cook Islands	36.5	(27.3-45.7)	31.5	(23.1-39.8)	20.8	(14.5-27.1)
Fiji	24.7	(19.6-29.8)	19.6	(15.5-23.8)	5.1	(3.9-6.4)
Japan	46.0	(36.8-55.2)	42.6	(29.9-55.2)	13.7	(11.5-15.8)
Kiribati	. . .	. . .	. . .	. . .	. . .	. . .
Lao People's Democratic Republic	62.5	(54.7-70.2)	54.2	(47.4-61.1)	14.5	(13.4-15.7)
Malaysia	55.5	(48.2-62.8)	44.9	(38.7-51.1)	2.5	(1.7-3.3)
Marshall Islands	. . .	. . .	. . .	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .	. . .	. . .	. . .
Mongolia	44.6	(31.3-58.0)	41.6	(29.1-54.0)	5.3	(3.8-6.8)
Nauru	47.2	(37.5-56.9)	44.3	(35.2-53.5)	53.3	(41.8-64.8)
New Zealand	25.8	(22.3-29.4)	20.7	(17.9-23.6)	24.3	(20.5-28.1)
Niue	. . .	. . .	. . .	. . .	. . .	. . .
Palau	38.8	(28.7-49.0)	34.2	(24.8-43.5)	10.1	(5.4-14.8)
Papua New Guinea	. . .	. . .	. . .	. . .	. . .	. . .
Philippines	40.7	(35.6-45.8)	31.2	(27.2-35.2)	9.1	(8.2-9.9)
Republic of Korea	53.8	(37.8-69.7)	50.7	(35.7-65.8)	5.6	(4.5-6.7)
Samoa	57.7	(44.9-70.4)	55.6	(43.2-68.0)	23.8	(16.8-30.7)
* Singapore	. . .	. . .	23.1	(19.7-26.4)	. . .	. . .
Solomon Islands	. . .	. . .	. . .	. . .	. . .	. . .
Tonga	61.1	(48.3-73.8)	59.3	(46.8-71.7)	15.7	(11.3-20.0)
Tuvalu	. . .	. . .	. . .	. . .	. . .	. . .
Vanuatu	51.9	(41.2-62.6)	49.6	(39.3-59.8)	8.0	(5.5-10.5)
! Viet Nam	44.4	(38.5-50.3)	33.9	(29.2-38.6)	2.1	(1.5-2.8)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
2.0	(1.1-2.8)	41.0	(33.2-48.8)	35.5	(28.7-42.3)	0.7	(0.3-1.1)	0.4	(0.1-0.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	59.5	(57.0-62.0)	57.4	(40.4-74.4)	. . .	. . .	. . .	. . .
1.8	(1.2-2.4)	25.8	(20.8-30.8)	20.0	(16.1-23.9)	0.6	(0.4-0.8)	0.3	(0.2-0.4)
3.0	(2.6-3.4)	61.8	(54.3-69.3)	53.0	(46.5-59.5)	3.7	(3.3-4.2)	2.6	(2.2-3.0)
7.5	(5.0-10.0)	40.6	(32.9-48.3)	33.9	(27.4-40.4)	7.1	(4.7-9.5)	5.6	(3.7-7.5)
9.4	(8.3-10.4)	42.5	(37.0-47.9)	31.8	(27.6-36.0)	10.1	(9.0-11.2)	7.9	(7.0-8.9)
21.4	(14.6-28.3)	25.2	(20.4-30.0)	19.4	(15.6-23.2)	22.4	(15.3-29.5)	21.2	(14.5-28.0)
1.5	(0.9-2.2)	24.4	(19.6-29.1)	18.2	(14.6-21.9)	0.4	(0.2-0.7)	0.2	(0.0-0.3)
2.4	(2.3-2.5)	37.3	(32.9-41.8)	26.9	(23.7-30.1)	3.0	(2.9-3.1)	2.1	(2.0-2.1)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CIE[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
14.9	(12.7-17.2)	26.5	(23.2-29.8)	21.1	(18.4-23.7)	20.3	(17.3-23.4)	14.9	(12.7-17.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
9.7	(8.9-10.5)	30.3	(26.5-34.1)	20.5	(17.9-23.2)	10.8	(10.0-11.6)	8.4	(7.7-9.1)
3.8	(3.3-4.4)	60.8	(55.7-65.9)	58.5	(41.3-75.8)	4.2	(2.9-5.5)	3.8	(3.3-4.4)
14.2	(9.2-19.1)	36.5	(27.3-45.7)	31.5	(23.1-39.8)	20.8	(14.5-27.1)	14.2	(9.2-19.1)
2.5	(1.8-3.2)	24.7	(19.6-29.8)	19.6	(15.5-23.8)	5.1	(3.9-6.4)	2.5	(1.8-3.2)
10.9	(9.1-12.7)	46.0	(41.1-50.9)	42.6	(29.9-55.2)	13.7	(11.5-15.8)	10.9	(9.1-12.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
11.4	(10.4-12.4)	59.2	(51.8-66.5)	50.2	(43.9-56.6)	12.8	(11.7-13.9)	9.9	(9.0-10.8)
1.7	(1.1-2.4)	52.4	(45.4-59.4)	41.4	(35.6-47.2)	2.3	(1.5-3.0)	1.5	(0.9-2.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
4.5	(3.2-5.9)	44.6	(31.3-58.0)	41.6	(29.1-54.0)	5.3	(3.8-6.8)	4.5	(3.2-5.9)
50.5	(39.6-61.4)	47.2	(37.5-56.9)	44.3	(35.2-53.5)	53.3	(41.8-64.8)	50.5	(39.6-61.4)
19.3	(16.2-22.3)	25.8	(22.3-29.4)	20.7	(17.9-23.6)	24.3	(20.5-28.1)	19.3	(16.2-22.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
7.5	(3.5-11.5)	38.8	(28.7-49.0)	34.2	(24.8-43.5)	10.1	(5.4-14.8)	7.5	(3.5-11.5)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.8	(6.1-7.6)	38.1	(33.4-42.9)	28.4	(24.8-32.1)	8.0	(7.2-8.8)	5.9	(5.3-6.6)
4.8	(3.8-5.8)	53.8	(51.4-56.1)	50.7	(35.7-65.8)	5.6	(4.9-6.4)	4.8	(3.8-5.8)
17.3	(11.7-22.9)	57.7	(44.9-70.4)	55.6	(43.2-68.0)	23.8	(16.8-30.7)	17.3	(11.7-22.9)
3.8	(3.0-4.7)	. . .	. . .	21.1	(18.0-24.2)	. . .	. . .	3.4	(2.6-4.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
10.4	(7.1-13.7)	61.1	(48.3-73.8)	59.3	(46.8-71.7)	15.7	(11.3-20)	10.4	(7.1-13.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
3.9	(2.3-5.5)	51.9	(41.2-62.6)	49.6	(39.3-59.8)	8.0	(5.5-10.5)	3.9	(2.3-5.5)
1.5	(0.9-2.0)	42.0	(36.4-47.6)	31.2	(26.8-35.6)	1.9	(1.2-2.5)	1.3	(0.8-1.8)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported.
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval
* Current smoking prevalence not validated

Africa

Table 3.1b

Age standardized prevalence estimates for WHO Member States (Africa)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Algeria	29.9	(27.4-32.4)	28.2	(25.8-30.6)	0.3	(0.1-0.5)
Angola	. . .	. . .	. . .	. . .	. . .	. . .
Benin	. . .	. . .	. . .	. . .	. . .	. . .
Botswana	. . .	. . .	. . .	. . .	. . .	. . .
Burkina Faso	22.0	(20.0-23.9)	18.6	(16.8-20.4)	11.2	(9.8-12.6)
Burundi	. . .	. . .	. . .	. . .	. . .	. . .
Cameroon	12.6	(8.5-16.8)	10.3	(6.9-13.7)	2.2	(0.4-4.0)
Cape Verde	. . .	. . .	. . .	. . .	. . .	. . .
Central African Republic	. . .	. . .	. . .	. . .	. . .	. . .
Chad	16.0	(11.0-21.1)	12.9	(8.8-17.0)	2.6	(0.5-4.7)
Comoros	27.7	(23.7-31.7)	22.3	(18.8-25.8)	13.5	(9.6-17.3)
Congo	12.1	(7.9-16.3)	8.7	(5.5-11.8)	1.0	(0.0-2.0)
Côte d'Ivoire	15.4	(13.7-17.1)	11.6	(10.1-13.1)	2.4	(1.8-3.0)
Democratic Republic of the Congo	13.5	(8.8-18.3)	10.3	(6.5-14.0)	2.6	(0.4-4.8)
Equatorial Guinea	. . .	. . .	. . .	. . .	. . .	. . .
Eritrea	16.9	(14.3-19.5)	12.2	(10.0-14.4)	1.2	(0.5-1.8)
Ethiopia	7.6	(6.3-8.9)	5.0	(4.1-6.0)	0.9	(0.4-1.3)
Gabon	. . .	. . .	. . .	. . .	. . .	. . .
Gambia	29.3	(27.1-31.6)	27.5	(25.3-29.7)	2.9	(2.3-3.5)
Ghana	10.2	(8.7-11.7)	7.5	(6.2-8.7)	0.8	(0.4-1.2)
Guinea	. . .	. . .	. . .	. . .	. . .	. . .
Guinea-Bissau	. . .	. . .	. . .	. . .	. . .	. . .
Kenya	27.1	(23.9-30.2)	21.1	(18.5-23.7)	2.2	(1.4-3.0)
Lesotho	. . .	. . .	. . .	. . .	. . .	. . .
Liberia	. . .	. . .	. . .	. . .	. . .	. . .
Madagascar	. . .	. . .	. . .	. . .	. . .	. . .
Malawi	23.7	(20.9-26.4)	18.8	(16.5-21.1)	6.2	(4.5-7.9)
Mali	19.5	(17.6-21.4)	15.7	(14.0-17.5)	2.8	(2.0-3.7)
Mauritania	22.3	(19.9-24.7)	18.7	(16.4-20.9)	3.7	(2.9-4.5)
Mauritius	35.7	(31.9-39.5)	28.8	(25.5-32.1)	1.1	(0.6-1.6)
Mozambique	22.0	(19.8-24.3)	16.4	(14.6-18.2)	3.4	(2.5-4.3)
! Namibia	38.6	(34.7-42.5)	31.9	(28.5-35.3)	10.9	(9.4-12.4)
Niger	. . .	. . .	. . .	. . .	. . .	. . .
Nigeria	13.0	(11.2-14.7)	9.9	(8.3-11.4)	1.2	(0.7-1.6)
Rwanda	. . .	. . .	. . .	. . .	. . .	. . .
Sao Tome and Principe	23.2	(10.4-36.0)	22.3	(9.7-34.8)	10.6	(0.0-23.8)
Senegal	19.8	(17.4-22.1)	16.0	(13.8-18.1)	1.5	(0.8-2.2)
! Seychelles	35.2	(30.2-40.2)	28.2	(23.7-32.6)	7.0	(4.4-9.7)
Sierra Leone	. . .	. . .	. . .	. . .	. . .	. . .
South Africa	27.5	(24.0-31.0)	21.3	(18.3-24.3)	9.1	(7.3-10.9)
Swaziland	14.6	(12.0-17.3)	9.8	(7.7-12.0)	3.2	(2.1-4.2)
Togo	. . .	. . .	. . .	. . .	. . .	. . .
Uganda	20.9	(18.4-23.5)	16.3	(14.1-18.4)	3.2	(2.4-4.1)
United Republic of Tanzania	24.8	(22.2-27.4)	19.5	(17.4-21.7)	4.3	(3.2-5.5)
! Zambia	21.7	(19.0-24.5)	16.8	(14.5-19.1)	5.0	(3.5-6.5)
Zimbabwe	25.5	(22.3-28.7)	20.0	(17.3-22.8)	4.4	(3.1-5.8)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
0.3	(0.0-0.5)	26.6	(24.2-28.9)	24.9	(22.7-27.2)	0.2	(0.0-0.4)	0.2	(0.0-0.4)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
10.8	(9.5-12.2)	14.2	(12.6-15.7)	10.2	(8.9-11.6)	0.8	(0.5-1.2)	0.4	(0.1-0.6)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.6	(0.2-3.0)	9.9	(6.6-13.3)	7.4	(4.8-9.9)	1.3	(0.2-2.4)	0.9	(0.1-1.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.9	(0.3-3.4)	12.7	(8.7-16.8)	9.4	(6.3-12.4)	1.0	(0.1-2.0)	0.7	(0.1-1.3)
11.6	(8.2-15.0)	22.7	(19.1-26.2)	17.1	(14.1-20.2)	5.0	(3.2-6.8)	3.5	(2.0-4.9)
0.7	(0.0-1.4)	9.8	(6.3-13.3)	6.4	(3.9-8.9)	0.4	(0.1-0.9)	0.3	(0.0-0.7)
1.7	(1.2-2.3)	11.8	(10.3-13.4)	8.2	(6.9-9.4)	0.6	(0.3-0.9)	0.3	(0.1-0.5)
2.0	(0.2-3.7)	10.9	(7.0-14.9)	7.6	(4.6-10.5)	0.6	(0.0-1.3)	0.4	(0.0-0.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.6	(0.1-1.0)	15.6	(13.1-18.1)	11.1	(9.0-13.1)	0.7	(0.2-1.2)	0.3	(0.0-0.7)
0.5	(0.2-0.7)	6.9	(5.7-8.1)	4.5	(3.6-5.4)	0.5	(0.2-0.8)	0.2	(0.0-0.4)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.3	(1.8-2.9)	17.2	(15.5-18.9)	13.7	(12.2-15.3)	0.5	(0.3-0.8)	0.2	(0.1-0.4)
0.4	(0.1-0.7)	7.1	(5.8-8.3)	4.5	(3.5-5.5)	0.5	(0.2-0.8)	0.2	(0.0-0.4)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.4	(0.8-1.9)	23.9	(21.0-26.8)	18.2	(15.8-20.6)	1.1	(0.6-1.6)	0.6	(0.3-0.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
5.1	(3.7-6.6)	19.2	(16.9-21.6)	14.4	(12.5-16.4)	2.3	(1.6-3.1)	1.6	(1.0-2.1)
2.1	(1.4-2.8)	14.0	(12.3-15.6)	10.1	(8.7-11.5)	0.7	(0.3-1.2)	0.3	(0.0-0.6)
2.8	(2.1-3.5)	16.3	(14.2-18.3)	12.3	(10.5-14.2)	0.8	(0.4-1.1)	0.3	(0.1-0.6)
0.6	(0.2-1.0)	35.7	(31.9-39.5)	28.8	(25.5-32.1)	1.1	(0.6-1.6)	0.6	(0.2-1.0)
2.2	(1.6-2.8)	20.0	(18.0-22.1)	14.6	(13.0-16.3)	1.6	(1.1-2.1)	0.9	(0.6-1.2)
9.2	(7.8-10.6)	35.9	(32.2-39.6)	29.0	(25.8-32.2)	9.2	(7.9-10.6)	7.3	(6.1-8.5)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.9	(0.5-1.3)	9.1	(7.6-10.5)	6.1	(4.9-7.3)	0.2	(0.0-0.4)	0.1	(0.0-0.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
8.7	(0.0-20.7)	23.2	(10.4-36.0)	22.3	(9.7-34.8)	10.6	(0.0-23.8)	8.7	(0.0-20.7)
0.9	(0.4-1.5)	14.4	(12.3-16.5)	10.5	(8.7-12.3)	0.6	(0.2-1.0)	0.2	(0.0-0.5)
5.1	(2.9-7.2)	30.8	(26.1-35.4)	23.9	(19.8-28.0)	3.0	(1.4-4.5)	1.8	(0.6-2.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.9	(5.4-8.4)	25.0	(21.7-28.3)	19.0	(16.2-21.8)	7.8	(6.1-9.4)	5.5	(4.1-6.9)
2.0	(1.2-2.8)	13.3	(10.8-15.8)	8.7	(6.7-10.8)	2.8	(1.8-3.7)	1.6	(0.9-2.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.1	(1.5-2.8)	18.4	(16.0-20.8)	13.9	(11.9-15.8)	1.5	(1.0-1.9)	0.8	(0.5-1.1)
3.4	(2.5-4.3)	20.5	(18.3-22.7)	15.3	(13.5-17.1)	1.7	(1.2-2.2)	1.1	(0.7-1.5)
3.8	(2.6-5.0)	18.0	(15.6-20.4)	13.2	(11.2-15.2)	2.1	(1.3-2.9)	1.3	(0.7-1.9)
3.1	(2.1-4.1)	21.2	(18.3-24.0)	15.8	(13.5-18.1)	2.0	(1.2-2.7)	1.1	(0.6-1.6)

The Americas

Table 3.2b

Age standardized prevalence estimates for WHO Member States (The Americas)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval
* Current smoking prevalence not validated

	COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
		MALES				FEMALES	
		CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
	Antigua and Barbuda	. . .	. . .	. . .	. . .	. . .	. . .
	Argentina	34.6	(31.1-38.2)	27.4	(24.6-30.2)	25.4	(22.3-28.4)
	Bahamas	. . .	. . .	. . .	. . .	. . .	. . .
!	Barbados	18.4	(10.0-26.8)	16.6	(8.9-24.2)	3.0	(1.4-4.7)
	Belize	. . .	. . .	. . .	. . .	. . .	. . .
	Bolivia	34.1	(26.5-41.7)	30.1	(23.3-36.9)	29.2	(25.7-32.7)
*	Brazil	. . .	. . .	16.7	(11.5-21.9)	. . .	. . .
!	Canada	. . .	. . .	. . .	. . .	. . .	. . .
!	Chile	42.1	(33.6-50.5)	39.3	(31.4-47.2)	33.6	(28.2-38.9)
	Colombia	. . .	. . .	. . .	. . .	. . .	. . .
	Costa Rica	26.1	(22.0-30.3)	9.9	(8.0-11.7)	7.3	(5.7-8.8)
	Cuba	43.4	(26.3-60.5)	42.9	(26-59.8)	28.3	(21.6-35.1)
	Dominica	. . .	. . .	. . .	. . .	. . .	. . .
	Dominican Republic	17.5	(10.3-24.8)	15.7	(9.2-22.3)	13.3	(9.7-17.0)
	Ecuador	23.9	(20.7-27.0)	6.4	(5.0-7.7)	5.8	(4.7-7.0)
	El Salvador	. . .	. . .	. . .	. . .	. . .	. . .
	Grenada	. . .	. . .	. . .	. . .	. . .	. . .
	Guatemala	24.5	(20.5-28.4)	7.9	(6.2-9.6)	4.1	(3.2-5.1)
	Guyana	. . .	. . .	. . .	. . .	. . .	. . .
	Haiti	. . .	. . .	. . .	. . .	. . .	. . .
	Honduras	. . .	. . .	. . .	. . .	3.4	(1.9-4.9)
	Jamaica	20.8	(11.8-29.8)	19.1	(10.8-27.5)	9.2	(6.3-12.1)
	Mexico	36.9	(29.6-44.1)	21.8	(18.7-25.0)	12.4	(8.9-15.9)
	Nicaragua	. . .	. . .	. . .	. . .	. . .	. . .
	Panama	. . .	. . .	. . .	. . .	. . .	. . .
	Paraguay	33.0	(29.1-36.8)	23.7	(20.8-26.6)	14.8	(12.6-16.9)
	Peru	. . .	. . .	. . .	. . .	. . .	. . .
	Saint Kitts and Nevis	. . .	. . .	. . .	. . .	. . .	. . .
	Saint Lucia	28.9	(16.8-41.0)	27.9	(16.2-39.6)	12.1	(8.2-16.0)
	Saint Vincent and the Grenadines	. . .	. . .	. . .	. . .	. . .	. . .
	Suriname	. . .	. . .	. . .	. . .	. . .	. . .
	Trinidad and Tobago	36.4	(21.8-51.0)	36.2	(21.7-50.8)	7.6	(5.2-10.0)
	United States of America	26.3	(23.2-29.5)	20.9	(19.3-22.4)	21.5	(18.0-25.0)
	Uruguay	37.1	(32.7-41.6)	34.9	(30.7-39.2)	28.0	(24.0-32.0)
	Venezuela	32.5	(26.7-38.4)	25.6	(20.4-30.8)	27.0	(21.1-32.9)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
21.8	(19.2-24.4)	34.3	(30.8-37.8)	26.4	(23.7-29.1)	23.5	(20.7-26.3)	18.8	(16.6-21.1)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.5	(1.0-4.1)	16.9	(9.1-24.7)	15.0	(7.9-22.1)	2.3	(0.8-3.7)	1.9	(0.6-3.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
27.0	(23.8-30.2)	33.8	(26.3-41.4)	29.4	(22.7-36)	26.1	(23-29.3)	23.5	(20.7-26.3)
9.6	(5.8-13.4)	. . .	. . .	16.2	(11.3-21.2)	. . .	. . .	8.4	(5.1-11.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
33.1	(27.7-38.4)	41.7	(33.3-50.1)	38.6	(30.8-46.4)	30.5	(25.6-35.4)	29.5	(24.8-34.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.4	(1.7-3.2)	26.1	(22.0-30.3)	9.9	(8.0-11.7)	7.3	(5.7-8.8)	2.4	(1.7-3.2)
25.0	(19.0-30.9)	36.1	(21.9-50.4)	35.5	(21.5-49.5)	26.4	(20.1-32.7)	23.2	(17.7-28.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
11.5	(8.3-14.7)	15.7	(9.1-22.3)	13.8	(8.0-19.6)	10.9	(7.8-13.9)	9.3	(6.6-11.9)
1.5	(1.0-2.0)	23.6	(20.5-26.7)	6.1	(4.8-7.3)	5.6	(4.5-6.8)	1.4	(0.9-1.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.9	(0.5-1.3)	24.5	(20.5-28.4)	7.9	(6.2-9.6)	4.1	(3.2-5.1)	0.9	(0.5-1.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.6	(0.3-0.9)	. . .	. . .	. . .	. . .	3.4	(1.9-4.9)	0.6	(0.3-0.9)
7.8	(5.2-10.3)	18.8	(10.6-27)	16.9	(9.4-24.4)	7.6	(5.1-10.1)	6.4	(4.2-8.6)
6.2	(5.2-7.2)	36.9	(29.6-44.1)	21.8	(18.7-25.0)	12.4	(8.9-15.9)	6.2	(5.2-7.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
7.4	(6.1-8.7)	32.6	(28.8-36.4)	22.5	(19.7-25.3)	13.9	(11.8-16)	6.1	(5.0-7.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
10.5	(7.0-14.0)	25.4	(14.7-36.1)	23.9	(13.8-34.1)	9.2	(6.0-12.4)	7.8	(5.0-10.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
6.4	(4.3-8.5)	32.2	(19.3-45.1)	31.8	(19.0-44.6)	5.7	(3.8-7.7)	4.8	(3.1-6.5)
16.5	(14.5-18.4)	26.3	(23.2-29.5)	20.9	(19.3-22.4)	21.5	(18.0-25.0)	16.5	(14.5-18.4)
26.5	(22.7-30.4)	37.1	(32.7-41.6)	34.9	(30.7-39.2)	28.0	(24.0-32.0)	26.5	(22.7-30.4)
24.8	(19.1-30.4)	32.5	(26.7-38.4)	25.6	(20.4-30.8)	27.0	(21.1-32.9)	24.8	(19.1-30.4)

Eastern Mediterranean

Table 3.3b

Age standardized prevalence estimates for WHO Member States (Eastern Mediterranean)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval
> Refers to a territory.

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Afghanistan	. . .	. . .	. . .	. . .	. . .	. . .
Bahrain	26.1	(22.4-29.9)	13.2	(11.3-15.1)	2.9	(1.2-4.6)
Djibouti	. . .	. . .	. . .	. . .	. . .	. . .
Egypt	28.7	(26.5-31.0)	27.1	(24.9-29.2)	1.3	(0.8-1.8)
Iran (Islamic Republic of)	29.6	(24.1-35.0)	23.2	(18.9-27.5)	5.5	(3.8-7.3)
Iraq	25.8	(21.6-30.0)	10.0	(8.0-11.9)	2.5	(0.9-4.2)
Jordan	62.7	(53.5-71.8)	62.7	(53.5-71.8)	9.8	(4.0-15.6)
Kuwait	. . .	. . .	. . .	. . .	. . .	. . .
Lebanon	29.1	(24.2-34.0)	27.5	(22.8-32.1)	7.0	(2.7-11.2)
Libyan Arab Jamahiriya	. . .	. . .	. . .	. . .	. . .	. . .
Morocco	29.5	(27.3-31.8)	27.9	(25.7-30.1)	0.3	(0.1-0.5)
Oman	24.7	(20.9-28.5)	11.0	(9.2-12.9)	1.3	(0.4-2.2)
Pakistan	35.4	(28.6-42.1)	28.9	(23.4-34.4)	6.6	(4.3-8.9)
Qatar	. . .	. . .	. . .	. . .	. . .	. . .
! Saudi Arabia	25.6	(21.9-29.4)	13.2	(11.1-15.2)	3.6	(1.4-5.7)
Somalia	. . .	. . .	. . .	. . .	. . .	. . .
Sudan	. . .	. . .	. . .	. . .	. . .	. . .
Syrian Arab Republic	44.0	(17.7-70.4)	42.0	(34.5-49.5)	. . .	. . .
Tunisia	51.0	(48.2-53.8)	49.2	(46.5-51.9)	1.9	(1.3-2.6)
! United Arab Emirates	26.1	(20.9-31.2)	13.9	(10.5-17.4)	2.6	(0.6-4.7)
West Bank and Gaza Strip[>]	. . .	. . .	. . .	. . .	. . .	. . .
Yemen	. . .	. . .	. . .	. . .	. . .	. . .

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.7	(0.7-2.8)	25.6	(21.9-29.2)	11.5	(9.9-13.2)	2.4	(1.0-3.9)	1.3	(0.5-2.1)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
1.2	(0.8-1.7)	24.5	(22.4-26.6)	22.9	(20.9-24.9)	0.9	(0.5-1.2)	0.8	(0.4-1.2)
4.0	(2.7-5.2)	24.0	(19.5-28.4)	17.9	(14.6-21.2)	1.9	(1.3-2.5)	1.1	(0.8-1.5)
1.6	(0.5-2.6)	25.1	(21.0-29.2)	8.7	(6.9-10.4)	1.9	(0.6-3.1)	1.0	(0.3-1.7)
9.8	(4.0-15.6)	61.9	(52.9-70.9)	61.9	(52.9-70.9)	9.8	(4.0-15.6)	9.8	(4.0-15.6)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
7.0	(2.7-11.2)	29.1	(24.2-34.0)	27.5	(22.8-32.1)	7.0	(2.7-11.2)	7.0	(2.7-11.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
0.2	(0.0-0.4)	26.1	(24.0-28.3)	24.6	(22.5-26.6)	0.2	(0.0-0.4)	0.2	(0.0-0.3)
0.3	(0.1-0.6)	24.1	(20.4-27.8)	9.7	(8.0-11.4)	0.3	(0.1-0.6)	0.0	(0.0-0.1)
5.0	(3.2-6.8)	29.7	(24.0-35.4)	23.1	(18.6-27.6)	2.8	(1.7-3.8)	1.8	(1.0-2.5)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
2.4	(0.9-3.8)	25.1	(21.4-28.8)	11.6	(9.8-13.4)	3.4	(1.3-5.4)	2.1	(0.8-3.4)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	42.6	(17.1-68.1)	40.6	(33.3-47.9)	. . .	. . .	. . .	. . .
1.9	(1.2-2.5)	46.5	(43.9-49.2)	44.7	(42.1-47.3)	1.0	(0.6-1.5)	1.0	(0.5-1.4)
1.2	(0.1-2.4)	25.5	(20.4-30.6)	12.6	(9.4-15.9)	1.6	(0.2-3.1)	0.5	(0.0-1.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .

Europe

Table 3.4b

Age standardized prevalence estimates for WHO Member States (Europe)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
a Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
b Definition: Smoking manufactured cigarettes.
c Definition: Smoking at the time of the survey, including daily and non-daily smoking.
d Definition: Smoking everyday at the time of the survey.
e CI: Confidence Interval

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Albania	40.5	(27.2-53.8)	37.3	(25.0-49.6)	4.0	(0.7-7.3)
Andorra	36.5	(30.8-42.2)	33.0	(27.6-38.3)	29.2	(24.0-34.4)
Armenia	55.1	(47.1-63.0)	49.2	(42.1-56.4)	3.7	(1.4-6.1)
Austria	46.4	(44.2-48.5)	41.3	(39.2-43.4)	40.1	(38.2-42.1)
Azerbaijan	. . .	. . .	. . .	. . .	0.9	(0.3-1.4)
Belarus	63.7	(53.3-74.0)	57.7	(48.2-67.1)	21.1	(14.9-27.3)
Belgium	30.1	(27.0-33.2)	23.1	(20.6-25.6)	24.1	(22.0-26.2)
Bosnia and Herzegovina	49.3	(42.8-55.9)	45.7	(39.5-51.9)	35.1	(28.9-41.2)
Bulgaria	47.5	(39.2-55.7)	41.3	(33.9-48.7)	27.8	(19.7-35.9)
Croatia	38.9	(37.1-40.7)	35.1	(33.3-36.9)	29.1	(28.0-30.3)
Cyprus	. . .	. . .	. . .	. . .	. . .	. . .
Czech Republic	36.6	(30.0-43.2)	30.0	(24.3-35.6)	25.4	(17.9-32.8)
Denmark	36.1	(34.1-38.1)	28.4	(26.5-30.3)	30.6	(28.7-32.5)
Estonia	49.9	(47.2-52.6)	42.0	(39.3-44.7)	27.5	(25.4-29.7)
Finland	31.8	(29.5-34.2)	24.5	(22.3-26.6)	24.4	(22.4-26.4)
France	36.6	(35.8-37.4)	30.6	(29.9-31.3)	26.7	(26.0-27.4)
Georgia	57.1	(48.4-65.8)	50.9	(43.0-58.7)	6.3	(2.4-10.1)
Germany	37.4	(34.9-40.0)	31.1	(28.9-33.2)	25.8	(24.2-27.3)
Greece	63.6	(56.1-71.2)	60.7	(53.4-68.0)	39.8	(34.7-45.0)
Hungary	45.7	(38.4-53.1)	39.0	(32.7-45.4)	33.9	(24.5-43.2)
Iceland	26.1	(23.6-28.5)	19.4	(17.2-21.6)	26.6	(24.2-29.0)
Ireland	26.5	(21.3-31.6)	19.6	(17.0-22.1)	26.0	(22.6-29.3)
Israel	31.1	(26.3-36.0)	27.5	(23.1-31.9)	17.9	(7.3-28.6)
Italy	32.8	(30.4-35.2)	29.1	(27.0-31.2)	19.2	(17.7-20.6)
Kazakhstan	43.2	(34.9-51.4)	36.5	(29.4-43.7)	9.7	(6.4-13.1)
Kyrgyzstan	46.9	(38.4-55.3)	40.7	(33.3-48.1)	2.2	(1.4-3.1)
Latvia	54.4	(45.6-63.1)	46.8	(39.1-54.6)	24.1	(20.9-27.3)
Lithuania	45.1	(37.9-52.3)	37.2	(31.0-43.4)	20.8	(18.0-23.7)
Luxembourg	39.1	(35.4-42.8)	33.8	(30.5-37.2)	30.3	(27.3-33.2)
Malta	32.8	(28.3-37.2)	29.2	(25.3-33)	24.5	(21.1-28.0)
Monaco	. . .	. . .	. . .	. . .	. . .	. . .
Montenegro	. . .	. . .	. . .	. . .	. . .	. . .
Netherlands	38.3	(37.3-39.2)	31.6	(30.7-32.5)	30.3	(29.4-31.1)
Norway	33.6	(29.1-38.2)	26.1	(22.5-29.7)	30.4	(26.4-34.5)
Poland	43.9	(35.2-52.6)	37.6	(29.8-45.5)	27.2	(18.2-36.3)
Portugal	40.6	(35.1-46.1)	37.0	(31.8-42.2)	31.0	(26.8-35.1)
Republic of Moldova	45.8	(38.4-53.1)	39.3	(32.9-45.7)	5.8	(4.2-7.5)
Romania	40.6	(33.8-47.4)	33.9	(28.1-39.6)	24.5	(17.4-31.7)
Russian Federation	70.1	(59.1-81.2)	64.9	(54.6-75.2)	26.5	(19.1-33.9)
San Marino	. . .	. . .	. . .	. . .	. . .	. . .
Serbia	42.3	(37.4-47.2)	38.6	(33.7-43.4)	42.3	(37.4-47.2)
Slovakia	41.6	(34.6-48.6)	34.8	(28.7-40.8)	20.1	(14.4-25.9)
Slovenia	31.8	(25.7-37.9)	28.4	(22.5-34.2)	21.1	(16.2-26.1)
Spain	36.4	(32.2-40.6)	32.7	(28.9-36.5)	30.9	(27.2-34.6)
Sweden	19.6	(18.6-20.7)	14.4	(13.5-15.3)	24.5	(23.4-25.6)
Switzerland	30.7	(28.2-33.3)	23.6	(21.5-25.7)	22.2	(20.4-24.0)
Tajikistan	. . .	. . .	. . .	. . .	. . .	. . .
The former Yugoslav Republic of Macedonia	. . .	. . .	. . .	. . .	. . .	. . .
Turkey	51.6	(44.1-59.2)	45.1	(38.5-51.7)	19.2	(7.9-30.6)
Turkmenistan	. . .	. . .	. . .	. . .	. . .	. . .
Ukraine	63.8	(53.6-74.0)	57.8	(48.4-67.1)	22.7	(16.5-28.9)
United Kingdom of Great Britain and Northern Ireland	36.7	(35.5-37.8)	28.8	(27.8-29.9)	34.7	(33.7-35.8)
Uzbekistan	24.2	(19.6-28.7)	19.2	(15.4-22.9)	1.2	(0.7-1.7)

SMOKING CIGARETTES [%][b]									
MALES						FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
2.6	(0.4-4.8)	40.5	(27.2-53.8)	37.3	(25.0-49.6)	4.0	(0.7-7.3)	2.6	(0.4-4.8)
24.7	(19.9-29.4)	36.5	(30.8-42.2)	33.0	(27.6-38.3)	29.2	(24.0-34.4)	24.7	(19.9-29.4)
2.5	(0.9-4.2)	55.1	(47.1-63.0)	49.2	(42.1-56.4)	3.7	(1.4-6.1)	2.5	(0.9-4.2)
40.0	(38.0-41.9)	46.4	(44.2-48.5)	41.3	(39.2-43.4)	40.1	(38.2-42.1)	40.0	(38.0-41.9)
0.4	(0.2-0.6)	. . .	. . .	. . .	. . .	0.9	(0.3-1.4)	0.4	(0.2-0.6)
16.8	(11.8-21.9)	63.7	(53.3-74.0)	57.7	(48.2-67.1)	21.1	(14.9-27.3)	16.8	(11.8-21.9)
20.0	(18.1-21.8)	30.1	(27.0-33.2)	23.1	(20.6-25.6)	24.1	(22.0-26.2)	20.0	(18.1-21.8)
31.1	(25.5-36.7)	49.3	(42.8-55.9)	45.7	(39.5-51.9)	35.1	(28.9-41.2)	31.1	(25.5-36.7)
23.4	(16.5-30.4)	47.5	(39.2-55.7)	41.3	(33.9-48.7)	27.8	(19.7-35.9)	23.4	(16.5-30.4)
25.2	(24.1-26.3)	38.9	(37.1-40.7)	35.1	(33.3-36.9)	29.1	(28.0-30.3)	25.2	(24.1-26.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
20.7	(14.5-26.9)	36.6	(30.0-43.2)	30.0	(24.3-35.6)	25.4	(17.9-32.8)	20.7	(14.5-26.9)
24.0	(22.2-25.7)	36.1	(34.1-38.1)	28.4	(26.5-30.3)	30.6	(28.7-32.5)	24.0	(22.2-25.7)
20.7	(18.7-22.7)	49.9	(47.2-52.6)	42.0	(39.3-44.7)	27.5	(25.4-29.7)	20.7	(18.7-22.7)
17.4	(15.6-19.2)	31.8	(29.5-34.2)	24.5	(22.3-26.6)	24.4	(22.4-26.4)	17.4	(15.6-19.2)
23.6	(22.9-24.2)	36.6	(35.8-37.4)	30.6	(29.9-31.3)	26.7	(26.0-27.4)	23.6	(22.9-24.2)
4.0	(1.5-6.6)	57.1	(48.4-65.8)	50.9	(43.0-58.7)	6.3	(2.4-10.1)	4.0	(1.5-6.6)
22.2	(20.8-23.5)	37.4	(34.9-40.0)	31.1	(28.9-33.2)	25.8	(24.2-27.3)	22.2	(20.8-23.5)
35.4	(30.7-40.0)	63.6	(56.1-71.2)	60.7	(53.4-68.0)	39.8	(34.7-45.0)	35.4	(30.7-40.0)
29.8	(21.6-38.1)	45.7	(38.4-53.1)	39.0	(32.7-45.4)	33.9	(24.5-43.2)	29.8	(21.6-38.1)
19.7	(17.6-21.8)	26.1	(23.6-28.5)	19.4	(17.2-21.6)	26.6	(24.2-29.0)	19.7	(17.6-21.8)
18.9	(16.4-21.4)	26.5	(21.3-31.6)	19.6	(17.0-22.1)	26.0	(22.6-29.3)	18.9	(16.4-21.4)
15.1	(6.1-24.1)	31.1	(26.3-36.0)	27.5	(23.1-31.9)	17.9	(7.3-28.6)	15.1	(6.1-24.1)
15.5	(14.3-16.7)	32.8	(30.4-35.2)	29.1	(27.0-31.2)	19.2	(17.7-20.6)	15.5	(14.3-16.7)
6.5	(4.1-8.8)	43.2	(34.9-51.4)	36.5	(29.4-43.7)	9.7	(6.4-13.1)	6.5	(4.1-8.8)
1.2	(0.7-1.8)	46.9	(38.4-55.3)	40.7	(33.3-48.1)	2.2	(1.4-3.1)	1.2	(0.7-1.8)
17.4	(14.7-20.1)	54.4	(45.6-63.1)	46.8	(39.1-54.6)	24.1	(20.9-27.3)	17.4	(14.7-20.1)
14.0	(11.7-16.4)	45.1	(37.9-52.3)	37.2	(31.0-43.4)	20.8	(18.0-23.7)	14.0	(11.7-16.4)
27.9	(25.1-30.7)	39.1	(35.4-42.8)	33.8	(30.5-37.2)	30.3	(27.3-33.2)	27.9	(25.1-30.7)
20.4	(17.5-23.3)	32.8	(28.3-37.2)	29.2	(25.2-33.2)	24.5	(21.1-28.0)	20.4	(17.5-23.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
27.5	(26.6-28.4)	38.3	(37.3-39.2)	31.6	(30.7-32.5)	30.3	(29.4-31.1)	27.5	(26.6-28.4)
23.7	(20.4-27.0)	33.6	(29.1-38.2)	26.1	(22.5-29.7)	30.4	(26.4-34.5)	23.7	(20.4-27.0)
23.3	(15.3-31.3)	43.9	(35.2-52.6)	37.6	(29.8-45.5)	27.2	(18.2-36.3)	23.3	(15.3-31.3)
26.3	(22.6-30.0)	40.6	(35.1-46.1)	37.0	(31.8-42.2)	31.0	(26.8-35.1)	26.3	(22.6-30.0)
3.7	(2.6-4.7)	45.8	(38.4-53.1)	39.3	(32.9-45.7)	5.8	(4.2-7.5)	3.7	(2.6-4.7)
19.9	(14.0-25.8)	40.6	(33.8-47.4)	33.9	(28.1-39.6)	24.5	(17.4-31.7)	19.9	(14.0-25.8)
21.6	(15.5-27.7)	70.1	(59.1-81.2)	64.9	(54.6-75.2)	26.5	(19.1-33.9)	21.6	(15.5-27.7)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
38.6	(33.7-43.4)	43.8	(39.1-48.6)	40.6	(35.9-45.4)	43.8	(39.1-48.6)	40.6	(35.9-45.4)
15.5	(11.0-20.0)	41.6	(34.6-48.6)	34.8	(28.7-40.8)	20.1	(14.4-25.9)	15.5	(11.0-20.0)
18.3	(13.7-22.9)	31.8	(25.7-37.9)	28.4	(22.5-34.2)	21.1	(16.2-26.1)	18.3	(13.7-22.9)
27.1	(23.8-30.4)	36.4	(32.2-40.6)	32.7	(28.9-36.5)	30.9	(27.2-34.6)	27.1	(23.8-30.4)
18.1	(17.2-19.1)	19.6	(18.6-20.7)	14.4	(13.5-15.3)	24.5	(23.4-25.6)	18.1	(17.2-19.1)
17.7	(16.2-19.3)	30.7	(28.2-33.3)	23.6	(21.5-25.7)	22.2	(20.4-24.0)	17.7	(16.2-19.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
14.8	(6.0-23.5)	51.6	(44.1-59.2)	45.1	(38.5-51.7)	19.2	(7.9-30.6)	14.8	(6.0-23.5)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
18.2	(13.2-23.2)	63.8	(53.6-74.0)	57.8	(48.4-67.1)	22.7	(16.5-28.9)	18.2	(13.2-23.2)
27.9	(27.0-28.9)	36.7	(35.5-37.8)	28.8	(27.8-29.9)	34.7	(33.7-35.8)	27.9	(27.0-28.9)
0.6	(0.3-0.9)	24.2	(19.6-28.7)	19.2	(15.4-22.9)	1.2	(0.7-1.7)	0.6	(0.3-0.9)

South-East Asia

Table 3.5b

Age standardized prevalence estimates for WHO Member States (South-East Asia)

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]
Bangladesh	47.0	(38.1-55.9)	41.7	(33.8-49.7)	3.8	(2.3-5.2)
Bhutan	. . .	. . .	. . .	. . .	. . .	. . .
Democratic People's Republic of Korea	58.6	(56.1-61.1)	56.5	(39.7-73.2)	. . .	. . .
India	33.1	(26.7-39.5)	24.9	(20.1-29.7)	3.8	(2.6-5.0)
Indonesia	65.9	(57.9-73.9)	58.4	(51.3-65.6)	4.5	(4.0-5.0)
Maldives	44.5	(36.1-52.9)	38.1	(30.8-45.3)	11.6	(7.8-15.3)
Myanmar	46.5	(40.6-52.4)	36.3	(31.6-41.0)	13.6	(12.3-14.9)
Nepal	34.8	(28.3-41.4)	28.7	(23.3-34.2)	26.4	(18-34.8)
Sri Lanka	30.2	(24.4-36.0)	23.9	(19.2-28.5)	2.6	(1.6-3.5)
Thailand	39.8	(35.0-44.5)	29.5	(25.9-33.0)	3.4	(3.3-3.6)
Timor-Leste	. . .	. . .	. . .	. . .	. . .	. . .

Western Pacific

Table 3.6b

Age standardized prevalence estimates for WHO Member States (Western Pacific)

COUNTRY	SMOKING ANY TOBACCO PRODUCT [%][a]					
	MALES				FEMALES	
	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENTC	95%CI[e]
! Australia	27.7	(24.3-31.1)	21.8	(19-24.5)	21.8	(18.6-25.1)
Brunei Darussalam	. . .	. . .	. . .	. . .	. . .	. . .
Cambodia	40.5	(35.5-45.6)	31.0	(27.1-35.0)	6.5	(5.8-7.1)
China	59.5	(47.7-71.3)	57.1	(40.3-73.9)	3.7	(3.1-4.4)
Cook Islands	36.1	(27.0-45.3)	31.8	(23.4-40.2)	20.0	(13.9-26.2)
Fiji	23.6	(18.7-28.5)	19.1	(15.1-23.1)	5.1	(3.8-6.3)
Japan	44.3	(35.4-53.2)	41.0	(28.8-53.2)	14.3	(12.0-16.5)
Kiribati	. . .	. . .	. . .	. . .	. . .	. . .
Lao People's Democratic Republic	65.0	(57.0-73.1)	57.9	(50.7-65.2)	15.6	(14.4-16.8)
Malaysia	54.4	(47.2-61.6)	43.8	(37.7-49.8)	2.8	(1.9-3.6)
Marshall Islands	. . .	. . .	. . .	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .	. . .	. . .	. . .
Mongolia	45.8	(32.1-59.5)	42.7	(29.9-55.5)	6.5	(4.7-8.2)
Nauru	46.1	(36.7-55.6)	43.6	(34.6-52.7)	52.4	(41.1-63.7)
New Zealand	29.7	(25.6-33.8)	23.9	(20.6-27.2)	27.5	(23.2-31.9)
Niue	. . .	. . .	. . .	. . .	. . .	. . .
Palau	38.1	(28.1-48.2)	34.0	(24.7-43.4)	9.7	(5.1-14.3)
Papua New Guinea	. . .	. . .	. . .	. . .	. . .	. . .
Philippines	42.0	(36.8-47.3)	32.5	(28.4-36.7)	9.8	(8.9-10.7)
Republic of Korea	53.3	(37.5-69.1)	50.2	(35.3-65.2)	5.7	(4.6-6.8)
Samoa	58.3	(45.5-71.1)	56.7	(44.1-69.3)	23.4	(16.6-30.3)
* Singapore	. . .	. . .	22.0	(18.8-25.2)	. . .	. . .
Solomon Islands	. . .	. . .	. . .	. . .	. . .	. . .
Tonga	61.8	(48.9-74.7)	60.6	(47.9-73.3)	15.8	(11.4-20.3)
Tuvalu	. . .	. . .	. . .	. . .	. . .	. . .
Vanuatu	49.1	(38.9-59.3)	47.1	(37.3-56.9)	8.1	(5.6-10.7)
! Viet Nam	45.7	(39.7-51.8)	35.2	(30.4-40.1)	2.5	(1.8-3.3)

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
2.6	(1.6-3.7)	42.8	(34.6-50.9)	37.2	(30.0-44.3)	0.9	(0.4-1.4)	0.5	(0.2-0.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	58.6	(56.1-61.1)	56.5	(39.7-73.2)	. . .	. . .	. . .	. . .
1.8	(1.2-2.4)	27.6	(22.2-32.9)	21.5	(17.3-25.6)	1.0	(0.6-1.3)	0.5	(0.3-0.7)
3.2	(2.8-3.6)	62.1	(54.5-69.6)	53.6	(47.0-60.1)	4.0	(3.5-4.4)	2.8	(2.4-3.2)
9.7	(6.5-12.8)	39.7	(32.2-47.2)	33.0	(26.7-39.3)	8.9	(6.0-11.9)	7.2	(4.8-9.6)
11.0	(9.8-12.1)	43.6	(38.0-49.1)	32.9	(28.5-37.2)	11.7	(10.5-12.8)	9.2	(8.2-10.3)
25.4	(17.3-33.5)	29.3	(23.8-34.9)	23.1	(18.7-27.5)	26.2	(17.9-34.6)	25.3	(17.2-33.3)
1.6	(0.9-2.2)	24.5	(19.7-29.2)	18.3	(14.7-22.0)	0.4	(0.2-0.7)	0.2	(0.0-0.3)
2.4	(2.3-2.5)	37.1	(32.7-41.6)	26.7	(23.5-29.9)	3.0	(2.9-3.1)	2.1	(2.0-2.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported
[a] Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
[b] Definition: Smoking manufactured cigarettes.
[c] Definition: Smoking at the time of the survey, including daily and non-daily smoking.
[d] Definition: Smoking everyday at the time of the survey.
[e] CI: Confidence Interval

		SMOKING CIGARETTES [%][b]							
		MALES				FEMALES			
DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]	CURRENT[c]	95%CI[e]	DAILY[d]	95%CI[e]
15.6	(13.3-18.0)	27.7	(24.3-31.1)	21.8	(19.0-24.5)	21.8	(18.6-25.1)	15.6	(13.3-18.0)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
4.7	(4.2-5.2)	37.9	(33.2-42.7)	27.9	(24.4-31.5)	5.7	(5.1-6.2)	4.1	(3.6-4.6)
3.4	(2.9-3.9)	59.5	(54.6-64.5)	57.1	(40.3-73.9)	3.7	(2.6-4.9)	3.4	(2.9-3.9)
14.0	(9.1-18.9)	36.1	(27.0-45.3)	31.8	(23.4-40.2)	20.0	(13.9-26.2)	14.0	(9.1-18.9)
2.6	(1.8-3.3)	23.6	(18.7-28.5)	19.1	(15.1-23.1)	5.1	(3.8-6.3)	2.6	(1.8-3.3)
11.1	(9.3-12.9)	44.3	(39.6-49.1)	41.0	(28.8-53.2)	14.3	(12.0-16.5)	11.1	(9.3-12.9)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
12.3	(11.3-13.4)	61.1	(53.5-68.6)	53.0	(46.3-59.6)	13.6	(12.5-14.7)	10.6	(9.6-11.5)
1.9	(1.2-2.6)	51.1	(44.2-57.9)	40.0	(34.3-45.7)	2.5	(1.7-3.3)	1.7	(1.0-2.3)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
5.6	(4.1-7.2)	45.8	(32.1-59.5)	42.7	(29.9-55.5)	6.5	(4.7-8.2)	5.6	(4.1-7.2)
49.9	(39.1-60.7)	46.1	(36.7-55.6)	43.6	(34.6-52.7)	52.4	(41.1-63.7)	49.9	(39.1-60.7)
21.5	(18.1-24.8)	29.7	(25.6-33.8)	23.9	(20.6-27.2)	27.5	(23.2-31.9)	21.5	(18.1-24.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
7.2	(3.3-11.1)	38.1	(28.1-48.2)	34.0	(24.7-43.4)	9.7	(5.1-14.3)	7.2	(3.3-11.1)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
7.5	(6.7-8.2)	38.9	(34.1-43.8)	29.2	(25.5-32.9)	8.5	(7.7-9.3)	6.4	(5.7-7.1)
4.8	(3.8-5.7)	53.3	(51.0-55.6)	50.2	(35.3-65.2)	5.7	(4.9-6.5)	4.8	(3.8-5.7)
17.5	(11.9-23.2)	58.3	(45.5-71.1)	56.7	(44.1-69.3)	23.4	(16.6-30.3)	17.5	(11.9-23.2)
4.4	(3.5-5.2)	. . .	. . .	20.3	(17.3-23.3)	. . .	. . .	3.9	(3.1-4.8)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
10.8	(7.4-14.2)	61.8	(48.9-74.7)	60.6	(47.9-73.3)	15.8	(11.4-20.3)	10.8	(7.4-14.2)
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
4.5	(2.8-6.2)	49.1	(38.9-59.3)	47.1	(37.3-56.9)	8.1	(5.6-10.7)	4.5	(2.8-6.2)
1.8	(1.2-2.3)	42.9	(37.1-48.6)	32.0	(27.5-36.6)	2.2	(1.5-2.9)	1.5	(1.0-2.1)

! Data were not validated by country focal point in time for publication of this report.
. . . Data not available/not reported.
[a] Definition: Smoking any form of tobacco, including cigarettes, cigars, pipes, bidis, etc.
[b] Definition: Smoking manufactured cigarettes.
[c] Definition: Smoking at the time of the survey, including daily and non-daily smoking.
[d] Definition: Smoking everyday at the time of the survey.
[e] CI: Confidence Interval
* Current smoking prevalence not validated

APPENDIX IV: **COUNTRY-PROVIDED PREVALENCE DATA**

This appendix provides the latest and most representative data on tobacco use prevalence for WHO Member States. These data are not comparable between countries because the surveys differ in definitions (current vs. daily smoking), type of tobacco product consumed (all types of tobacco, cigarettes), age range, representativeness, and survey year. International comparisons should be based on data provided in Appendix III.

Only the latest and most representative survey from each country is provided. Most definitions represented in Appendix IV are daily or current smoking for either all tobacco products or cigarettes. Where these indicators were not available, other available definitions were used. Because national-level surveys generally provide data for more than one definition, reporting all definitions would have made Appendix IV too complex. For this reason, priority was given to daily and current smoking of tobacco products. If data on daily or current smoking of tobacco products were not available, other available definitions were included.

Africa

Table 4.1
Adult tobacco surveys in WHO Member States (Africa)

. . .Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Algeria	Mesure des facteurs de risque des maladies non transmissibles dans deux zones pilotes (approche STEPWISE), in Setif and Mostaganem, 2003	2003	Subnational	Daily tobacco smoking	25-64
Angola	. . .	. . .	. . .	. . .	. . .
Benin	. . .	. . .	. . .	. . .	. . .
Botswana	. . .	. . .	. . .	. . .	. . .
Burkina Faso	World Health Survey, Burkina Faso, 2003	2003	National	Daily tobacco smoking	18 +
Burundi	. . .	. . .	. . .	. . .	. . .
Cameroon	WHO workshop on STEPwise approach to risk factor management: Data for action in the Republic of Cameroon	2003	Subnational	Lifetime all tobacco use	15 +
Cape Verde	. . .	. . .	. . .	. . .	. . .
Central African Republic	. . .	. . .	. . .	. . .	. . .
Chad	World Health Survey, Chad, 2003	2003	National	Daily tobacco smoking	18 +
Comoros	World Health Survey, Comoros, 2003	2003	National	Daily tobacco smoking	18 +
Congo	World Health Survey, Congo, 2003	2003	National	Daily tobacco smoking	18 +
Côte d'Ivoire	World Health Survey, Côte d'Ivoire, 2003	2003	National	Daily tobacco smoking	18 +
Democratic Republic of the Congo	Enquête sur les facteurs de risque des maladies non transmissibles à Kinshasa, capitale de la RD Congo, Selon l'approche STEPS de l'OMS, 2005	2005	Subnational	Daily tobacco smoking	15 +
Equatorial Guinea	. . .	. . .	. . .	. . .	. . .
Eritrea	National noncommunicable disease (NCD) risk factor baseline survey (using WHO STEPwise approach), 2004	2004	National	Daily tobacco smoking	15-64
Ethiopia	World Health Survey, Ethiopia, 2003	2003	National	Daily tobacco smoking	18 +
Gabon	. . .	. . .	. . .	. . .	. . .
Gambia	Blood pressure patterns and cardiovascular risk factors in rural and urban Gambian communities, 1997	1997	Subnational	Current tobacco smoking	15 +
Ghana	World Health Survey, Ghana, 2003	2003	National	Daily tobacco smoking	18 +
Guinea	National survey, 1998	1998	National	Daily tobacco smoking	11-72
Guinea-Bissau	. . .	. . .	. . .	. . .	. . .
Kenya	World Health Survey, Kenya, 2004	2004	National	Daily tobacco smoking	18 +
Lesotho	Survey report on prevalence report and prevalence of diabetes and hypertension, 2001	2001	National	Current tobacco smoking	15 +

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
32.3	0.4	12.8	Current tobacco smoking	25-64	38.1	0.5	15.1
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
19.0	10.3	14.4	Current tobacco smoking	18 +	23.6	11.1	16.9
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	13.2	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
13.2	2.1	7.5	Current tobacco smoking	18 +	17.4	2.9	10.0
24.1	15.0	19.5	Current tobacco smoking	18 +	27.8	17.0	22.3
10.7	1.1	5.5	Current tobacco smoking	18 +	13.0	1.3	6.6
14.5	1.2	8.9	Current tobacco smoking	18 +	19.3	2.3	12.1
10.2	0.6	4.4	Current tobacco smoking	15 +	14.2	1.2	6.4
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	7.2	Current tobacco smoking	15-64	. . .	. . .	8.0
5.3	0.4	2.8	Current tobacco smoking	18 +	6.3	0.5	3.3
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
38.5	4.4	. . .	. . .	. . .	. . .	. . .	. . .
6.2	0.4	3.2	Current tobacco smoking	18 +	9.0	1.2	5.0
. . .	8.6	57.6	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
21.2	0.9	10.8	Current tobacco smoking	18 +	26.2	1.9	13.7
47.9	34.2	39.3	. . .	. . .	. . .	. . .	. . .

Africa

Table 4.1
Adult tobacco surveys in WHO Member States (Africa)

. . .Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Liberia	. . .	. . .	. . .	. . .	. . .
Madagascar	Enquête sur les facteurs de risque des maladies non transmissibles à Madagascar	2005	Subnational	Daily tobacco smoking	25-64
Malawi	World Health Survey, Malawi, 2003	2003	National	Daily tobacco smoking	18 +
Mali	World Health Survey, Mali, 2003	2003	National	Daily tobacco smoking	18 +
Mauritania	World Health Survey, Mauritania, 2003	2003	National	Daily tobacco smoking	18 +
Mauritius	World Health Survey, Mauritius, 2003	2003	National	Daily tobacco smoking	18 +
Mozambique	STEPS survey Mozambique report, 2004	2004	National	Daily cigarette use	25-64
Namibia	World Health Survey, Namibia, 2003	2003	National	Daily tobacco smoking	18 +
Niger	Le tabagisme chez les jeunes au Niger	1991	Subnational	Current tobacco smoking	15-35
Nigeria	Nigeria Demographic and Health Survey, 2003	2003	National	Current cigarette use	15-49
Rwanda	Enquête Démographique et de Santé, Rwanda 2000	2000	National	Current any tobacco use	15-49
Sao Tome and Principe	Analise da situacao do tabagismo em S Tome E Principe, 1998	1997	Subnational	Daily cigarette use	14+
Senegal	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Seychelles	Prevalence of cardiovascular risk factors in a middle-income country and estimated cost of a treatment strategy; 2006	2004	National	Daily cigarette use	25-64
Sierra Leone	Blood pressure and hypertension in rural and urban Sierra Leoneans	1999	Subnational	Current cigarette use	15 +
South Africa	World Health Survey, 2003	2002-2003	National	Daily tobacco smoking	18 +
Swaziland	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Togo	. . .	. . .	. . .	. . .	. . .
Uganda	Uganda Demographic and Health Survey, 2001	2000-2001	National	Current tobacco smoking	M: 15 -54; F: 15 -49
United Republic of Tanzania	Distribution of blood pressure, body mass index and smoking habits in the urban population of Dar es Salaam, Tanzania, and associations with socioeconomic status, 2002	1998-1999	Subnational	Daily cigarette use	25-64
Zambia	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Zimbabwe	World Health Survey, 2005	2005	National	Daily tobacco smoking	25 +

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	14.1	Current tobacco smoking	25-64	. . .	. . .	17.6
20.6	5.1	12.7	Current tobacco smoking	18 +	25.5	6.1	15.6
18.8	1.6	9.5	Current tobacco smoking	18 +	24.1	2.3	12.3
23.2	3.2	12.8	Current tobacco smoking	18 +	27.4	4.2	15.4
32.2	1.1	16.4	Current tobacco smoking	18 +	42.4	2.9	22.3
16.7	1.9	7.7	Current all tobacco use	25-64	38.8	15.0	24.3
22.3	9.4	15.4	Current tobacco smoking	18 +	28.0	12.4	19.6
40.6	11.3	35.1	. . .	. . .	. . .	. . .	. . .
. . .	0.5	. . .	Current tobacco smoking	15-49	. . .	1.0	. . .
. . .	8.3	. . .	. . .	. . .	. . .	. . .	. . .
28.8	14.3	25.0	. . .	. . .	. . .	. . .	. . .
19.8	1.0	10.0	Current tobacco smoking	18 +	22.2	1.7	11.6
30.8	3.9	17.4	. . .	. . .	. . .	. . .	. . .
32.3	10.3	17.7	. . .	. . .	. . .	. . .	. . .
27.1	8.2	17.1	Current tobacco smoking	18 +	36	10.2	22.4
9.9	2.1	5.4	Current tobacco smoking	18 +	13.8	3.3	7.7
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
25.2	3.3	. . .	. . .	. . .	. . .	. . .	. . .
23.0	1.3	. . .	. . .	. . .	. . .	. . .	. . .
15.3	3.4	9.2	Current tobacco smoking	18 +	22.7	5.7	14.0
33.4	5.0	12.1	Daily cigarette use	25 +	26.7	1.4	7.9

The Americas

Table 4.2
Adult tobacco surveys in WHO Member States (The Americas)

. . .Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Antigua and Barbuda	. . .	. . .	. . .	. . .	. . .
Argentina	Encuesta nacional de factores de riesgo, 2005	2005	National	Daily cigarette use	18 +
Bahamas	. . .	. . .	. . .	. . .	. . .
Barbados	Barbados Risk Factor and Health Promotion Study, 2002	2002	National	Current tobacco smoking	15 +
Belize	. . .	. . .	. . .	. . .	. . .
Bolivia	Encuesta Nacional de Demografia y Salud, Bolivia, 2003	2003	National	Current cigarette use	15-49
Brazil	VIGITEL Brasil 2006:Vigilancia de Factores de Risco e Protecao para Doencas Cronicas por Inquerito Telefonico (Surveillance System of Risk Factors for Chronic Diseases by Telephone Interviews)	2006	National	Daily tobacco smoking	18 +
Canada	Canadian tobacco use monitoring survey (CTUMS), 2006	2006	National	Daily cigarette use	15 +
Chile	Encuesta Nacional de Salud, Chile, 2006	2006	National	Current cigarette use	15 +
Colombia	Estudio Nacional de Factores de Riesgo de Enfermedades Crónicas del Ministerio de Salud, 1998	1998	National	Daily tobacco smoking	18-69
Costa Rica	Consumo de Drogas en Costa Rica, 2000-2001	2001	National	Current tobacco smoking	12-70
Cuba	Encuesta nacional y provincial de factores de riesgo y enfermedades no transmisibles	2001	National	Daily tobacco smoking	15 +
Dominica	. . .	. . .	. . .	. . .	. . .
Dominican Republic	World Health Survey, Dominican Republic, 2003	2003	National	Daily tobacco smoking	18 +
Ecuador	World Health Survey, Ecuador, 2003	2003	National	Daily tobacco smoking	18 +
El Salvador	1er Estudio Nacional sobre Consumo de Drogas en Población General. El Salvador, 2005	2005	National	Current any tobacco use	12-64
Grenada	. . .	. . .	. . .	. . .	. . .
Guatemala	World Health Survey, Guatemala Year, 2003	2003	National	Daily tobacco smoking	18 +
Guyana	. . .	. . .	. . .	. . .	. . .
Haiti	Enquête Mortalité, Morbidité et Utilisation des Services, Haiti, 2000	2000	National	Current tobacco smoking	15-49
Honduras	Encuesta Nacional de Demografía y Salud ENDESA 2005-2006	2006	National	Current cigarette use	15-49
Jamaica	High risk health behaviours among adult Jamaicans 2000	2000	National	Current cigarette use	15-49
Mexico	Encuesta Nacional de Salud y Nutrición, 2006	2006	National	Daily cigarette use	20 +
Nicaragua	Encuesta Nicaragüense de Demografia y Salud, 2001	2001	National	Current tobacco smoking	15-49
Panama	Prevalencia de Tabaquismo en Población entre 15 y 75 años residentes en áreas urbanas de toda la República	1995	Subnational	Current tobacco smoking	15-75

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE	BOTH SEXES PREVALENCE [%]
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
26.2	18.6	22.2	Current cigarette use	18 +	35.1	24.9	29.7
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
19.3	3.0	7.1	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	29.6	. . .	Current tobacco smoking	15-49	. . .	32.5	. . .
16.9	10.0	. . .	Current tobacco smoking	18 +	20.3	12.8	16.2
15.3	11.8	13.5	Current cigarette use	15 +	19.9	15.5	17.7
43.6	31.8	37.4	. . .	. . .	. . .	. . .	. . .
26.8	11.3	18.9	. . .	. . .	. . .	. . .	. . .
23.3	8.2	. . .	. . .	. . .	. . .	. . .	. . .
41.6	23.0	31.6	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
15.3	10.8	13.1	Current tobacco smoking	18 +	17.2	12.5	14.9
6.1	1.3	3.7	Current tobacco smoking	18 +	26.3	6.6	16.5
21.5	3.4	11.7	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
8.3	0.9	3.7	Current tobacco smoking	18 +	23.9	3.4	11.2
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	4.4	. . .	. . .	. . .	. . .	. . .	. . .
. . .	2.3	. . .	. . .	. . .	. . .	. . .	. . .
28.6	7.7	. . .	. . .	. . .	. . .	. . .	. . .
21.6	6.5	13.3	Current cigarette use	20 +	30.4	9.5	18.9
. . .	5.3	. . .	. . .	. . .	. . .	. . .	. . .
52.1	19.5	35.8	. . .	. . .	. . .	. . .	. . .

The Americas

Table 4.2
Adult tobacco surveys in WHO Member States (The Americas)

[a] The Global Youth Tobacco Survey was implemented in 2001.
. . .Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Paraguay	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Peru	Epidemiología de drogas en la población urbana Peruana, 2005	2005	Subnational	Current tobacco smoking	12-64
Saint Kitts and Nevis	. . .	. . .	. . .	. . .	. . .
Saint Lucia	The prevalence of hypertension in seven populations of West African origin, 1997	1991-1994	Subnational	Current cigarette use	25 +
Saint Vincent and the Grenadines[a]	Risk factor survey in St. Vincent	1991	National	Daily cigarette use	19 +
Suriname	. . .	. . .	. . .	. . .	. . .
Trinidad and Tobago	Trinindad and Tobago National Survey 1996, Ministry of Health	1996	National	Current tobacco smoking	15 +
United States of America	Summary Health Statistics for US Adults: National Health Interview Survey (NHIS), 2005	2005	National	Daily tobacco smoking	18 +
Uruguay	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Venezuela	Consumo de Drogas en la Repúblíca Boliviariana de Venezuela	2005	National	Daily tobacco smoking	15 +

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE	BOTH SEXES PREVALENCE [%]
23.5	6.5	14.9	Current tobacco smoking	18 +	41.6	13.3	27.3
42.6	22.5	31.8	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
37.3	5.6	19.9	. . .	. . .	. . .	. . .	. . .
17.4	1.9	8.6	Current cigarette use	19+	26.4	3.5	13.5
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
29.8	5.1	21.1	. . .	. . .	. . .	. . .	. . .
20.7	15.5	18.0	Current tobacco smoking	18 +	27.5	19.0	23.2
33.8	23.4	28.4	Current tobacco smoking	18 +	38.8	28.4	33.3
20.9	13.0	16.9	Current tobacco smoking	15 +	22.6	13.6	18.0

Eastern Mediterranean

Table 4.3
Adult tobacco surveys in WHO Member States (Eastern Mediterranean)

[a] A subnational study was implemented in 2004, in Aleppo.
. . . Data not reported/not available
[>] Refers to a territory.

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Afghanistan	WHO assignment Afghanistan noncommunicable diseases CVD, 1991	1991	Subnational	Current any tobacco use	18 +
Bahrain	The 2001 census of population, housing, buildings and establishments	2001	National	Current tobacco smoking	15 +
Djibouti	. . .	. . .	. . .	. . .	. . .
Egypt	2005 Tobacco Survey	2005	National	Daily tobacco smoking	18 +
Iran (Islamic Republic of)	A national profile of non-communicable disease risk factors in the Islamic Republic of Iran. Selected results of the first survey of the non-communicable disease risk factor surveillance system of Iran, 2005	2005	National	Daily tobacco smoking	15-64
Iraq	National Survey for non-communicable diseases risk factors in Iraq, 2006	2006	National	Current tobacco smoking	25-65
Jordan	Prevalence of selected risk factors for chronic disease - Jordan, 2002	2002	National	Current cigarette use	18 +
Kuwait	Epidemiology of smoking among Kuwaiti adults: prevalence, characteristics and attitudes	1996	National	Current tobacco smoking	18-60
Lebanon	Together for heart health: an initiative for community-based cardiovascular disease risk factor prevention and control, 2002	2002	Subnational	Current tobacco smoking	25-64
Libyan Arab Jamahiriya	National survey, 2003	2003	National	Daily tobacco smoking	18 +
Morocco	World Health Survey, Morocco, 2003	2006	National	Daily tobacco smoking	18 +
Oman	Smoking in Oman: prevalence and characteristics of smokers, 2004	2000	National	Current tobacco smoking	20 +
Pakistan	World Health Survey, 2003	2002-2003	National	Daily tobacco smoking	18 +
Qatar	. . .	. . .	. . .	. . .	. . .
Saudi Arabia	Study Of Smoking Behaviors In Kingdom Of Saudi Arabia, 2006	2006	National	Daily tobacco smoking	15 +
Somalia	. . .	. . .	. . .	. . .	. . .
Sudan	. . .	. . .	. . .	. . .	. . .
Syrian Arab Republic[a]	Tobacco Survey, Ministry of Health, Syrian Arab Republic, 1999	1999	Subnational	Daily tobacco smoking	15 +
Tunisia	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
United Arab Emirates	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
West Bank and Gaza Strip[>]	. . .	. . .	. . .	. . .	. . .
Yemen	. . .	. . .	. . .	. . .	. . .

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
82.0	17.0	. . .	. . .	. . .	. . .	. . .	. . .
15.0	3.1	10.2	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
39.2	0.4	19.1	Current tobacco smoking	18 +	59.3	2.7	29.9
20.9	2.9	11.9	Current tobacco smoking	15-64	24.1	4.3	14.2
41.5	6.9	21.9	Daily tobacco smoking	25-65	5.0	4.1	3.4
50.5	8.3	29.8	. . .	. . .	. . .	. . .	. . .
34.4	1.9	17.0	. . .	. . .	. . .	. . .	. . .
61.0	57.1	58.8	Current cigarette use	25-64	42.3	30.6	35.7
32.0	1.5	16.7	. . .	. . .	. . .	. . .	. . .
30.3	0.2	15.1	Daily cigarette use	18 +	27.4	0.2	13.6
13.4	0.5	7.0	. . .	. . .	. . .	. . .	. . .
27.3	4.4	15.9	Current tobacco smoking	18 +	32.4	5.7	19.1
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
37.6	6.0	22.0	. . .				. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
47.0	8.0	26.0	Current tobacco smoking	15 +	51.0	10.0	29.0
50.3	1.9	25.8	Current tobacco smoking	18 +	52.1	2.0	26.7
17.6	1.4	12.8	Current tobacco smoking	18 +	28.1	2.4	20.5
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .

Europe

Table 4.4
Adult tobacco surveys in WHO Member States (Europe)

. . . Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Albania	Albania reproductive health survey 2002- preliminary report, Atlanta, Georgia (USA), 2003	2003	National	Current cigarette use	Males:15-49, Females: 15-44
Andorra	National Health Survey, 2002	2002	National	Current tobacco smoking	16 +
Armenia	Armenia Demographic and Health Survey, 2005	2005	National	Current cigarette use	15-49
Austria	Österreichweite Repräsentativerhebung zu Substanzgebrauch, Erhebung, 2004	2004	National	Daily tobacco smoking	14-99
Azerbaijan	Reproductive Health Survey, Azerbaijan, 2001	2001	National	Current cigarette use	15-44
Belarus	Sociological analysis of actual trends in forming healthy lifestyle of population of Belarus. Institute for Sociology of the National Academy of Science and Ministry of Health, 2004	2004	National	Current tobacco smoking	16 +
Belgium	Enquête de Santé par Interview, Belgique, 2004	2004	National	Daily tobacco smoking	15 +
Bosnia and Herzegovina	World Health Survey, Bosnia and Herzegovina, 2003	2003	National	Daily tobacco smoking	18 +
Bulgaria	Health Interview Survey, National Statistical Institute, 2001	2001	National	Daily tobacco smoking	15 +
Croatia	2003 Croatian Adult Health Survey	2003	National	Daily tobacco smoking	18 +
Cyprus	Ministry of Finance, 2003	2003	National	Daily tobacco smoking	15 +
Czech Republic	Czech smoking prevalence survey, 2005	2005	National	Daily cigarette use	15 +
Denmark	Monitorering af danskernes rygevaner, 2004, 2005	2004	National	Daily tobacco smoking	15 +
Estonia	Health Behaviour among Estonian adult population, Spring 2004 - study from the Estonian Health Promotion Union	2004	National	Daily tobacco smoking	16-64
Finland	Health behaviour and health among the Finnish adult population, spring 2005	2005	National	Daily tobacco smoking	15-64
France	Baromètre santé 2005 (premiers résultats)	2005	National	Daily tobacco smoking	12-75
Georgia	World Health Survey, Georgia, 2003	2003	National	Daily tobacco smoking	18 +
Germany	Leben in Deutschland - Haushalte, Familien und Gesundheit, Ergebnisse des Mikrozensus, 2005	2005	National	Daily tobacco smoking	15 +
Greece	Epidemiology of cardiovascular risk factors in Greece; aims, design and baseline characteristics of the ATTICA study, 2002	2002	Subnational	Current cigarette use	18-89

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
46.3	3.0	. . .	. . .	. . .	. . .	. . .	. . .
42.0	30.0	36.0	. . .	. . .	. . .	. . .	. . .
60.5	1.7	. . .	. . .	. . .	. . .	. . .	. . .
40.2	35.5	. . .	Current tobacco smoking	14-99	48.0	47.0	47.0
. . .	0.6	. . .	. . .	. . .	. . .	. . .	. . .
56.8	15.4	34.3	. . .	. . .	. . .	. . .	. . .
28.0	19.7	23.7	Current tobacco smoking	15 +	32.5	23.0	27.6
46.6	24.9	35.5	Current tobacco smoking	18 +	54.2	34.2	44.0
40.8	22.8	32.7	. . .	. . .	. . .	. . .	. . .
30.0	17.8	22.9	Current tobacco smoking	18 +	31.6	22.9	26.6
38.1	10.5	23.9	. . .	. . .	. . .	. . .	. . .
29.6	19.4	24.3	Current cigarette use	15 +	33.8	22.9	28.2
28.6	24.1	26.3	Current tobacco smoking	15 +	31.5	25.9	28.7
47.7	21.1	32.8	Current tobacco smoking	16-64	55.5	30.7	41.6
26.0	18.0	22.0	Current tobacco smoking	16-64	32.9	24.5	28.7
28.2	21.7	25.0	Current tobacco smoking	12-75	33.3	26.5	29.9
50.4	4.1	25.1	Current tobacco smoking	18 +	58.1	5.4	29.4
27.9	18.8	23.2	Current tobacco smoking	15 +	32.2	22.4	27.2
51.0	39.0	. . .	Daily cigarette use	18-89	47.4	39.6	. . .

Europe

Table 4.4
Adult tobacco surveys in WHO Member States (Europe)

. . . Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Hungary	National Health Interview Survey 2003 - Hungary (OLEF 2003)	2003	National	Daily tobacco smoking	18 +
Iceland	Prevalence of smoking in Iceland, 2005	2005	National	Daily tobacco smoking	15-89
Ireland	Cigarette smoking trends, 2006	2006	National	Current cigarette use	15 +
Israel	The Israel Health Interview Survey based on the EUROHIS Questionnaire, 2004	2004	National	Daily tobacco smoking	21 +
Italy	Fumatori in Italia, 2005	2005	National	Current tobacco smoking	14 +
Kazakhstan	World Health Survey, Kazakhstan, 2003	2003	National	Daily tobacco smoking	18 +
Kyrgyzstan	National epidemiological study of tobacco use prevalence in Kyrgyzstan, 2005	2005	National	Current tobacco smoking	15 +
Latvia	Health behaviour among Latvian adult population, 2004	2004	National	Daily tobacco smoking	15-64
Lithuania	Health behaviour among Lithuanian adult population, 2004	2004	National	Daily tobacco smoking	20-64
Luxembourg	Le tabagisme au Luxembourg	2004	National	Current tobacco smoking	15 +
Malta	The first national health interview survey, 2002	2002	National	Daily cigarette use	15-98
Monaco	. . .	. . .	. . .	. . .	. . .
Montenegro	. . .	. . .	. . .	. . .	. . .
Netherlands	STIVORO, annual national report, 2004	2004	National	Daily tobacco smoking	15 +
Norway	Daily Smokers in Norway, 2004	2004	National	Daily cigarette use	16-74
Poland	Nationwide survey on smoking behaviours and attitudes in Poland	2004	National	Daily cigarette use	15 +
Portugal	Smoking patterns in a community sample of Portuguese adults, 2004	1991-2000	Subnational	Current cigarette use	18 +
Republic of Moldova	Moldova Demographic and Health Survey, 2006	2005	National	Current cigarette use	M: 15-59; F: 15-49
Romania	Knowledge , Attitudes and Practices of the General Romanian Population Regarding Tobacco Use and the Legal Provisions, 2007	2007	National	Current tobacco smoking	15-59
Russian Federation	Prevalence of smoking in 8 countries of the former Soviet Union: results from the Living Conditions, Lifestyles and Health Study, 2004	2001	National	Daily cigarette use	18 +
San Marino	. . .	. . .	. . .	. . .	. . .
Serbia	Knowledge, attitude and practice among citizens of Serbia related to cardiovascular risk factors	2005	National	Daily cigarette use	15 +

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
38.6	27.7	32.8	Current tobacco smoking	18 +	42.5	31.3	36.5
19.3	19.2	. . .	Current tobacco smoking	15-89	22.0	23.0	. . .
24.9	25.3	. . .	. . .	. . .	. . .	. . .	. . .
13.9	9.1	. . .	. . .	. . .	. . .	. . .	. . .
28.3	16.2	22.0	. . .	. . .	. . .	. . .	. . .
38.7	5.8	21.6	Current tobacco smoking	18 +	52.2	9.6	29.9
45.0	1.6	21.8	Current cigarette use	15 +	41.7	1.5	20.2
47.3	17.8	30.1	Current tobacco smoking	15-64	53.0	23.7	35.9
39.0	14.0	25.0	Current tobacco smoking	20-64	45.8	20.3	31.5
36.0	26.0	31.0	. . .	. . .	. . .	. . .	. . .
29.9	17.6	23.3	Current cigarette use	15-98	. . .	. . .	26.1
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
31.0	25.0	28.0	. . .	. . .	. . .	. . .	. . .
27.0	24.0	26.0	Current cigarette use	16-74	39.0	35.0	37.0
38.0	25.6	32.0	. . .	. . .	. . .	. . .	. . .
35.0	17.6	. . .	. . .	. . .	. . .	. . .	. . .
51.1	7.1	. . .	. . .	. . .	. . .	. . .	. . .
33.0	27.1	30.0	. . .	. . .	. . .	. . .	. . .
60.4	15.5	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
36.0	36.0	36.0	. . .	. . .	. . .	. . .	. . .

Europe

Table 4.4
Adult tobacco surveys in WHO Member States (Europe)

. . . Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Slovakia	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Slovenia	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Spain	World Health Survey, 2003	2002-2003	National	Daily tobacco smoking	18 +
Sweden	The Swedish survey of living conditions, 2004	2002-2003	National	Daily tobacco smoking	16-84
Switzerland	Tabakmonitoring: Entwicklung Rauchprävalenz 2001 bis 2005 [Prevalence of tobacco use from 2001 to 2005], 2006	2005	National	Daily cigarette use	15-65
Tajikistan	. . .	. . .	. . .	. . .	. . .
The former Yugoslav Republic of Macedonia	. . .	. . .	. . .	. . .	. . .
Turkey	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Turkmenistan	. . .	. . .	. . .	. . .	. . .
Ukraine	Tobacco in Ukraine, 2006	2005	National	Daily tobacco smoking	15 +
United Kingdom of Great Britain and Northern Ireland	General Household Survey-Great Britain, 2002	2002	Subnational	Daily cigarette use	16 +
Uzbekistan	Uzbekistan Health Examination Survey, 2003	2002	National	Current cigarette use	Males: 15-59; Females: 15-49

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
32.8	14.3	22.1	Current tobacco smoking	18 +	40.8	23.0	30.5
25.3	16.8	20.7	Current tobacco smoking	18 +	28.3	18.4	23.0
34.1	23.7	28.7	Current tobacco smoking	18 +	40.0	26.8	33.2
16.5	18.8	. . .	. . .	. . .	. . .	. . .	. . .
24.0	19.0	22.0	Current cigarette use	15-65	35.0	26.0	31.0
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
49.9	15.6	32.7	Current tobacco smoking	18 +	52.0	17.3	34.6
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
62.3	16.7	37.4	Current tobacco smoking	15 +	66.8	19.9	41.2
27.0	25.0	26.0	. . .	. . .	. . .	. . .	. . .
22.6	0.9	. . .	. . .	. . .	. . .	. . .	. . .

South-East Asia

Table 4.5
Adult tobacco surveys in WHO Member States (South-East Asia)

. . . Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)	AGE
Bangladesh	Impact of tobacco-related illness in Bangladesh (WHO-SEARO)	2004	National	Current tobacco smoking	15 +
Bhutan	. . .	. . .	. . .	. . .	. . .
Democratic People's Republic of Korea	Smoking survey among male population in DPRK, 2002	2002	Subnational	Current tobacco smoking	16 +
India	National Family Health Survey (NFHS-3), India, 2005-2006	2005	National	Current any tobacco use	15-49
Indonesia	Indonesia Household Survey, 2004	2004	National	Daily tobacco smoking	15 +
Maldives	Smoking Survey, 2001	2001	National	Current any tobacco use	16 +
Myanmar	World Health Survey, Myanmar, 2003	2003	National	Daily tobacco smoking	18 +
Nepal	Nepal Demographic and Health Survey, 2006	2006	National	Current cigarette use	15-49
Sri Lanka	World Health Survey, 2003	2003	National	Daily tobacco smoking	18 +
Thailand	Thailand health interview survey tobacco, 2004	2004	National	Regular cigarette smoking	11 +
Timor-Leste	Global School Personnel Study	2005	Subnational	Current cigarette use	. . .

MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES PREVALENCE [%]
41.0	1.8	20.9	Current any tobacco use	15 +	48.6	25.4	36.8
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
59.9	. . .	. . .	. . .	. . .	. . .	. . .	. . .
57.0	3.1	. . .	Current cigarette or bidi use	15-49	32.7	1.4	. . .
52.4	3.3	28.4	Current tobacco smoking	15 +	63.2	4.5	34.5
37.4	15.6	. . .	Current cigarette use	16 +	27.3	2.2	12.6
35.6	10.4	22.7	Current tobacco smoking	18 +	48.9	13.7	30.9
30.2	15.2	. . .	. . .	. . .	. . .	. . .	. . .
24.5	1.6	13.6	Current tobacco smoking	18 +	39.0	2.6	21.6
34.1	1.9	17.9	Current cigarette use	11 +	40.2	2.4	21.1
30.5	1.3	23.4	Current any tobacco use	NA	37.0	6.1	29.9

Western Pacific

Table 4.6
Adult tobacco surveys in WHO Member States (Western Pacific)

. . . Data not reported/not available

COUNTRY	REFERENCE	YEAR OF SURVEY	REPRESENTATIVENESS	DEFINITION (1)
Australia	National Health Survey: Summary of results, 2005	2005	National	Current tobacco smoking
Brunei Darussalam	. . .	. . .	. . .	. . .
Cambodia	Report on the analysis of smoking behavior survey in Cambodia, 2004	2004	National	Daily tobacco smoking
China	Smoking and passive smoking in Chinese, 2002	2002	National	Current cigarette use
Cook Islands	National survey, 2004	2004	National	Daily tobacco smoking
Fiji	Fiji NCD STEPS Report (Draft) V4.9, 2002	2002	National	Daily tobacco smoking
Japan	Heisei 16-nen kokumin kenkou eiyou tyosa kekka no gaiyou [Summary of results of the National Health and Nutrition Survey, 2004]	2004	National	Current cigarette use
Kiribati	Country Profiles on Tobacco or Health, 2000	2000	National	Current tobacco smoking
Lao People's Democratic Republic	World Health Survey, Lao People's Democratic Republic, 2003	2003	National	Daily tobacco smoking
Malaysia	Malaysia NCD Surveillance 2006: NCD Risk Factors in Malaysia	2006	National	Daily tobacco smoking
Marshall Islands	. . .	. . .	. . .	. . .
Micronesia (Federated States of)	. . .	. . .	. . .	. . .
Mongolia	Mongolian STEPS survey on the prevalence of noncommunicable disease risk factors, 2006	2006	National	Daily tobacco smoking
Nauru	Nauru NCD risk factors STEPS report, 2004	2004	National	Daily tobacco smoking
New Zealand	Prevalence of Smoking in New Zealand by District Health Board (Census 2006)	2006	National	Daily cigarette use
Niue	. . .	. . .	. . .	. . .
Palau	Palau Health Survey	1991	National	Current tobacco smoking
Papua New Guinea	. . .	. . .	. . .	. . .
Philippines	World Health Survey, 2003	2003	National	Daily tobacco smoking
Republic of Korea	Korea National Health and Nutrition Examination Survey (KNHANES III) 2005 - Health Behaviors of Adults, 2006	2005	National	Current cigarette use
Samoa	Cardiovascular disease (CVD) risk factors in Samoa and American Samoa (1990-1995), 2001	1995	Subnational	Current cigarette use
Singapore	National Health Survey; 2005	2004	National	Daily cigarette use
Solomon Islands	. . .	. . .	. . .	. . .
Tonga	The prevalence of diabetes in the Kingdom of Tonga	2000	National	Current cigarette use
Tuvalu	. . .	. . .	. . .	. . .
Vanuatu	1998 Vanuatu non-comunicable disease survey report	1998	National	Daily cigarette use
Viet Nam	World Health Survey, 2003	2003	National	Daily tobacco smoking

AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES [%]	DEFINITION (2)	AGE	MALE PREVALENCE [%]	FEMALE PREVALENCE [%]	BOTH SEXES [%]
18 +	26.2	20.4	23.3	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
18-64	54.0	6.0	28.0	. . .	. . .	. . .	. . .	. . .
15-69	57.4	2.6	31.4	Cigarette ever smoking	15-69	66.0	3.1	35.8
25-64	38.0	29	33.0	Current tobacco smoking	25-64	47.0	41.0	44.0
15-85	26.0	3.9	. . .	. . .	. . .	. . .	. . .	. . .
20 +	43.3	12.0	. . .	. . .	. . .	. . .	. . .	. . .
16 +	56.5	32.3	42.0	. . .	. . .	. . .	. . .	. . .
18 +	59.0	13.2	35.7	Current tobacco smoking	18 +	65.8	15.4	40.2
25-64	39.0	2.1	32.3	Current tobacco smoking	25-64	46.5	3.0	25.5
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
15-64	43.1	4.1	24.2	Current tobacco smoking	15-64	48.4	5.5	27.6
15-64	45.5	50.8	48.2	Current tobacco smoking	15-64	49.7	56.0	52.9
15 +	21.9	19.5	20.7	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
35-64	No data for total age group		. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
18 +	40.3	7.1	23.6	Current tobacco smoking	18 +	57.5	12.3	34.7
20 +	52.8	5.8	29.1	. . .	. . .	. . .	. . .	. . .
29 +	60.0	24.0	. . .	. . .	. . .	. . .	. . .	. . .
18-69	21.8	3.5	12.6	Current cigarette use	18-69	24.9	4.1	14.5
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
15 +	52.9	10.5	. . .	. . .	. . .	. . .	. . .	. . .
. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .	. . .
20 +	37.4	3.2	. . .	Current tobacco smoking	20 +	49.1	5.0	27.2
18 +	34.8	1.8	17.5	Current tobacco smoking	18 +	49.4	2.3	24.8

APPENDIX V: **GLOBAL YOUTH TOBACCO SURVEY DATA**

This appendix provides information on tobacco use among youth population derived from the Global Youth Tobacco Survey data collected between 2000 and 2006. Only countries participating in the Global Youth Tobacco Survey are listed in these tables. The data presented in this report might be different from the data in the survey fact sheets because they have been adjusted to the age group 13–15 years old. Definitions are as follows:

Currently use any tobacco product:
Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.

Currently smoke cigarettes:
Smoked at least one cigarette during the last 30 days prior to the survey.

Exposed to smoke:
During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.

Africa

Table 5.1

Global Youth Tobacco Survey (participating countries only) (Africa)

[a] Definition: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.
[b] Definition: Smoked at least one cigarette during the last 30 days prior to the survey.
[c] Definition: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.
[d] CI: Confidence Interval
. . . Data not reported/not available

COUNTRY	NATIONAL SURVEY OR JURISDICTION WHERE SURVEY CONDUCTED	SURVEY YEAR	PROPORTION CURRENTLY USING ANY TOBACCO PRODUCT [%][a]			
			MALES (95% CI)[d]		FEMALES (95% CI)[d]	
Benin	Atlantique Littoral	2003	14.6	(11.4 - 18.5)	5.8	(3.9 - 8.7)
Benin	Borgou Alibori	2003	29.3	(24.5 - 34.5)	11.8	(8.8 - 15.6)
Botswana	National	2001	12.3	(9.4 - 16.1)	10.5	(8.1 - 13.4)
Burkina Faso	Ouagadougou	2006	19.9	(16.1 - 24.3)	6.7	(5.0 - 9.0)
Eritrea	National	2006	7.8	(6.4 - 9.6)	4.6	(3.4 - 6.1)
Ethiopia	Addis Abeba	2003	9.9	(6.3 - 15.4)	4.9	(3.1 - 7.7)
Ghana	National	2006	11.6	(8.5 - 15.5)	10.9	(8.2 - 14.4)
Côte d'Ivoire	Abidjan	2003	21.7	(19.1 - 24.5)	10.3	(8.0 - 13.3)
Kenya	National	2001	14.2	(10.5 - 18.8)	11.4	(8.0 - 15.9)
Lesotho	National	2002	22.4	(18.3 - 27.0)	17.7	(15.1 - 20.7)
Malawi	National	2005	19.1	(15.9 - 22.7)	17.9	(11.6 - 26.5)
Mali	Bamako	2001	42.6	(36.3 - 49.2)	7.4	(4.8 - 11.3)
Mauritania	National	2006	31.5	(26.8 - 36.7)	29.5	(23.8 - 36.0)
Mauritius	National	2003	. . .	. . .	. . .	. . .
Mozambique	Maputo	2002	9.1	(6.8 - 12.0)	7.2	(5.4 - 9.6)
Namibia	National	2004	28.6	(25.6 - 31.8)	22.9	(20.2 - 26.0)
Niger	National	2006	15.2	(10.9 - 20.9)	8.0	(5.1 - 12.5)
Nigeria	Cross River State	2000	22.6	(18.0 - 27.9)	11.2	(7.8 - 15.9)
Senegal	National	2002	24.3	(20.3 - 28.8)	6.9	(4.9 - 9.6)
Seychelles	National	2002	33.4	(27.5 - 39.8)	24.9	(20.2 - 30.4)
South Africa	National	2002	29.0	(24.9 - 33.5)	20.0	(17.8 - 22.4)
Swaziland	National	2005	14.7	(13.0 - 16.5)	9.0	(7.8 - 10.3)
Togo	National	2002	19.6	(15.7 - 24.3)	9.7	(7.2 - 12.9)
Uganda	Kampala	2002	11.9	(9.1 - 15.2)	11.3	(8.0 - 15.7)
United Republic of Tanzania	Arusha	2003	8.7	(5.8 - 12.8)	4.7	(3.7 - 5.9)
Zambia	Lusaka	2002	22.8	(17.5 - 29.1)	22.4	(16.5 - 29.8)
Zimbabwe	Harare	2003	12.7	(8.9 - 17.8)	7.3	(5.4 - 9.9)

PROPORTION CURRENTLY SMOKING CIGARETTES [%][b]				PROPORTION EXPOSED TO SMOKE IN HOMES [%][c] (95% CI)[d]		PROPORTION EXPOSED TO SMOKE OUTSIDE HOMES [%][c] (95% CI)[d]	
MALES (95% CI)[d]		FEMALES (95% CI)[d]					
11.2	(7.4 - 16.5)	1.8	(0.9 - 3.6)	21.5	(18.3 - 25.0)	38.0	(34.4 - 41.8)
19.2	(14.2 - 25.5)	2.6	(1.3 - 5.5)	30.7	(26.9 - 34.7)	41.4	(36.9 - 46.0)
3.9	(2.5 - 5.9)	2.1	(1.1 - 4.1)	33.0	(29.8 - 36.3)	52.5	(48.1 - 56.8)
14.1	(10.4 - 18.7)	2.4	(1.3 - 4.3)	32.9	(28.9 - 37.1)	48.8	(44.1 - 53.5)
2.0	(1.5 - 2.7)	0.6	(0.2 - 1.4)	18.4	(16.6 - 20.3)	37.3	(33.7 - 41.0)
2.5	(1.1 - 5.3)	0.7	(0.2 - 2.4)	14.9	(11.3 - 19.3)	41.2	(37.4 - 45.0)
2.8	(1.7 - 4.7)	2.3	(1.4 - 3.5)	15.9	(13.7 - 18.5)	31.6	(29.7 - 33.5)
19.3	(16.1 - 23.0)	7.1	(5.1 - 9.9)	44.2	(41.0 - 47.5)	69.7	(65.8 - 73.3)
8.7	(5.9 - 12.6)	4.7	(2.4 - 8.7)	27.2	(23.1 - 31.7)	43.2	(39.3 - 47.1)
16.6	(12.4 - 21.9)	4.8	(3.4 - 6.9)	39.5	(36.7 - 42.3)	60.4	(57.7 - 63.1)
3.8	(2.2 - 6.4)	2.2	(1.3 - 3.6)	10.4	(8.4 - 12.8)	24.2	(20.2 - 28.7)
41.8	(34.0 - 50.0)	4.6	(2.7 - 7.7)	59.9	(54.8 - 64.9)	75.9	(69.0 - 81.7)
20.3	(17.5 - 23.4)	18.3	(13.4 - 24.5)	42.7	(38.2 - 47.3)	53.6	(49.6 - 57.5)
19.9	(15.0 - 25.9)	7.9	(4.7 - 12.9)	42.0	(37.3 - 46.8)	68.1	(62.8 - 72.9)
5.0	(2.9 - 8.5)	1.4	(0.6 - 3.3)	24.8	(19.4 - 31.2)	39.4	(34.5 - 44.5)
21.9	(18.9 - 25.2)	16.1	(13.3 - 19.3)	40.3	(36.9 - 43.7)	58.5	(55.8 - 61.1)
11.7	(7.6 - 17.4)	1.1	(0.3 - 3.9)	30.3	(24.6 - 36.8)	52.3	(45.5 - 59.0)
7.7	(4.4 - 13.3)	3.3	(1.9 - 5.8)	34.3	(29.2 - 39.9)	49.6	(29.2 -39.9)
20.2	(16.4 - 24.7)	4.4	(3.0 - 6.6)	45.8	(41.8 - 49.8)	62.6	(58.6 - 66.5)
29.9	(23.3 - 37.4)	23.9	(18.7 - 30.0)	43.3	(40.0 - 46.7)	60.9	(56.9 - 64.8)
21.0	(16.7 - 26.1)	10.6	(8.3 - 13.4)	34.9	(31.3 - 38.6)	43.4	(40.4 - 46.6)
8.9	(7.8 - 10.2)	3.2	(2.5 - 4.2)	23.0	(21.4 - 24.7)	50.9	(48.3 - 53.4)
14.9	(11.1 - 19.6)	4.0	(2.6 - 6.3)	28.2	(24.3 - 32.5)	59.8	(53.2 - 66.0)
3.7	(1.6 - 8.3)	2.6	(1.2 - 5.4)	16.6	(14.3 - 19.2)	46.2	(38.6 - 54.0)
4.0	(2.0 - 7.6)	0.4	(0.2 - 0.8)	18.2	(14.8 - 22.1)	23.3	(18.1 - 29.5)
9.4	(6.3 - 13.9)	8.7	(4.6 - 15.9)	29.4	(25.2 - 33.9)	40.9	(37.3 - 44.6)
6.1	(4.0 - 9.4)	3.2	(1.8 - 5.7)	27.4	(24.6 - 30.4)	56.4	(53.6 - 59.2)

The Americas

Table 5.2

Global Youth Tobacco Survey (participating countries only) (The Americas)

[a] Definition: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.
[b] Definition: Smoked at least one cigarette during the last 30 days prior to the survey.
[c] Definition: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.
[d] CI: Confidence Interval
. . . Data not reported/not available

COUNTRY	NATIONAL SURVEY OR JURISDICTION WHERE SURVEY CONDUCTED	SURVEY YEAR	PROPORTION CURRENTLY USING ANY TOBACCO PRODUCT [%][a]			
			MALES (95% CI)[d]		FEMALES (95% CI)[d]	
Antigua and Barbuda	National	2004	15.1	(12.1 - 18.8)	12.5	(9.2 - 16.8)
Argentina	Capital Federal	2003	22.4	(17.8 - 27.8)	27.5	(22.9 - 32.6)
Bahamas	National	2004	12.9	(10.3 - 16.1)	10.2	(7.6 - 13.5)
Barbados	National	2002	16.9	(13.5 - 20.8)	12.9	(11.0 - 15.0)
Belize	National	2002	22.6	(18.6 - 27.3)	13.5	(10.3 - 17.3)
Bolivia	La Paz	2003	24.7	(20.6 - 29.3)	16.6	(14.3 - 19.1)
Brazil	Rio de Janeiro	2005	17.2	(14.0 - 21.0)	15.7	(12.3 - 19.8)
Chile	Santiago	2003	29.9	(23.9 - 36.6)	40.2	(33.3 - 47.5)
Colombia	Bogota	2001	31.6	(28.6 - 34.8)	34.0	(30.6 - 37.5)
Costa Rica	National	2002	18.5	(16.2 - 20.9)	18.6	(15.7 - 21.8)
Cuba	Havana	2004	13.6	(10.1 - 18.2)	15.7	(11.8 - 20.6)
Dominica	National	2004	19.3	(14.8 - 24.8)	13.5	(10.4 - 17.3)
Dominican Republic	National	2004	18.4	(15.9 - 21.1)	11.9	(9.8 - 14.3)
Ecuador	Quito	2001	31.6	(27.1 - 36.5)	17.1	(13.8 - 20.9)
El Salvador	National	2003	24.4	(19.2 - 30.4)	15.4	(11.2 - 20.7)
Grenada	National	2004	17.6	(14.0 - 21.9)	15.7	(12.9 - 19.1)
Guatemala	Guatemala City	2002	19.6	(14.9 - 25.3)	12.3	(9.9 - 15.2)
Guyana	National	2004	17.6	(12.9 - 23.5)	12.2	(8.1 - 18.0)
Haiti	National	2005	20.3	(17.9 - 23.0)	19.2	(15.8 - 23.0)
Honduras	Tegucigalpa	2003	22.8	(19.3 - 26.7)	18.2	(13.8 - 23.7)
Jamaica	National	2000	24.4	(18.6 - 31.3)	14.5	(12.0 - 17.4)
Mexico	Mexico City	2003	29.4	(25.0 - 34.1)	24.8	(18.8 - 32.1)
Nicaragua	Centro	2003	26.1	(22.4 - 30.2)	13.3	(9.6 - 18.1)
Nicaragua	Centro Managua	2003	30.4	(26.3 - 34.9)	20.5	(15.6 - 26.4)
Panama	National	2002	20.5	(16.3 - 25.4)	15.6	(12.2 - 19.7)
Paraguay	Asuncion	2003	26.1	(20.7 - 32.3)	25.2	(21.7 - 28.9)
Peru	Lima	2003	21.6	(18.0 - 25.7)	24.4	(18.0 - 32.2)
Saint Kitts and Nevis	National	2002	18.2	(13.5 - 24.2)	13.6	(10.9 - 17.0)
Saint Lucia	National	2000	15.8	(12.3 - 20.1)	11.0	(8.3 - 14.3)
Saint Vincent and the Grenadines	National	2000	25.3	(21.2 - 30.0)	18.5	(14.9 - 22.6)
Suriname	National	2004	12.6	(9.3 - 16.9)	8.6	(6.1 - 11.8)
Trinidad and Tobago	National	2000	18.0	(15.2 - 21.1)	10.3	(8.7 - 12.1)
United States of America	National	2002	20.7	(18.7 - 22.8)	16.2	(14.8 - 17.6)
Uruguay	Montevideo	2000	27.2	(21.9 - 33.3)	31.4	(26.2 - 37.1)
Venezuela	Barinas	2003	18.7	(14.2 - 24.2)	13.0	(9.0 - 18.5)

PROPORTION CURRENTLY SMOKING CIGARETTES [%][b]				PROPORTION EXPOSED TO SMOKE IN HOMES [%][c] (95% CI)[d]		PROPORTION EXPOSED TO SMOKE OUTSIDE HOMES [%][c] (95% CI)[d]	
MALES (95% CI)[d]		FEMALES (95% CI)[d]					
2.7	(1.7 - 4.3)	4.4	(2.3 - 8.2)	18.0	(15.3 - 21.0)	40.3	(36.1 - 44.7)
17.2	(13.3 - 22.0)	26.8	(22.1 - 32.1)	61.1	(57.5 - 64.6)	82.7	(79.9 - 85.2)
6.2	(3.8 - 10.1)	3.7	(2.1 - 6.6)	21.6	(17.5 - 26.4)	51.1	(45.7 - 56.4)
7.6	(5.5 - 10.4)	6.4	(4.3 - 9.4)	22.4	(19.3 - 25.9)	51.3	(48.2 - 54.4)
18.9	(15.0 - 23.5)	10.4	(7.1 - 15.0)	32.6	(28.0 - 37.5)	60.3	(56.3 - 64.2)
20.3	(16.5 - 24.7)	12.0	(9.3 - 15.3)	34.3	(31.1 - 37.7)	52.9	(49.5 - 56.3)
9.1	(6.5 - 12.5)	12.9	(9.6 - 17.1)	35.0	(31.2 - 39.0)	50.0	(47.2 - 52.8)
27.6	(21.7 - 34.5)	39.2	(32.1 - 46.9)	60.6	(57.0 - 64.2)	69.8	(67.1 - 72.3)
31.0	(27.5 - 34.8)	33.4	(29.5 - 37.5)	6.7	(5.6 - 7.9)	60.6	(58.0 - 63.1)
16.8	(14.4 - 19.6)	15.7	(12.9 - 19.0)	29.4	(27.2 - 31.7)	51.0	(48.4 - 53.5)
8.8	(6.5 - 11.9)	11.2	(8.3 - 15.1)	62.4	(58.1 - 66.6)	65.0	(60.2 - 69.4)
11.8	(8.1 - 16.9)	9.6	(7.0 - 13.0)	26.3	(23.0 - 29.8)	60.2	(56.8 - 63.6)
7.3	(5.9 - 9.0)	5.8	(4.0 - 8.2)	33.1	(29.9 - 36.4)	41.9	(38.7 - 45.1)
27.2	(23.0 - 31.8)	12.6	(9.0 - 17.4)	36.1	(31.9 - 40.6)	56.9	(52.9 - 60.7)
18.4	(13.4 - 24.8)	10.9	(6.8 - 17.1)	14.8	(10.8 - 20.0)	39.5	(27.6 - 52.7)
10.9	(7.4 - 15.8)	9.5	(7.4 - 12.2)	27.3	(24.7 - 30.1)	61.8	(58.0 - 65.5)
17.3	(12.8 - 22.8)	11.2	(8.5 - 14.5)	36.3	(31.8 - 41.1)	49.4	(45.7 - 53.1)
11.0	(7.4 - 16.0)	5.4	(3.1 - 9.3)	33.4	(29.2 - 37.9)	61.1	(56.4 - 65.6)
14.1	(12.1 - 16.4)	13.8	(10.8 - 17.4)	26.5	(23.3 - 29.9)	38.6	(33.2 - 44.2)
14.4	(10.9 - 18.8)	14.1	(9.8 - 19.9)	29.6	(26.2 - 33.3)	42.2	(36.5 - 48.2)
20.3	(15.0 - 26.9)	11.8	(9.5 - 14.5)	68.1	(63.6 - 72.3)	30.7	(27.4 - 34.1)
24.4	(19.8 - 29.7)	23.2	(16.5 - 31.5)	51.6	(48.7 - 54.4)	60.4	(56.9 - 63.8)
21.1	(16.3 - 26.9)	9.4	(5.6 - 15.2)	38.1	(33.9 - 42.5)	48.3	(43.6 - 53.0)
25.6	(21.4 - 30.3)	17.4	(12.6 - 23.6)	43.7	(38.0 - 49.5)	54.1	(51.5 - 56.7)
14.7	(10.4 - 20.2)	11.1	(7.8 - 15.6)	32.0	(29.1 - 35.0)	51.8	(49.0 - 54.6)
19.2	(14.3 - 25.3)	18.5	(15.0 - 22.7)	42.4	(40.0 - 44.8)	66.3	(63.7 - 68.9)
17.0	(13.1 - 21.7)	20.8	(15.3 - 27.7)	25.1	(22.4 - 27.9)	41.7	(36.2 - 47.5)
7.0	(4.2 - 11.3)	1.9	(0.9 - 4.1)	16.5	(13.4 - 20.1)	48.8	(44.8 - 52.9)
11.5	(8.5 - 15.5)	7.9	(5.5 - 11.3)	76.7	(73.0 - 80.0)	26.9	(24.4 - 29.5)
17.2	(13.6 - 21.5)	10.7	(8.0 - 14.2)	68.1	(64.4 - 71.5)	32.5	(29.5 - 35.6)
9.3	(6.3 - 13.5)	4.7	(2.7 - 8.2)	49.7	(45.5 - 53.9)	64.2	(59.0 - 69.0)
16.0	(13.2 - 19.2)	7.6	(6.1 - 9.5)	68.9	(65.9 - 71.8)	37.2	(34.6 - 39.8)
13.9	(12.6 - 15.4)	13.6	(12.3 - 15.1)	57.2	(55.2 - 59.1)	. . .	. . .
22.2	(17.6 - 27.5)	29.6	(24.4 - 35.3)	65.0	(61.6 - 68.4)	64.6	(61.6 - 67.5)
7.5	(5.3 - 10.5)	7.2	(4.5 - 11.3)	34.4	(31.3 - 37.7)	41.5	(38.4 - 44.7)

Eastern Mediterranean

Table 5.3
Global Youth Tobacco Survey (participating countries only) (Eastern Mediterranean)

[a] Definition: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.
[b] Definition: Smoked at least one cigarette during the last 30 days prior to the survey.
[c] Definition: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.
[d] CI: Confidence Interval
. . . Data not reported/not available
[>] Refers to a territory.

COUNTRY	NATIONAL SURVEY OR JURISDICTION WHERE SURVEY CONDUCTED	SURVEY YEAR	PROPORTION CURRENTLY USING ANY TOBACCO PRODUCT [%][a]			
			MALES (95% CI)[d]		FEMALES (95% CI)[d]	
Afghanistan	Kabul	2004	13.1	(9.2 - 18.3)	3.2	(1.6 - 6.3)
Bahrain	National	2002	28.0	(23.5 - 32.9)	11.7	(8.6 - 15.8)
Djibouti	National	2003	17.9	(13.4 - 23.5)	10.7	(7.1 - 15.9)
Egypt	National	2005	16.0	(13.0 - 19.6)	7.6	(6.1 - 9.3)
Iran (Islamic Republic of)	National	2003	17.6	(14.4 - 21.5)	8.9	(7.2 - 11.1)
Iraq	Kurdistan	2006	29.0	(22.8 - 36.1)	10.3	(7.4 - 14.1)
Jordan	National	2003	31.6	(28.0 - 35.4)	24.0	(21.4 - 26.8)
Kuwait	National	2005	28.0	(24.3 - 32.1)	14.3	(12.3 - 16.7)
Lebanon	National	2005	65.8	(58.2 - 72.7)	54.1	(50.7 - 57.4)
Libyan Arab Jamahiriya	National	2003	16.8	(12.0 - 23.1)	8.1	(5.4 - 11.9)
Morocco	National	2006	12.5	(9.6 - 16.1)	8.2	(6.5 - 10.3)
Oman	National	2002	24.1	(15.9 - 34.9)	7.6	(5.8 - 9.9)
Pakistan	Islamabad	2003	12.4	(9.2 - 16.5)	7.5	(5.4 - 10.2)
Qatar	National	2004	21.1	(18.5 - 23.9)	12.7	(10.7 - 15.1)
Saudi Arabia	Riyadh	2001	13.2	(11.3 - 15.3)	. . .	. . .
Somalia	Somaliland	2004	18.6	(10.2 - 31.4)	22.4	(13.4 - 35.1)
Sudan	National	2005	18.0	(13.4 - 23.7)	10.1	(8.0 - 12.8)
Syrian Arab Republic	National	2002	22.9	(19.4 - 26.8)	15.0	(11.3 - 19.5)
Tunisia	National	2001	24.9	(21.5 - 28.6)	6.0	(4.7 - 7.7)
United Arab Emirates	National	2005	25.2	(23.2 - 27.4)	13.2	(11.6 - 15.0)
West Bank and Gaza Strip[>]	West Bank	2005	37.8	(32.9 - 42.9)	17.4	(14.1 - 21.4)
Yemen	National	2003	19.7	(18.2 - 21.2)	13.7	(11.5 - 16.1)

PROPORTION CURRENTLY SMOKING CIGARETTES [%][b]				PROPORTION EXPOSED TO SMOKE IN HOMES [%][c] (95% CI)[d]		PROPORTION EXPOSED TO SMOKE OUTSIDE HOMES [%][c] (95% CI)[d]	
MALES (95% CI)[d]		FEMALES (95% CI)[d]					
7.6	(4.5 - 12.7)	0.0	. . .	38.8	(32.9 - 45.1)	45.0	(32.5 - 58.1)
17.5	(14.5 - 20.8)	3.9	(2.2 - 6.7)	38.7	(35.3 - 42.1)	45.3	(41.4 - 49.2)
8.6	(5.3 - 13.6)	2.6	(1.3 - 5.4)	39.5	(34.3 - 45.0)	43.2	(36.7 - 49.8)
5.9	(4.4 - 7.9)	1.4	(0.9 - 2.3)	38.7	(35.7 - 41.7)	43.7	(39.5 - 47.9)
3.2	(2.3 - 4.5)	1.0	(0.6 - 1.6)	41.7	(39.3 - 44.2)	50.6	(47.9 - 53.3)
21.0	(13.6 - 31.0)	2.1	(1.1 - 3.9)	46.5	(41.1 - 51.9)	30.4	(21.7 - 40.9)
21.4	(17.9 - 25.4)	12.6	(10.1 - 15.7)	63.0	(59.1 - 66.6)	63.8	(60.8 - 66.7)
17.7	(14.2 - 21.7)	4.5	(3.0 - 6.9)	44.4	(41.7 - 47.2)	56.2	(53.0 - 59.4)
11.8	(8.5 - 16.3)	5.6	(4.2 - 7.5)	78.4	(75.4 - 81.1)	74.4	(72.5 - 76.1)
7.3	(4.5 - 11.6)	0.8	(0.3 - 2.4)	40.4	(36.2 - 44.8)	38.6	(35.2 - 42.2)
4.3	(2.9 - 6.4)	2.1	(1.1 - 3.9)	27.1	(24.6 - 29.7)	41.1	(37.7 - 44.5)
14.2	(6.5 - 28.1)	1.8	(1.0 - 3.4)	21.0	(16.0 - 27.0)	30.3	(24.8 - 36.5)
2.3	(0.9 - 5.4)	0.6	(0.2 - 1.9)	26.6	(22.7 - 30.8)	33.9	(28.9 - 39.2)
10.7	(8.8 - 13.0)	2.8	(1.7 - 4.8)	30.2	(27.9 - 32.6)	46.8	(43.3 - 50.3)
4.7	(3.6 - 6.2)	. . .	. . .	25.9	(22.8 - 29.4)	33.3	(29.4 - 37.5)
8.6	(3.6 - 19.3)	14.8	(7.4 - 27.5)	56.9	(43.3 - 69.5)	63.9	(53.6 - 73.1)
10.2	(6.6 - 15.5)	2.1	(1.4 - 3.2)	27.5	(24.4 - 31.0)	41.4	(35.4 - 47.6)
8.1	(5.7 - 11.4)	3.1	(1.8 - 5.4)	54.5	(47.7 - 61.2)	49.7	(43.9 - 55.5)
19.0	(15.7 - 22.8)	3.6	(2.6 - 4.9)	62.4	(59.5 - 65.1)	65.3	(62.8 - 67.8)
12.1	(10.3 - 14.1)	3.6	(2.9 - 4.4)	25.3	(23.9 - 26.8)	31.6	(29.5 - 33.8)
27.6	(21.3 - 35.1)	8.7	(5.8 - 12.8)	62.4	(57.4 - 67.1)	59.4	(55.7 - 63.0)
6.5	(5.5 - 7.6)	3.0	(1.9 - 4.5)	44.0	(41.8 - 46.2)	47.6	(45.2 - 50.1)

Europe

Table 5.4

Global Youth Tobacco Survey (participating countries only) (Europe)

[a] Definition: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.
[b] Definition: Smoked at least one cigarette during the last 30 days prior to the survey.
[c] Definition: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.
[d] CI: Confidence Interval
. . . Data not reported/not available

COUNTRY	NATIONAL SURVEY OR JURISDICTION WHERE SURVEY CONDUCTED	SURVEY YEAR	PROPORTION CURRENTLY USING ANY TOBACCO PRODUCT [%][a]			
			MALES (95% CI)[d]		FEMALES (95% CI)[d]	
Albania	National	2004	17.3	(13.6 - 21.8)	9.4	(7.8 - 11.3)
Armenia	National	2004	13.0	(9.5 - 17.5)	2.7	(1.5 - 4.7)
Belarus	National	2004	31.6	(28.3 - 35.0)	22.2	(19.6 - 25.0)
Bosnia and Herzegovina	National	2003	15.1	(12.8 - 17.8)	9.9	(8.1 - 12.2)
Bulgaria	National	2002	28.6	(24.5 - 33.0)	39.2	(34.3 - 44.4)
Croatia	National	2003	20.7	(17.2 - 24.7)	16.8	(13.9 - 20.1)
Cyprus	National	2006	13.2	(11.6 - 15.0)	8.4	(7.2 - 9.8)
Czech Republic	National	2002	35.5	(31.5 - 39.7)	33.6	(29.8 - 37.5)
Estonia	National	2003	31.2	(28.2 - 34.5)	27.3	(24.5 - 30.3)
Georgia	National	2003	36.4	(31.9 - 41.2)	13.6	(10.9 - 16.9)
Greece	National	2005	17.1	(15.0 - 19.4)	14.4	(12.1 - 16.9)
Hungary	National	2003	28.0	(23.8 - 32.7)	26.9	(23.2 - 30.9)
Kazakhstan	National	2004	15.2	(13.0 - 17.7)	8.1	(6.4 - 10.1)
Kyrgyzstan	National	2004	10.8	(7.7 - 15.1)	4.8	(3.5 - 6.5)
Latvia	National	2002	37.1	(33.7 - 40.7)	30.9	(26.8 - 35.3)
Lithuania	National	2005	36.8	(32.6 - 41.2)	28.1	(24.0 - 32.7)
Montenegro	National	2003	7.0	(5.1 - 9.6)	6.2	(4.1 - 9.2)
Poland	National	2003	21.4	(16.6 - 27.0)	17.3	(14.5 - 20.6)
Republic of Moldova	National	2004	25.3	(20.8 - 30.3)	7.9	(6.2 - 10.0)
Romania	National	2004	22.2	(17.0 - 28.4)	14.8	(12.0 - 18.2)
Russian Federation	National	2004	30.1	(26.6 - 33.8)	24.4	(21.5 - 27.6)
Serbia	National	2003	12.8	(10.8 - 15.2)	13.7	(11.1 - 16.9)
Slovakia	National	2003	29.1	(25.9 - 32.5)	25.0	(22.7 - 27.4)
Slovenia	National	2003	22.9	(20.0 - 26.2)	23.5	(19.6 - 27.9)
Tajikistan	National	2004	6.8	(3.9 - 11.6)	2.8	(1.4 - 5.7)
The Former Yugoslav Republic of Macedonia	National	2003	9.6	(6.5 - 13.9)	8.2	(5.7 - 11.6)
Turkey	National	2003	11.1	(9.8 - 12.5)	4.4	(3.7 - 5.3)
Ukraine	National	2005	29.8	(25.0 - 35.1)	22.2	(18.3 - 26.6)

PROPORTION CURRENTLY SMOKING CIGARETTES [%][b]				PROPORTION EXPOSED TO SMOKE IN HOMES [%][c] (95% CI)[d]		PROPORTION EXPOSED TO SMOKE OUTSIDE HOMES [%][c] (95% CI)[d]	
MALES (95% CI)[d]		FEMALES (95% CI)[d]					
11.9	(9.0 - 15.5)	5.8	(4.5 - 7.5)	84.8	(81.8 - 87.3)	80.6	(78.0 - 83.0)
10.3	(7.7 - 13.5)	0.9	(0.4 - 2.2)	89.8	(87.8 - 91.6)	85.1	(81.5 - 88.1)
31.2	(27.7 - 35.0)	21.7	(19.0 - 24.8)	75.3	(73.2 - 77.3)	90.1	(88.7 - 91.3)
13.6	(11.0 - 16.8)	8.9	(7.0 - 11.2)	96.5	(95.8 - 97.2)	91.4	(90.5 - 92.3)
26.0	(21.6 - 30.8)	39.4	(34.2 - 44.9)	67.7	(64.9 - 70.4)	75.7	(73.0 - 78.3)
19.9	(16.1 - 24.3)	16.4	(13.4 - 19.9)	94.9	(93.5 - 96.0)	91.1	(89.9 - 92.1)
12.3	(10.7 - 14.1)	8.2	(6.9 - 9.6)	86.8	(85.6 - 87.8)	87.8	(86.9 - 88.7)
34.0	(29.7 - 38.5)	35.1	(30.8 - 39.6)	41.1	(38.2 - 44.1)	74.5	(72.1 - 76.7)
29.8	(26.6 - 33.2)	27.4	(24.1 - 30.9)	80.6	(78.9 - 82.2)	90.7	(89.8 - 91.6)
35.5	(30.9 - 40.3)	12.9	(10.2 - 16.2)	95.0	(94.0 - 95.8)	93.8	(92.5 - 94.9)
11.3	(9.4 - 13.6)	9.0	(7.2 - 11.3)	89.8	(88.3 - 91.1)	94.1	(93.2 - 94.9)
26.7	(22.7 - 31.2)	26.8	(22.9 - 31.2)	84.0	(82.2 - 85.6)	92.8	(90.8 - 94.4)
12.7	(10.5 - 15.3)	6.6	(5.1 - 8.5)	72.7	(69.8 - 75.3)	71.8	(68.5 - 74.8)
7.6	(5.6 - 10.2)	4.2	(3.0 - 5.8)	64.4	(59.4 - 69.1)	64.9	(60.5 - 69.1)
33.8	(30.7 - 37.1)	27.8	(23.5 - 32.5)	59.0	(56.2 - 61.8)	71.3	(69.3 - 73.3)
33.8	(29.4 - 38.6)	25.9	(21.2 - 31.2)	43.1	(40.0 - 46.3)	64.6	(62.4 - 66.7)
6.0	(4.2 - 8.6)	5.0	(3.2 - 7.6)	96.1	(95.0 - 96.9)	86.3	(84.6 - 87.8)
19.6	(15.1 - 25.1)	17.1	(14.1 - 20.5)	86.7	(83.9 - 89.1)	90.4	(88.5 - 92.0)
23.0	(18.5 - 28.2)	6.0	(4.4 - 8.2)	62.3	(59.3 - 65.2)	96.7	(94.8 - 97.9)
21.5	(16.1 - 28.0)	14.3	(11.4 - 17.7)	90.4	(88.2 - 92.2)	81.5	(78.6 - 84.1)
26.9	(23.5 - 30.6)	23.9	(20.6 - 27.4)	76.4	(73.4 - 79.1)	89.4	(88.3 - 90.4)
12.2	(10.1 - 14.6)	13.1	(10.5 - 16.2)	97.7	(97.0 - 98.2)	90.6	(89.3 - 91.7)
28.1	(25.1 - 31.4)	24.3	(22.0 - 26.8)	79.5	(77.1 - 81.7)	85.7	(84.5 - 86.9)
21.4	(18.4 - 24.7)	23.9	(19.9 - 28.5)	65.9	(63.2 - 68.4)	89.0	(87.6 - 90.3)
1.5	(0.9 - 2.5)	0.5	(0.3 - 0.9)	51.5	(44.3 - 58.6)	69.7	(63.8 - 75.0)
8.5	(5.3 - 13.2)	6.8	(4.2 - 10.6)	91.9	(90.2 - 93.2)	80.2	(76.9 - 83.0)
9.4	(8.2 - 10.9)	3.5	(2.9 - 4.3)	81.6	(80.6 - 82.5)	85.9	(84.8 - 87.0)
27.6	(24.0 - 31.5)	20.6	(16.9 - 24.8)	70.1	(67.3 - 72.8)	84.4	(82.0 - 86.5)

South-East Asia

Table 5.5
Global Youth Tobacco Survey (participating countries only) (South-East Asia)

[a] Definition: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.
[b] Definition: Smoked at least one cigarette during the last 30 days prior to the survey.
[c] Definition: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.
[d] CI: Confidence Interval
. . . Data not reported/not available

COUNTRY	NATIONAL SURVEY OR JURISDICTION WHERE SURVEY CONDUCTED	SURVEY YEAR	PROPORTION CURRENTLY USING ANY TOBACCO PRODUCT [%][a]			
			MALES (95% CI)[d]		FEMALES (95% CI)[d]	
Bangladesh	Dhaka	2004	5.9	(4.4 - 7.7)	4.7	(3.4 - 6.4)
Bhutan	National	2006	33.5	(28.1 - 39.3)	13.3	(10.7 - 16.4)
India	National	2006	17.3	(14.5 - 20.4)	9.7	(7.2 - 12.8)
Indonesia	National	2006	24.1	(19.0 - 30.1)	4.0	(3.0 - 5.4)
Maldives	National	2004	7.9	(5.7 - 10.8)	18.4	(14.4 - 23.1)
Myanmar	National	2004	21.8	(18.6 - 25.4)	5.8	(4.3 - 7.8)
Nepal	National	2001	11.0	(8.0 - 15.0)	4.3	(1.8 - 10.0)
Sri Lanka	National	2003	7.1	(5.6 - 8.9)	9.7	(7.1 - 13.2)
Thailand	National	2005	21.7	(19.4 - 24.2)	8.4	(6.9 - 10.2)
Timor-Leste	National	2006	62.7	(55.1 - 69.8)	31.1	(23.0 - 40.5)

Western Pacific

Table 5.6
Global Youth Tobacco Survey (participating countries only) (Western Pacific)

COUNTRY	NATIONAL SURVEY OR JURISDICTION WHERE SURVEY CONDUCTED	SURVEY YEAR	PROPORTION CURRENTLY USING ANY TOBACCO PRODUCT [%][a]			
			MALES (95% CI)[d]		FEMALES (95% CI)[d]	
Cambodia	National	2003	7.2	(4.7 - 10.8)	3.0	(1.5 - 5.9)
China	Shanghai	2004	7.1	(5.2 - 9.4)	4.1	(2.3 - 7.0)
China	Macau	2005	12.8	(10.0 - 16.2)	11.0	(8.2 - 14.7)
Cook Islands	National	2003	39.9	(32.9 - 47.4)	49.6	(42.0 - 57.2)
Fiji	National	2005	13.8	(10.8 - 17.6)	10.5	(7.8 - 13.9)
Micronesia (Federated States of)	Pohnpei	2000	47.1	(43.0 - 51.3)	38.9	(33.5 - 44.7)
Republic of Korea	National	2005	10.9	(9.2 - 13.0)	8.8	(7.0 - 10.9)
Lao People's Democratic Republic	Vientiane Municipality	2003	14.9	(11.0 - 19.8)	2.7	(1.9 - 3.9)
Malaysia	National	2003	40.0	(34.6 - 45.7)	11.5	(9.4 - 13.9)
Mongolia	National	2003	20.7	(16.9 - 25.1)	10.3	(8.2 - 12.9)
Palau	National	2005	38.0	(33.3 - 42.9)	28.4	(24.1 - 33.1)
Philippines	National	2004	21.4	(17.5 - 26.0)	11.8	(9.4 - 14.8)
Singapore	National	2000	10.5	(8.8 - 12.4)	7.5	(6.2 - 9.1)
Tuvalu	National	2006	41.6	(41.2 - 41.9)	32.7	(32.4 - 32.9)
Viet Nam	Hanoi	2003	3.2	(1.3 - 7.4)	1.0	(0.4 - 2.6)

PROPORTION CURRENTLY SMOKING CIGARETTES [%][b]				PROPORTION EXPOSED TO SMOKE IN HOMES [%][c] (95% CI)[d]		PROPORTION EXPOSED TO SMOKE OUTSIDE HOMES [%][c] (95% CI)[d]	
MALES (95% CI)[d]		FEMALES (95% CI)[d]					
4.0	(2.5 - 6.2)	0.6	(0.1 - 2.3)	33.8	(31.6 - 36.0)	46.7	(42.7 - 50.8)
23.3	(18.5 - 28.8)	7.5	(5.8 - 9.7)	32.8	(29.1 - 36.7)	54.2	(47.4 - 60.7)
5.9	(4.7 - 7.4)	1.8	(1.1 - 2.8)	26.6	(23.9 - 29.4)	40.3	(37.2 - 43.4)
23.9	(18.5 - 30.3)	1.9	(1.2 - 2.8)	64.7	(60.3 - 68.8)	81.4	(78.1 - 84.3)
3.6	(2.2 - 5.9)	12.1	(9.6 - 15.2)	50.2	(47.2 - 53.3)	75.1	(72.1 - 78.0)
11.4	(9.6 - 13.4)	3.1	(2.3 - 4.2)	. . .	. . .	. . .	. . .
6.3	(4.3 - 9.1)	0.6	(0.3 - 1.3)	35.7	(31.9 - 39.7)	46.5	(40.8 - 52.3)
1.3	(0.6 - 2.7)	3.1	(1.9 - 5.0)	51.3	(47.7 - 55.0)	68.3	(64.8 - 71.6)
17.4	(15.2 - 20.0)	4.8	(3.6 - 6.4)	49.0	(45.9 - 52.0)	68.2	(64.8 - 71.4)
59.0	(49.0 - 68.3)	19.3	(12.8 - 28.0)	65.1	(59.5 - 70.3)	70.8	(65.6 - 75.4)

PROPORTION CURRENTLY SMOKING CIGARETTES [%][b]				PROPORTION EXPOSED TO SMOKE IN HOMES [%][c] (95% CI)[d]		PROPORTION EXPOSED TO SMOKE OUTSIDE HOMES [%][c] (95% CI)[d]	
MALES (95% CI)[d]		FEMALES (95% CI)[d]					
4.6	(2.4 - 8.6)	0.2	(0.0 - 1.6)	47.0	(41.0 - 53.1)	58.5	(52.6 - 64.1)
2.7	(1.4 - 5.2)	0.8	(0.3 - 1.8)	47.0	(44.0 - 50.0)	35.2	(31.9 - 38.8)
11.0	(8.1 - 14.8)	9.8	(7.0 - 13.6)	42.1	(38.7 - 45.5)	67.3	(64.0 - 70.4)
39.9	(32.9 - 47.4)	49.6	(42.0 - 57.2)	57.6	(53.2 - 61.8)	73.0	(69.8 - 76.0)
8.5	(6.0 - 11.8)	3.2	(1.9 - 5.3)	45.9	(42.4 - 49.4)	56.5	(53.1 - 59.7)
23.3	(19.3 - 27.9)	16.8	(13.1 - 21.3)	51.2	(48.1 - 54.3)	. . .	. . .
7.9	(6.4 - 9.7)	5.3	(3.9 - 7.3)	39.7	(38.2 - 41.1)	65.2	(63.2 - 67.2)
10.2	(7.1 - 14.3)	0.7	(0.2 - 2.3)	43.2	(40.8 - 45.7)	57.0	(53.3 - 60.6)
36.3	(30.6 - 42.5)	4.2	(3.0 - 5.9)	11.5	(8.9 - 14.8)	16.7	(13.5 - 20.4)
14.4	(10.9 - 18.7)	4.0	(2.7 - 5.7)	63.7	(60.2 - 67.0)	48.4	(45.5 - 51.2)
31.0	(26.9 - 35.5)	22.6	(18.1 - 27.8)	. . .	. . .	. . .	. . .
16.6	(12.2 - 22.3)	7.8	(5.6 - 11.0)	56.4	(53.5 - 59.3)	58.6	(55.8 - 61.4)
10.5	(8.8 - 12.4)	7.5	(6.2 - 9.1)	35.1	(33.7 - 36.7)	65.1	(63.7 - 66.4)
33.2	(32.9 - 33.6)	22.1	(21.9 - 22.4)	76.6	(76.4 - 76.8)	76.7	(76.5 - 76.9)
1.5	(0.8 - 3.0)	0.8	(0.3 - 2.1)	57.7	(45.9 - 68.7)	. . .	. . .

[a] Definition: Consumed any smokeless or smoked tobacco product at least once during the last 30 days prior to the survey.
[b] Definition: Smoked at least one cigarette during the last 30 days prior to the survey.
[c] Definition: During the last seven days prior to the survey, people smoked at least once in the presence of the interviewee.
[d] CI: Confidence Interval
. . . Data not reported/not available

APPENDIX VI: **STATUS OF THE WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL**

Table 6 shows the status of the WHO Framework Convention on Tobacco Control (WHO FCTC). Ratification is the international act by which countries that have already signed a convention formally state their consent to be bound by it. Acceptance and approval are the legal equivalent of ratification. Signature of a convention indicates that a country is not legally bound by the treaty but is committed to not undermine its provisions.

The WHO FCTC entered into force on 27 February 2005, on the ninetieth day after the deposit of the fortieth instrument of ratification in the United Nations Headquarters, the depository of the treaty, in New York. The treaty remains open for ratification, acceptance, approval, formal confirmation and accession indefinitely for States and eligibe regional economic integration organizations wishing to become Parties to it.

Table 6

Status of the WHO Framework Convention on Tobacco Control as of 14 December 2007

* Ratification is the international act by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

[a] Accession is the international act by which countries that have not signed a treaty/convention formally state their consent to be bound by it.

[A] Acceptance is an international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

[AA] Approval is an international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

[c] Formal confirmation is the international act corresponding to ratification by a State, whereby an international organization (in the case of the WHO FCTC, competent regional economic integration organizations) formally state their consent to be bound to a treaty/convention.

[d] Succession is the international act, however phrased or named, by which successor States formally state their consent to be bound by treaties/conventions originally entered into by their predecessor State.

COUNTRY	DATE OF SIGNATURE	DATE OF RATIFICATION* (OR LEGAL EQUIVALENT)
Afghanistan	29 June 2004	
Albania	29 June 2004	26 April 2006
Algeria	20 June 2003	30 June 2006
Andorra		
Angola	29 June 2004	20 September 2007
Antigua and Barbuda	28 June 2004	05 June 2006
Argentina	25 September 2003	
Armenia		29 November 2004 [a]
Australia	05 December 2003	27 October 2004
Austria	28 August 2003	15 September 2005
Azerbaijan		1 November 2005 [a]
Bahamas	29 June 2004	
Bahrain		20 March 2007 [a]
Bangladesh	16 June 2003	14 June 2004
Barbados	28 June 2004	03 November 2005
Belarus	17 June 2004	08 September 2005
Belgium	22 January 2004	01 November 2005
Belize	26 September 2003	15 December 2005
Benin	18 June 2004	03 November 2005
Bhutan	09 December 2003	23 August 2004
Bolivia	27 February 2004	15 September 2005
Bosnia and Herzegovina		
Botswana	16 June 2003	31 January 2005
Brazil	16 June 2003	03 November 2005
Brunei Darussalam	03 June 2004	03 June 2004
Bulgaria	22 December 2003	07 November 2005
Burkina Faso	22 December 2003	31 July 2006
Burundi	16 June 2003	22 November 2005
Cambodia	25 May 2004	15 November 2005
Cameroon	13 May 2004	03 February 2006
Canada	15 July 2003	26 November 2004
Cape Verde	17 February 2004	04 October 2005
Central African Republic	29 December 2003	07 November 2005
Chad	22 June 2004	30 January 2006
Chile	25 September 2003	13 June 2005
China	10 November 2003	11 October 2005
Colombia		
Comoros	27 February 2004	24 January 2006
Congo	23 March 2004	06 February 2007
Cook Islands	14 May 2004	14 May 2004
Costa Rica	03 July 2003	
Côte d'Ivoire	24 July 2003	
Croatia	02 June 2004	
Cuba	29 June 2004	
Cyprus	24 May 2004	26 October 2005
Czech Republic	16 June 2003	
Democratic People's Republic of Korea	17 June 2003	27 April 2005
Democratic Republic of the Congo	28 June 2004	28 October 2005
Denmark	16 June 2003	16 December 2004
Djibouti	13 May 2004	31 July 2005
Dominica	29 June 2004	24 July 2006
Dominican Republic		

COUNTRY	DATE OF SIGNATURE	DATE OF RATIFICATION* (OR LEGAL EQUIVALENT)
Ecuador	22 March 2004	25 July 2006
Egypt	17 June 2003	25 February 2005
El Salvador	18 March 2004	
Equatorial Guinea		17 September 2005 [a]
Eritrea		
Estonia	08 June 2004	27 July 2005
Ethiopia	25 February 2004	
European Community	16 June 2003	30 June 2005 [c]
Fiji	03 October 2003	03 October 2003
Finland	16 June 2003	24 January 2005
France	16 June 2003	19 October 2004 [AA]
Gabon	22 August 2003	
Gambia	16 June 2003	18 September 2007
Georgia	20 February 2004	14 February 2006
Germany	24 October 2003	16 December 2004
Ghana	20 June 2003	29 November 2004
Greece	16 June 2003	27 January 2006
Grenada	29 June 2004	14 August 2007
Guatemala	25 September 2003	16 November 2005
Guinea Bissau		
Guinea	01 April 2004	
Guyana		15 September 2005 [a]
Haiti	23 July 2003	
Honduras	18 June 2004	16 February 2005
Hungary	16 June 2003	07 April 2004
Iceland	16 June 2003	14 June 2004
India	10 September 2003	05 February 2004
Indonesia		
Iran (Islamic Republic of)	16 June 2003	06 November 2005
Iraq	29 June 2004	
Ireland	16 September 2003	07 November 2005
Israel	20 June 2003	24 August 2005
Italy	16 June 2003	
Jamaica	24 September 2003	07 July 2005
Japan	09 March 2004	8 June 2004 [A]
Jordan	28 May 2004	19 August 2004
Kazakhstan	21 June 2004	22 January 2007
Kenya	25 June 2004	25 June 2004
Kiribati	27 April 2004	15 September 2005
Kuwait	16 June 2003	12 May 2006
Kyrgyzstan	18 February 2004	25 May 2006
Lao People's Democratic Republic	29 June 2004	06 September 2006
Latvia	10 May 2004	10 February 2005
Lebanon	04 March 2004	07 December 2005
Lesotho	23 June 2004	14 January 2005
Liberia	25 June 2004	
Libyan Arab Jamahiriya	18 June 2004	07 June 2005
Lithuania	22 September 2003	16 December 2004
Luxembourg	16 June 2003	30 June 2005
Madagascar	24 September 2003	22 September 2004
Malawi		
Malaysia	23 September 2003	16 September 2005

Table 6

Status of the WHO Framework Convention on Tobacco Control as of 14 December 2007

* Ratification is the international act by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

[a] Accession is the international act by which countries that have not signed a treaty/convention formally state their consent to be bound by it.

[A] Acceptance is an international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

[AA] Approval is an international act, similar to ratification, by which countries that have already signed a treaty/convention formally state their consent to be bound by it.

[c] Formal confirmation is the international act corresponding to ratification by a State, whereby an international organization (in the case of the WHO FCTC, competent regional economic integration organizations) formally state their consent to be bound to a treaty/convention.

[d] Succession is the international act, however phrased or named, by which successor States formally state their consent to be bound by treaties/conventions originally entered into by their predecessor State.

COUNTRY	DATE OF SIGNATURE	DATE OF RATIFICATION* (OR LEGAL EQUIVALENT)
Maldives	17 May 2004	20 May 2004
Mali	23 September 2003	19 October 2005
Malta	16 June 2003	24 September 2003
Marshall Islands	16 June 2003	08 December 2004
Mauritania	24 June 2004	28 October 2005
Mauritius	17 June 2003	17 May 2004
Mexico	12 August 2003	28 May 2004
Micronesia (Federated States of)	28 June 2004	18 March 2005
Monacco		
Mongolia	16 June 2003	27 January 2004
Montenegro		23 October 2006 [d]
Morocco	16 April 2004	
Mozambique	18 June 2003	
Myanmar	23 October 2003	21 April 2004
Namibia	29 January 2004	07 November 2005
Nauru		29 June 2004 [a]
Nepal	03 December 2003	07 November 2006
Netherlands	16 June 2003	27 January 2005 [A]
New Zealand	16 June 2003	27 January 2004
Nicaragua	07 June 2004	
Niger	28 June 2004	25 August 2005
Nigeria	28 June 2004	20 October 2005
Niue	18 June 2004	03 June 2005
Norway	16 June 2003	16 June 2003 [AA]
Oman		9 March 2005 [a]
Pakistan	18 May 2004	03 November 2004
Palau	16 June 2003	12 February 2004
Panama	26 September 2003	16 August 2004
Papua New Guinea	22 June 2004	25 May 2006
Paraguay	16 June 2003	26 September 2006
Peru	21 April 2004	30 November 2004
Philippines	23 September 2003	06 June 2005
Poland	14 June 2004	15 September 2006
Portugal	09 January 2004	8 November 2005 [AA]
Qatar	17 June 2003	23 July 2004
Republic of Korea	21 July 2003	16 May 2005
Republic of Moldova	29 June 2004	
Romania	25 June 2004	27 January 2006
Russian Federation		
Rwanda	02 June 2004	19 October 2005
Saint Kitts and Nevis	29 June 2004	
Saint Lucia	29 June 2004	07 November 2005
Saint Vincent and the Grenadines	14 June 2004	
Samoa	25 September 2003	03 November 2005
San Marino	26 September 2003	07 July 2004
Sao Tome and Principe	18 June 2004	12 April 2006
Saudi Arabia	24 June 2004	09 May 2005
Senegal	19 June 2003	27 January 2005
Serbia	28 June 2004	08 February 2006
Seychelles	11 September 2003	12 November 2003
Sierra Leone		
Singapore	29 December 2003	14 May 2004

COUNTRY	DATE OF SIGNATURE	DATE OF RATIFICATION* (OR LEGAL EQUIVALENT)
Slovakia	19 December 2003	04 May 2004
Slovenia	25 September 2003	15 March 2005
Solomon Islands	18 June 2004	10 August 2004
Somalia		
South Africa	16 June 2003	19 April 2005
Spain	16 June 2003	11 January 2005
Sri Lanka	23 September 2003	11 November 2003
Sudan	10 June 2004	31 October 2005
Suriname	24 June 2004	
Swaziland	29 June 2004	13 January 2006
Sweden	16 June 2003	07 July 2005
Switzerland	25 June 2004	
Syrian Arab Republic	11 July 2003	22 November 2004
Tajikistan		
Thailand	20 June 2003	08 November 2004
The Former Yugoslav Republic of Macedonia		30 June 2006 [a]
Timor-Leste	25 May 2004	22 December 2004
Togo	12 May 2004	15 November 2005
Tonga	25 September 2003	08 April 2005
Trinidad and Tobago	27 August 2003	19 August 2004
Tunisia	22 August 2003	
Turkey	28 April 2004	31 December 2004
Tuvalu	10 June 2004	26 September 2005
Uganda	05 March 2004	20 June 2007
Ukraine	25 June 2004	06 June 2006
United Arab Emirates	24 June 2004	07 November 2005
United Kingdom of Great Britain and Northern Ireland	16 June 2003	16 December 2004
United Republic of Tanzania	27 January 2004	30 April 2007
United States of America	10 May 2004	
Uruguay	19 June 2003	09 September 2004
Uzbekistan		
Vanuatu	22 April 2004	16 September 2005
Venezuela (the Bolivarian Republic of)	22 September 2003	27 June 2006
Viet Nam	03 September 2003	17 December 2004
Yemen	20 June 2003	22 February 2007
Zambia		
Zimbabwe		

Source: WHO Tobacco Free Initiative website (http://www.who.int/tobacco/framework/countrylist/en/index.html), accessed 14 December 2007.

Though not a Member State of WHO, as a Member State of the United Nations, Liechtenstein is also eligible to become Party to the WHO FCTC, though it has taken no action to do so.

On submitting instruments to become Party to the WHO FCTC, some Parties have included notes and/or declarations. All notes can be viewed at www.who.int/tobacco/framework/countrylist/en/index.html. All declarations can be viewed at www.who.int/tobacco/framework/declarations_en/en/index.html.

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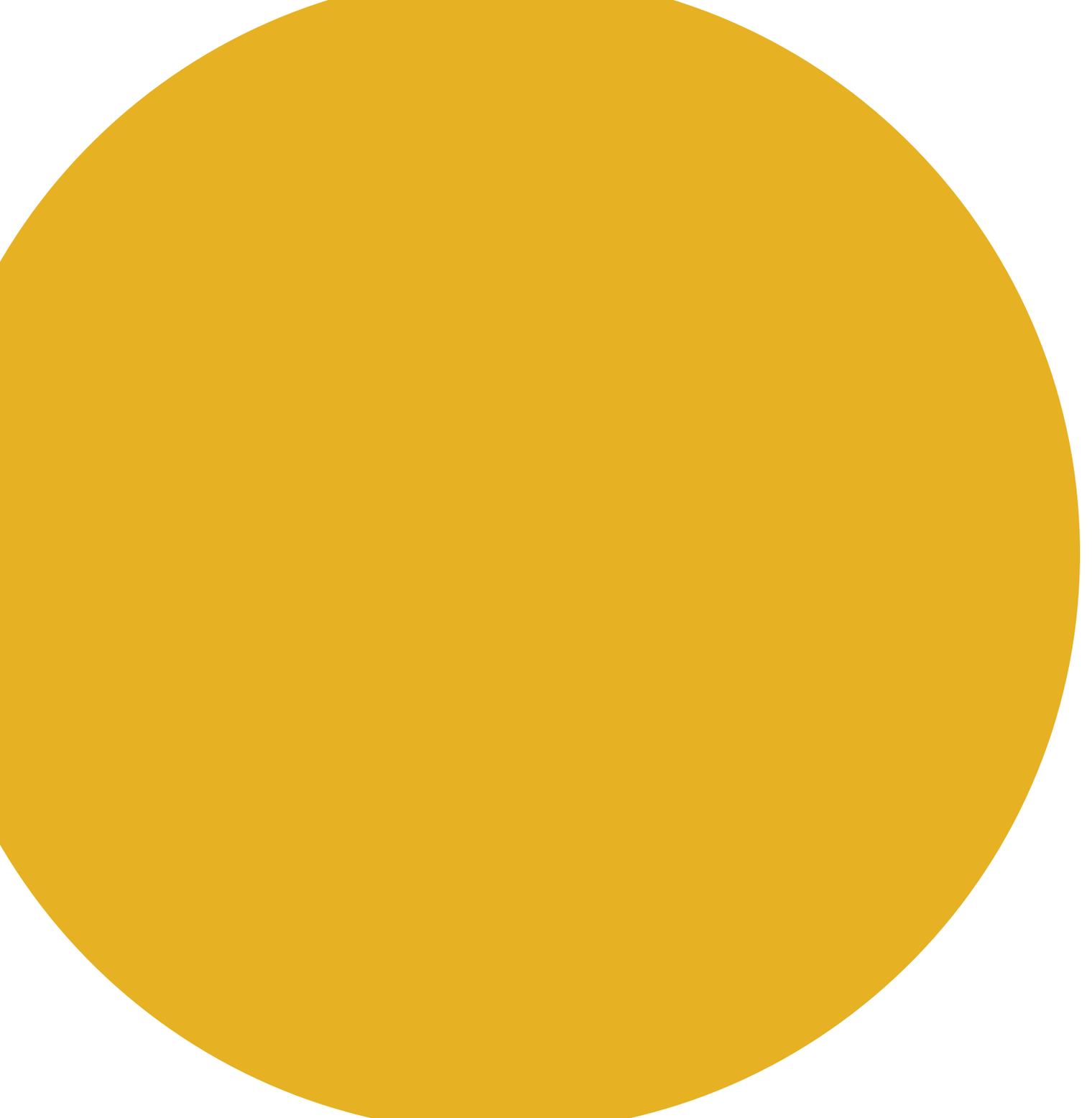

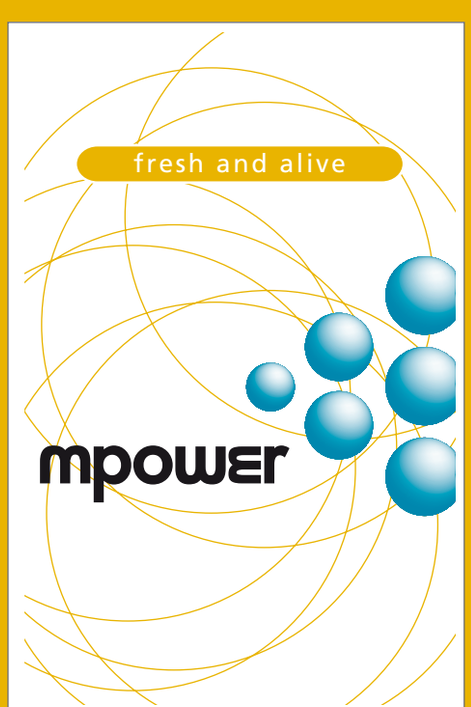
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