

The GATS Atlas

Global Adult Tobacco Survey

Acknowledgments

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The GATS Atlas

Global Adult Tobacco Survey

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“If you can’t measure it, you can’t manage it.”

The global tobacco epidemic has now assumed pandemic proportions, with about 1.3 billion tobacco users and 6 million annual deaths from tobacco use. The epidemic also involves substantial healthcare, social, and economic costs across high-, middle-, and low-income countries.

In a marked advance over the last few decades, about 90 per cent of countries now collect data on the tobacco epidemic and are increasingly using systematic, comparable data-collection systems – thanks in no small part to the Global Tobacco Surveillance System (GTSS).

Prior to the initiation of the GTSS in 1999, there were no international, standardized surveys on the tobacco epidemic. Countries, in collaboration with the World Health Organization (WHO) and the U.S. Centers for Disease Control and Prevention, have undertaken surveys to monitor tobacco use and tobacco control measures among youth and adults.

This Atlas highlights the findings from the Global Adult Tobacco Survey (GATS). It reflects the impact of the select demand-reduction strategies of the WHO Framework Convention on Tobacco Control (WHO FCTC), which are badged by WHO as MPOWER:

- 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
- R**aise taxes on tobacco

In the seven years since the publication of the first GTSS Atlas, enormous strides have been made in adult tobacco surveillance and monitoring. In 2007, GATS was in the planning stages, but by 2014 it has amassed data from 58 per cent of the world’s adult population. Repeat surveys are already indicating trends in adult tobacco-use behavior, and there are plans for the next few years to include new countries and undertake more repeat surveys.

The Atlas outlines the many resources available for countries wishing to participate in such surveys. It will be an invaluable resource for governments, policy makers, public health practitioners, scholars, and students interested in tobacco control. Several publications have drawn upon the data, and it has been widely reported in the media. Most importantly, it has been utilized in the GATS countries themselves as a tool for informing and influencing decision makers, the general population, and the local media.

The surveys and the Atlas are successful examples of bringing a wide array of partners together: governments, researchers, donors, and international organizations. Only through this kind of cooperation and commitment can we overcome this epidemic.



Michael Bloomberg
 Founder, Bloomberg
 Philanthropies and Bloomberg
 LP, and Mayor, New York City
 2002–2013



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Preface

The Global Adult Tobacco Survey (GATS) is part of the Global Tobacco Surveillance System (GTSS), the largest global public health surveillance system ever developed and maintained.

It is the ongoing, systematic collection, analysis, and interpretation of data, and is essential to the tracking of the epidemic, and the planning, implementation and evaluation of control measures.

The GATS Atlas paints an important landscape of tobacco use and of select tobacco control measures stipulated by the WHO Framework Convention on Tobacco Control, and badged by WHO under the acronym MPOWER. It includes an introduction to the GTSS, which, over 15 years, has facilitated the development, implementation, and evaluation of tobacco control programs and policies in countries around the world. This publication is an expansion of *The GTSS Atlas*, published in 2009, which focused on youth data from the Global Youth Tobacco Survey.

The GATS, supported by the Bloomberg Initiative to Reduce Tobacco Use, began in 2007 to systematically monitor adult tobacco use and key tobacco control measures, initially in 14 countries. It has already been expanded to 36 countries. *The GATS Atlas* covers the 22 countries for which data had been publicly released by the end of 2013. Two countries, Thailand and Turkey, have conducted the survey twice, providing trend data and thus the ability to evaluate progress. *The GATS Atlas* therefore illustrates the dynamics of tobacco use and tobacco control policies in countries representing 3 billion of the 5 billion adult population worldwide.

The Tobacco Questions for Surveys (TQS), a subset of key questions from GATS, was initiated in 2010 to generate comparable data by integrating a smaller number of standard tobacco questions into other national and subnational surveys. Examples from countries that have successfully integrated these questions, demonstrating a commitment to monitoring progress towards the global voluntary tobacco targets of a 30 per cent relative reduction by 2025, are presented in these pages.

This Atlas combines data and visuals to guide and encourage decision makers and public health practitioners to accelerate tobacco control. It aims to generate inquiry by not only providing a portrait of each country's progress, but also enabling rigorous global and regional comparisons to be made. The central objective of this atlas is to make data visualization both simpler and more friendly, which we hope we have accomplished.

We thank the contributors, reviewers, and publishers for their tireless support and advice. Our sincere appreciation goes to the GATS Collaborative Group for their commitment and invaluable contributions to the initiative. We would also like to express our gratitude to country collaborators, interviewers, and respondents for being an integral and indispensable part of this initiative. Finally, this would not be possible without the support of Bloomberg Philanthropies and Bill & Melinda Gates Foundation.

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Part One

INTRODUCTION



Preamble

The Parties to this Convention ... recogniz[e] that the spread of the tobacco epidemic is a global problem with serious consequences for public health that calls for the widest possible international cooperation and the participation of all countries in an effective, appropriate and comprehensive international response.

1 Tobacco Products

SMOKING

Tobacco smoking is the combustion of the tobacco leaves and inhaling of the smoke.

▶ **Manufactured cigarettes**, addictive by design, are the predominant form of tobacco products used globally. They consist of shredded or reconstituted tobacco, processed with chemicals and flavors and rolled into a paper.

Most prevalent:
Worldwide



▶ **Kreteks** are clove-flavored cigarettes, originally from Indonesia and available internationally. The clove contains eugenol, an anesthetic to lessen harshness of tobacco. Kreteks also contain special flavoring called sauces, which are unique to each brand.

Most prevalent:
Indonesia



▶ **Roll-your-own (RYO) cigarettes** are hand-rolled using loose tobacco and a cigarette paper.

Most prevalent:
Asia, Europe, New Zealand



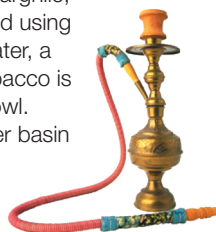
▶ **Bidis** are cigarettes consisting of sun-dried tobacco flakes rolled in a temburni or tendu leaf, and tied with a string at one end.

Most prevalent:
South Asia (Bangladesh, India)



▶ **Waterpipes**, also known as shisha, narghile, hookah, or hubble-bubble, are smoked using an apparatus containing a basin of water, a hose, and a mouthpiece. Flavored tobacco is burned on a charcoal in a smoking bowl. The smoke is filtered through the water basin and inhaled through the hose and mouthpiece.

Most prevalent:
Mediterranean region, north Africa and parts of Asia, now spreading globally



▶ **Cigars** are made of air-cured, fermented tobacco wrapped in a tobacco leaf. They are available in many sizes and shapes, from cigarette-sized cigarillos, double coronas, cheroots, stumphen, chuttas, and dhumtis.

Most prevalent:
Worldwide



▶ **Pipes** are smoking devices made of briar, slate, or clay. Tobacco flakes are placed in the wider opening of the pipe and burned, with the smoke passed through the stem and inhaled through the narrower opening.

Most prevalent:
Worldwide



▶ **Electronic nicotine delivery systems (ENDS)/electronic non-nicotine delivery systems (ENNDS)**, of which electronic cigarettes are the most common prototype (also named vape pens, vape pipes, hookah pens, electronic hookahs, etc.), are devices that do not burn or use tobacco leaves but instead vaporize a solution the user then inhales. The main constituent of the solution, in addition to nicotine when nicotine is present, are propylene glycol, with or without glycerol and flavoring agents. ENDS/ENNDS solutions and emissions contain other chemicals, some of them considered to be toxicants.

Most Prevalent:
Europe, USA, now spreading globally



SMOKELESS

Smokeless tobacco is consumed through the mouth or nose, without combustion or burning.

▶ **Chewing tobacco** varieties include betel quid, chimo, gutkha, loose-leaf, plug, toombak, twist. These products are placed in the mouth, cheek, or inner lip and chewed or sucked, or, in the case of powders, applied to the gums or teeth. Betel quid consists of tobacco, areca nut, slaked lime, and flavorings wrapped in a betel leaf. Varieties of chewing tobacco also include gundi, hogesoppu, kadapam, kaddipudi, khiwam, mishri, patiwala, and zarda.

Most prevalent:
America, Africa, South East Asia (Bangladesh, India, Maldives, Myanmar, Nepal, Pakistan, Sri Lanka, Thailand), Western Pacific (Cambodia, Federal States of Micronesia, Lao, Malaysia, Palau, Viet Nam)



▶ **Moist snuff** is usually made from a mixture of fire-and-air-cured dark tobaccos. The cured tobacco is aged for at least one year before being taken for production. Moist snuff consumed in the American market is made from fine-cut tobacco, and the cutting sizes – fine, coarse or long cut – result in different types of products. After cutting, the tobacco is mixed with water and other ingredients and allowed to ferment in closed vessels at controlled pH and temperature for several weeks. After fermentation, further additives are mixed with the snuff to make it stable and to impart a desired flavor. Moist snuff is used in the USA mainly by placing it between the lower lip and teeth. An alternative is available in the form of sachets (like a tea bag), where moist snuff is packed into porous paper-like material. Other local moist products and varieties are iqmik (commonly used in Alaska), khaini, nass or naswar, and shammah.

Most prevalent:
South-East Asia, Saudi Arabia, South Africa, USA



▶ **Snus** is usually made from ground tobacco. After water and salt are added, the “tobacco meal” is heated at high temperatures and high humidity for 24 to 36 hours. The heating is reported to kill the bacteria originally present in the tobacco, which appears to reduce the formation of nitrite and TSNAs markedly. In Sweden, smokeless tobacco manufacturers adhere to the Gothiatek standard, which required the removal of TSNAs from snus. Flavors are added in the finishing stage of production. Snus is typically taken either as a pinch that is placed in the vestibular area of the upper jaw or in pre-packaged, portion-sized quantities (sachets).

Most prevalent:
Denmark, Finland, Iceland, Norway, South Africa, Sweden



▶ **Dry snuff** is finely powdered fire-cured tobacco that is inhaled through the nose or taken by mouth.

Most prevalent:
Brazil, Europe, South and Central Asia, Nigeria, South Africa, USA



▶ **Dissolvables** contain tobacco and numerous other agents that dissolve in the mouth and deliver nicotine via mucosal absorption. They are often brand extensions of popular cigarette brands. They are advertised for use in any situation where the user cannot smoke.

Most prevalent:
USA



“ Tobacco: deadly in any form or disguise ”

2 The WHO FCTC

WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL
as of 4 December 2014

▶ As of December 2014, 180 World Health Organization (WHO) member states are parties to the WHO Framework Convention on Tobacco Control (WHO FCTC). The Conference of the Parties (COP) is the governing body of the WHO FCTC and is comprised of all Parties to the Convention. It keeps under regular review the implementation of the Convention, takes the decisions necessary to promote its effective implementation, and may also adopt protocols, annexes and amendments to the Convention. Regular sessions of COP are now held at two-year intervals.

Article 20.2 of the WHO FCTC states:

The Parties shall establish, as appropriate, programmes for national, regional and global surveillance of the magnitude, patterns, determinants and consequences of tobacco consumption and exposure to tobacco smoke. Towards this end, the Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

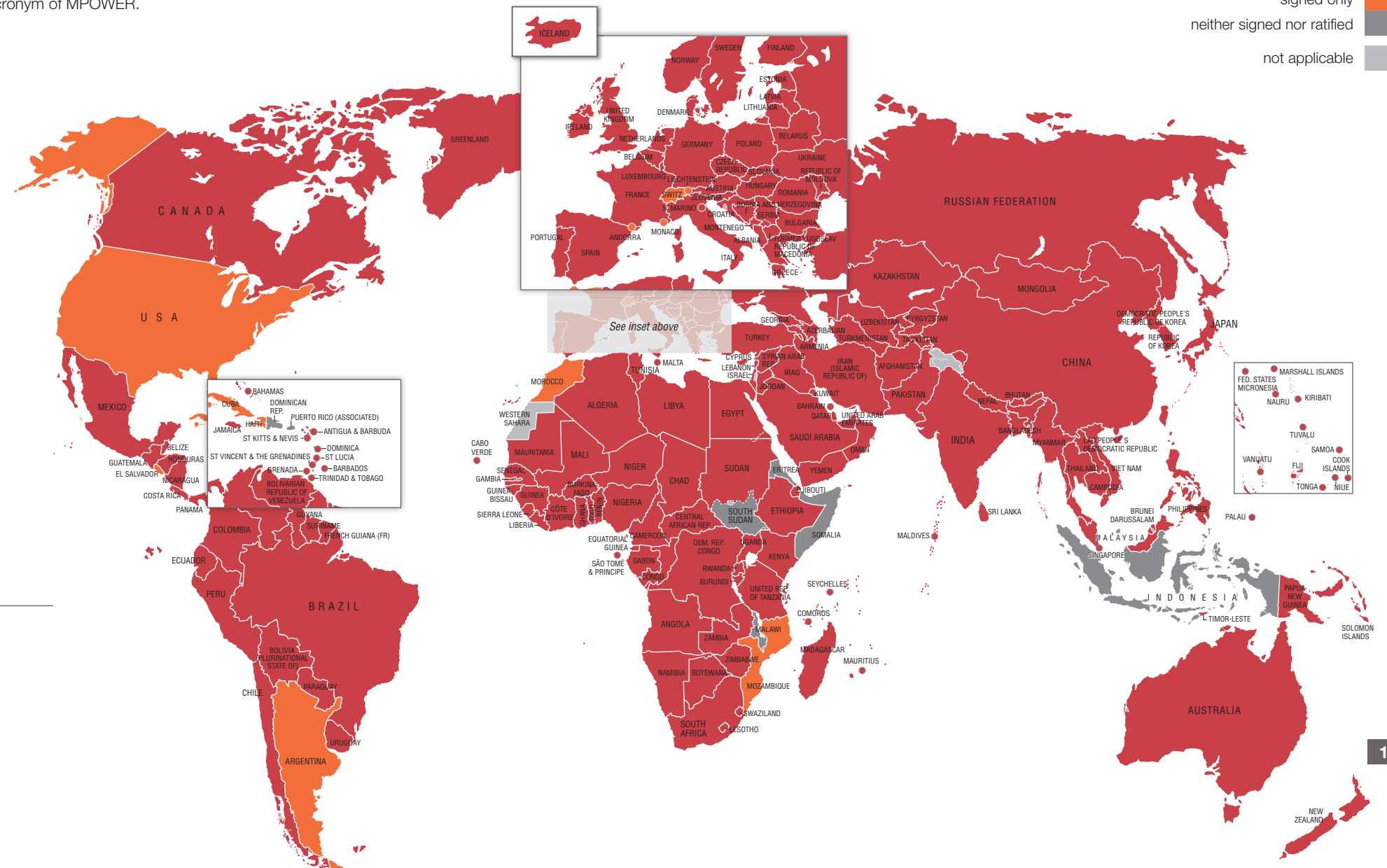
The WHO Report on the Global Tobacco Epidemic, 2013 states:

Monitoring tobacco use and tobacco control measures is critical to effectively addressing the epidemic and assessing the effects of global tobacco control. More than a quarter of countries, with 40% of the world's population, regularly monitor tobacco use among adults and youth using nationally representative surveys, an increase of 14 countries (5% of world population) since 2007.

The Global Tobacco Surveillance System aims to build country capacity to monitor, develop, implement, and evaluate WHO FCTC and, in particular, select demand-reduction measures badged by WHO under the acronym of MPOWER.

▶ THE WHO FCTC IS ONE OF THE MOST RAPIDLY RATIFIED UN TREATIES OF ALL TIME

ratified or acceded
signed only
neither signed nor ratified
not applicable



INTRODUCTION



Main provisions

Research, surveillance and exchange of information
Protection against interference by tobacco industry

Regulation of:

- contents, packaging, and labeling of tobacco products
- prohibition of sales to and by minors
- illicit trade in tobacco products
- smoking at work and in public places

Reduction in consumer demand by:

- price and tax measures
- comprehensive ban on tobacco advertising, promotion and sponsorship
- education, training, raising public awareness and assistance with quitting
- support for economically viable alternative activities
- legislative action to deal with liability

Protection of the environment and the health of persons

Disclaimer

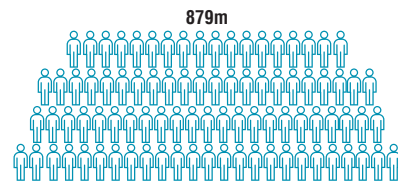
The boundaries and names shown and the designations used on this map do not imply the expression of any opinion whatsoever on the part of the World Health Organization concerning the legal status of any country, territory, city or area or of its authorities, or concerning the delimitation of its frontiers or boundaries. Dotted and dashed lines on maps represent approximate border lines for which there may not yet be full agreement.

3 MPOWER

► In 2008, WHO identified six evidence-based tobacco control measures that are the most effective in reducing tobacco use. Known as MPOWER, they assist in the country-level implementation of effective measures to reduce the demand for tobacco as contained in the WHO FCTC. The six proven measures are:

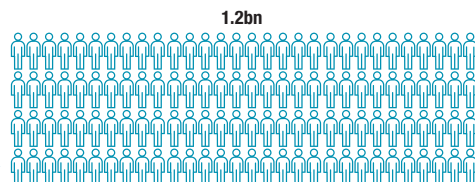
Monitor tobacco use and prevention policies
Obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults

Current tobacco use



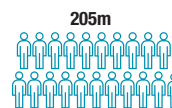
Protect people from tobacco smoke
Completely smoke-free environments in all indoor public spaces and workplaces, including restaurants and bars, or at least 90% of the population covered by complete subnational smoke-free legislation

Exposure to secondhand smoke in public places



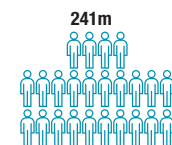
Offer help to quit tobacco use
National quit-line, and both nicotine replacement therapy and some cessation services cost-covered

Made an attempt to quit smoking in the past 12 months



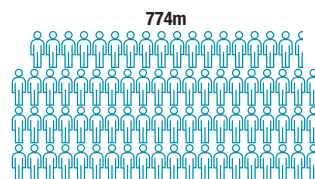
Warn about the dangers of tobacco
Large graphic health warnings on all tobacco packaging showing, in rotation, the harmful effects of tobacco use on health

Current smokers considering quitting because of health warnings on cigarette packaging



Enforce bans on tobacco advertising, promotion and sponsorship
Ban on all forms of tobacco advertising, promotion and sponsorship

Awareness of tobacco advertising, sponsorship or promotion



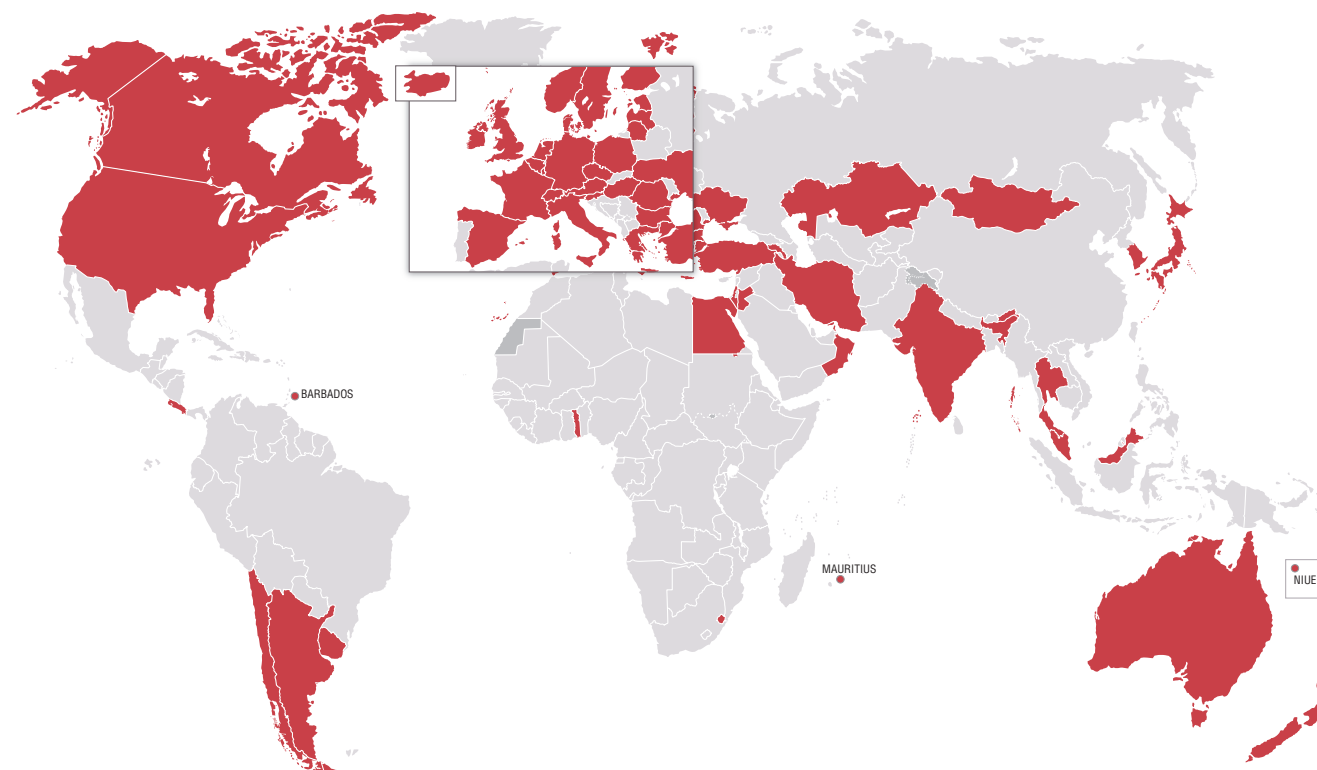
Raise taxes on tobacco products
Increase the price of tobacco products through higher tax (at least 75% of the retail price), making tobacco products progressively less affordable

Average Purchasing Power Parity (PPP) cost paid per 20 manufactured cigarettes



► **2.8 BILLION PEOPLE IN 54 COUNTRIES ARE COVERED BY EFFECTIVE TOBACCO USE SURVEILLANCE**

MONITORING TOBACCO USE
Highest achieving countries 2012

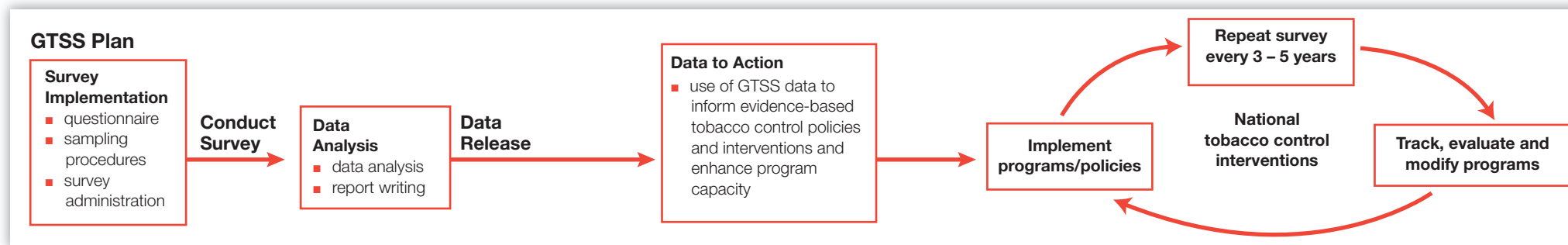


► **MONITORING OF TOBACCO USE AND TOBACCO CONTROL POLICY ACHIEVEMENTS IS CENTRAL TO UNDERSTANDING AND REVERSING THE EPIDEMIC**

► **GATS IS AN IMPORTANT TOOL TO STRENGTHEN MONITORING, AND IS A GOLD STANDARD FOR CONDUCTING HIGH-QUALITY SURVEILLANCE**

4GTSS Overview: GYTS and GATS

► The Global Tobacco Surveillance System (GTSS) is a global standard to monitor youth and adult tobacco use and key tobacco control policies. GTSS comprises Global Youth Tobacco Survey (GYTS), Global Adult Tobacco Survey (GATS) and Tobacco Questions for Surveys: A Subset of Key Questions from GATS (TQS).



GLOBAL YOUTH TOBACCO SURVEY as of November 2014

- implemented original GYTS protocol 1999-2011
- also implementing revised GYTS protocol 2012-14
- only implementing revised GYTS protocol 2012-14
- no survey conducted
- not applicable

GYTS

Methodology

Nationally representative school-based survey of students aged 13 to 15 years. Multistage sample design with schools selected proportional to enrollment size. Self-administered and anonymous.

Limitations

Self-reported
Samples restricted to students in schools

Questionnaire Topics

- background characteristics
- tobacco use (smoking and smokeless)
- cessation
- secondhand smoke
- media
- knowledge, attitudes, and perceptions
- economics
- school policy (GYTS only)

GATS

Methodology

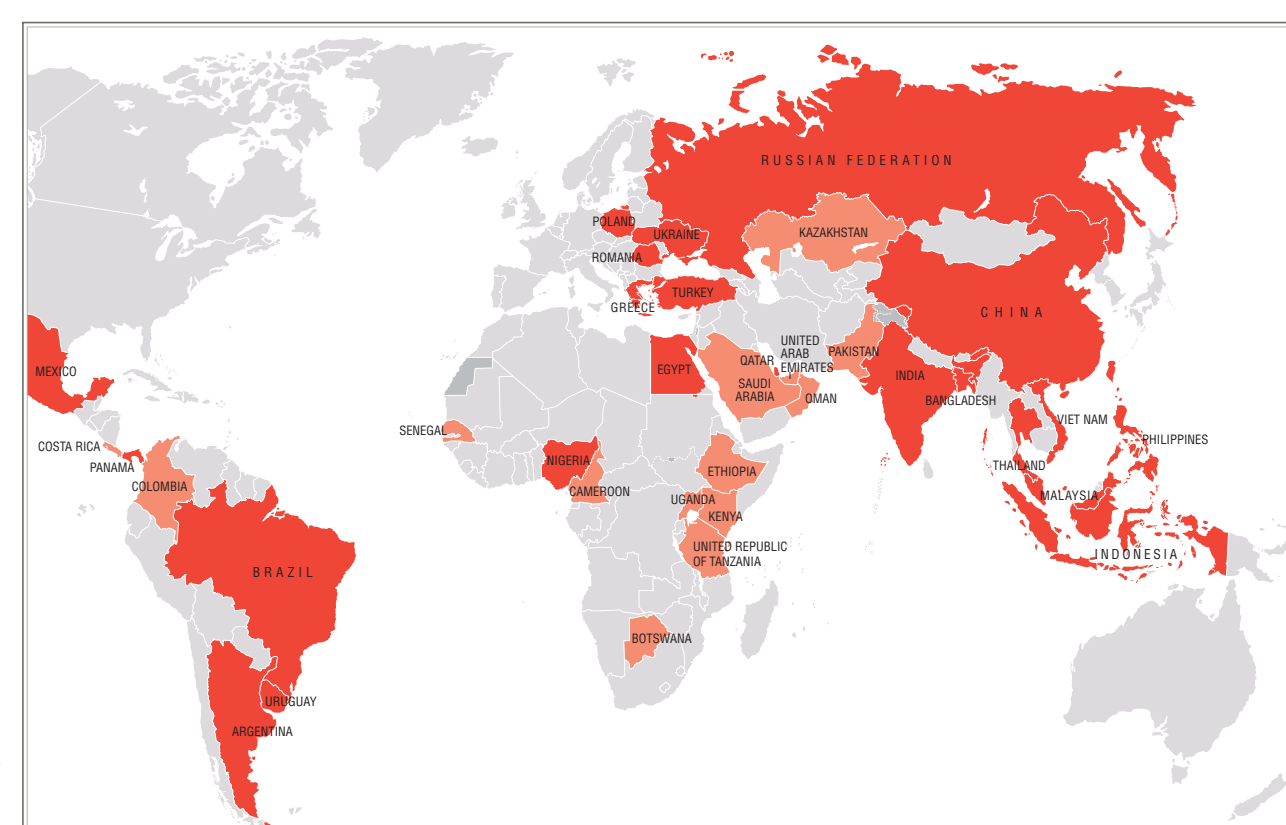
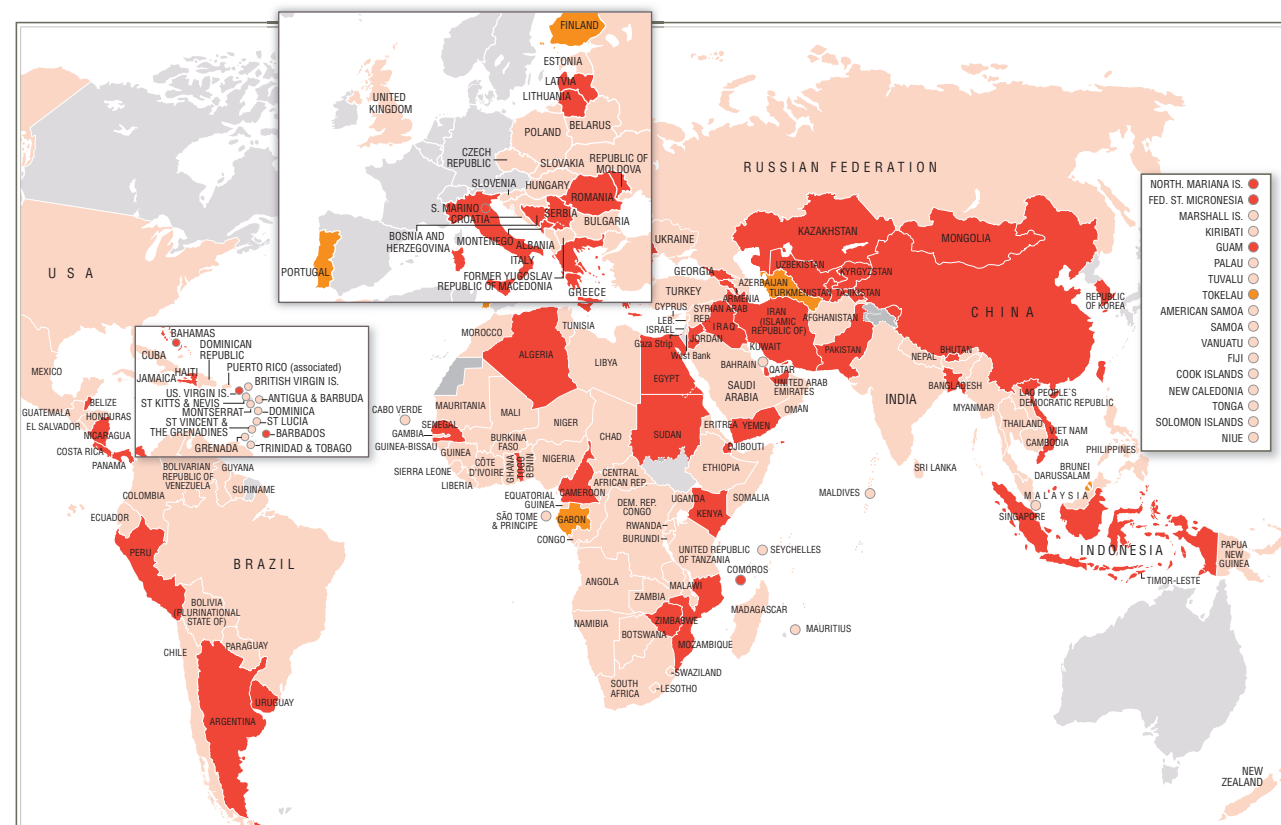
Nationally representative household survey of persons age 15 years and above. Multistage, geographically clustered, probability-based sample design for cross-sectional estimates by gender and residence. Face-to-face electronic data collection.

Limitations

Self-reported
Samples restricted to persons living in non-institutionalized households (military barracks, dormitories excluded).

GLOBAL ADULT TOBACCO SURVEY as of November 2014

- survey complete
- now implementing
- no survey conducted
- not applicable



5GTSS Overview: TQS

INTEGRATION OF TQS
as of November 2014

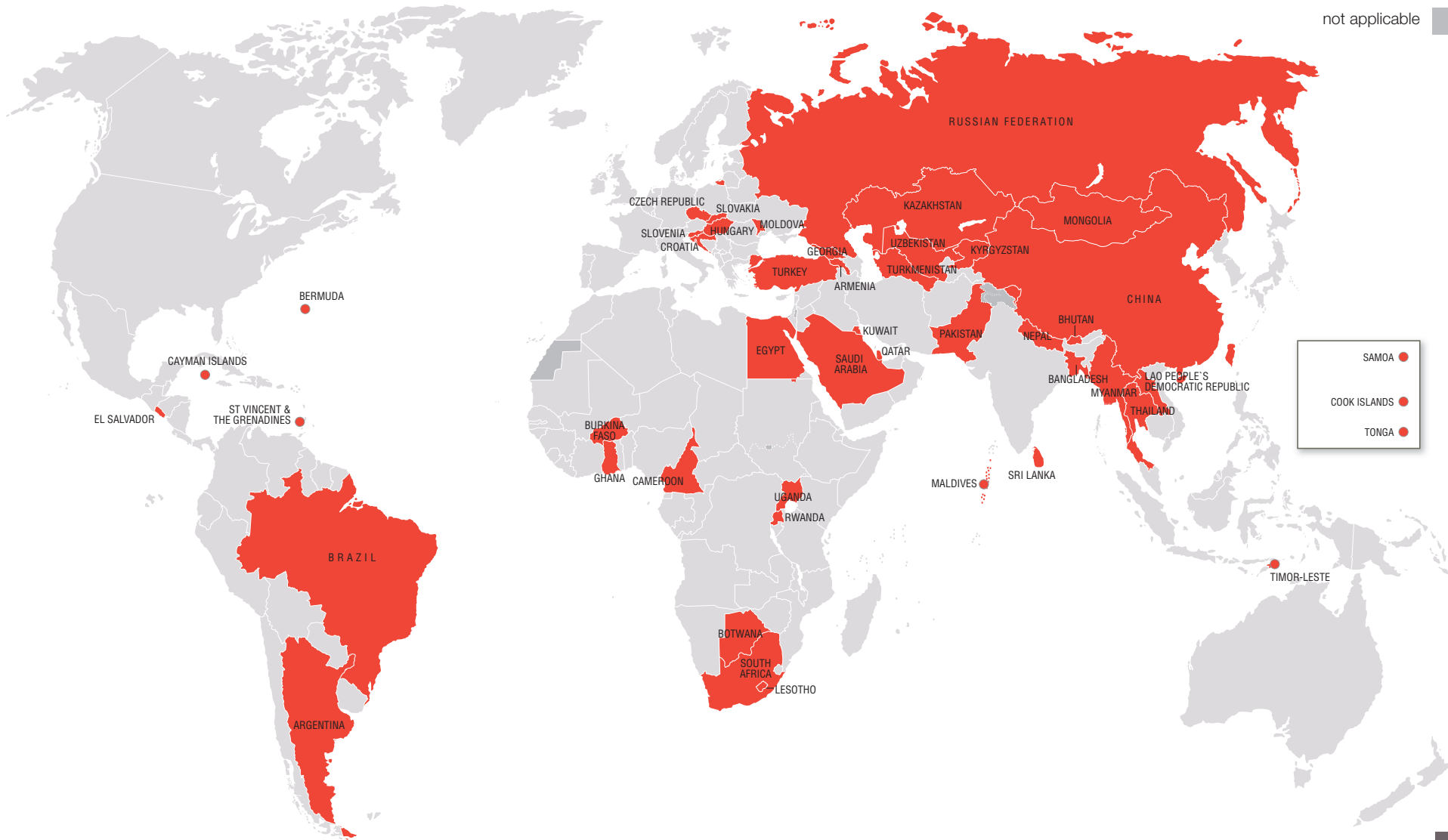
TQS (Tobacco Questions for Surveys) is a list of 22 survey questions, grouped according to the MPOWER measures derived from GATS. They can be included in national, sub-national, and international surveys to promote data comparability within and across countries over time.

The three tobacco-smoking prevalence questions should be included for all surveys that measure tobacco use. Additional questions can then be selected to cover key topics, or all the questions can be incorporated, as appropriate. TQS is available in Arabic, Chinese, English, French, Russian, Spanish, and Portuguese.

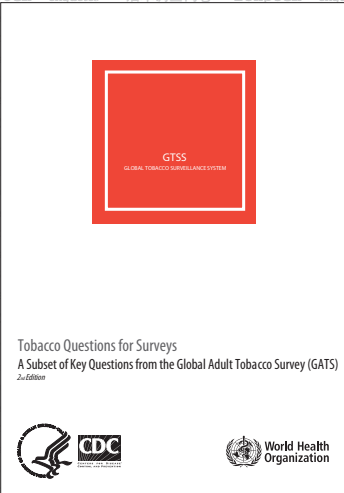
The information obtained from the tobacco questions can be used to evaluate and monitor existing tobacco-control policies and programs, as well as to inform development and implementation of new interventions at community, sub-national and national levels.

AS OF 2014, **47 COUNTRIES HAVE INTEGRATED TQS. THE TARGET IS TO APPLY TQS IN 70 COUNTRIES BY 2016**

- completed
- not integrated
- not applicable



INTRODUCTION 24



TQS GLOBAL ALLIANCE AIMS TO PROMOTE THE INTEGRATION OF TQS INTO SURVEYS

TQS GLOBAL ALLIANCE:

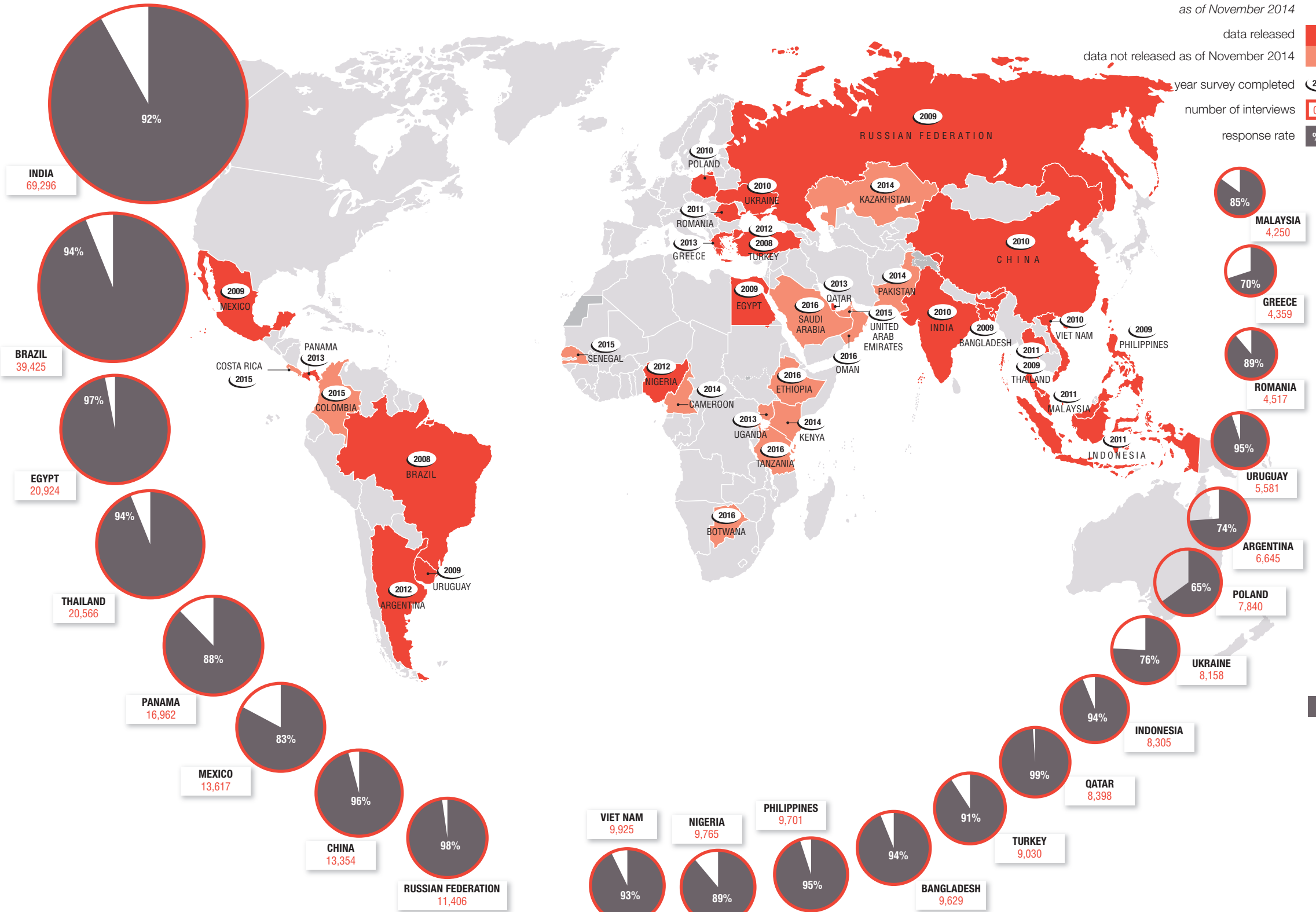


6 GATS Coverage

GLOBAL ADULT TOBACCO SURVEY CONDUCTED as of November 2014

22 GATS COUNTRIES

- 3 billion adults represented
- 380,400 household interviews
- 3,200 handheld devices used
- 3,300 fieldworkers trained
- 2,000 fieldwork days



INTRODUCTION

Part Two



MONITOR USE AND POLICIES



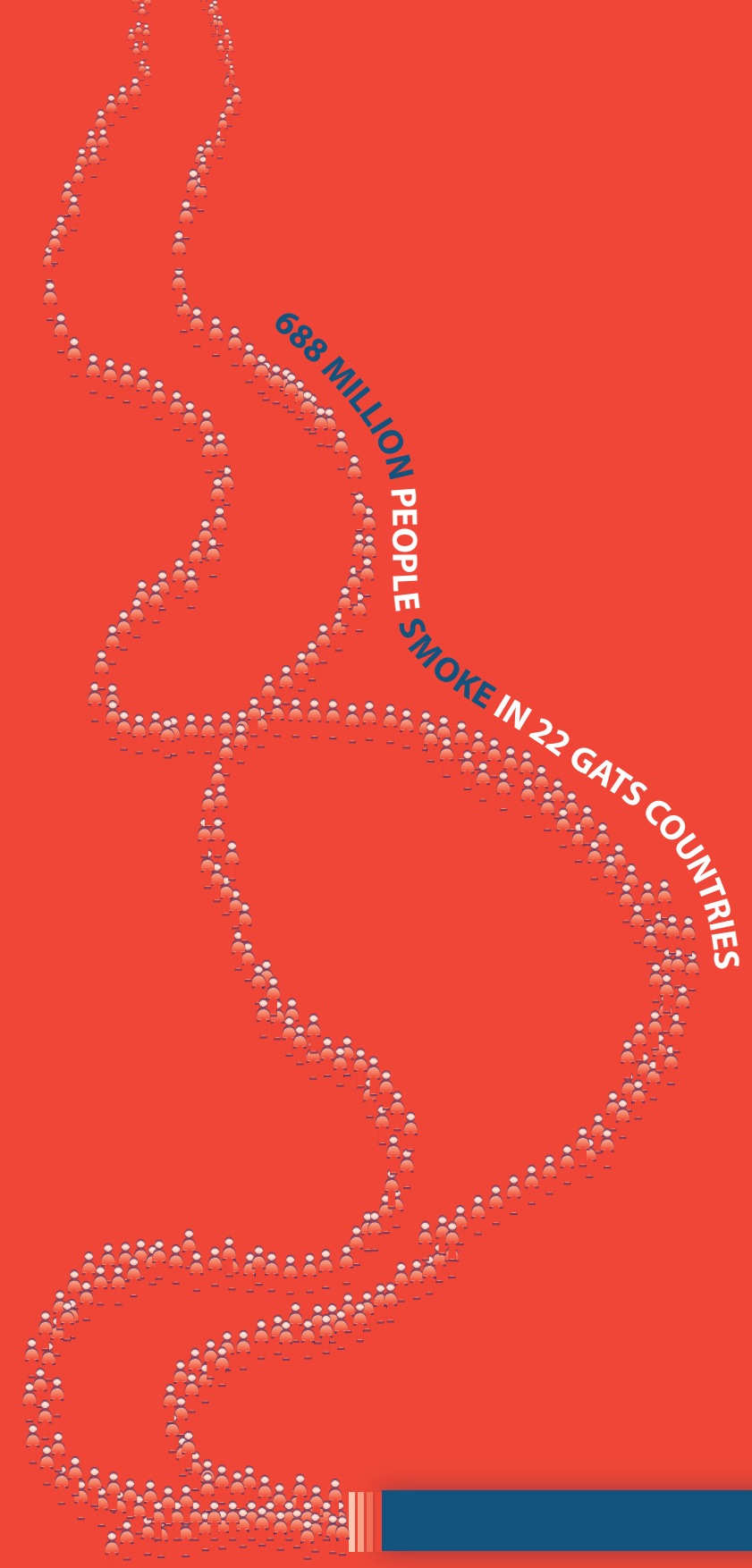
FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Article 20: Research, surveillance and exchange of information

Parties undertake to develop and promote national research and to coordinate research programmes at the regional and international levels in the field of tobacco control ...

Each Party shall ... promote and encourage research that addresses the determinants and consequences of tobacco consumption and exposure to tobacco smoke.



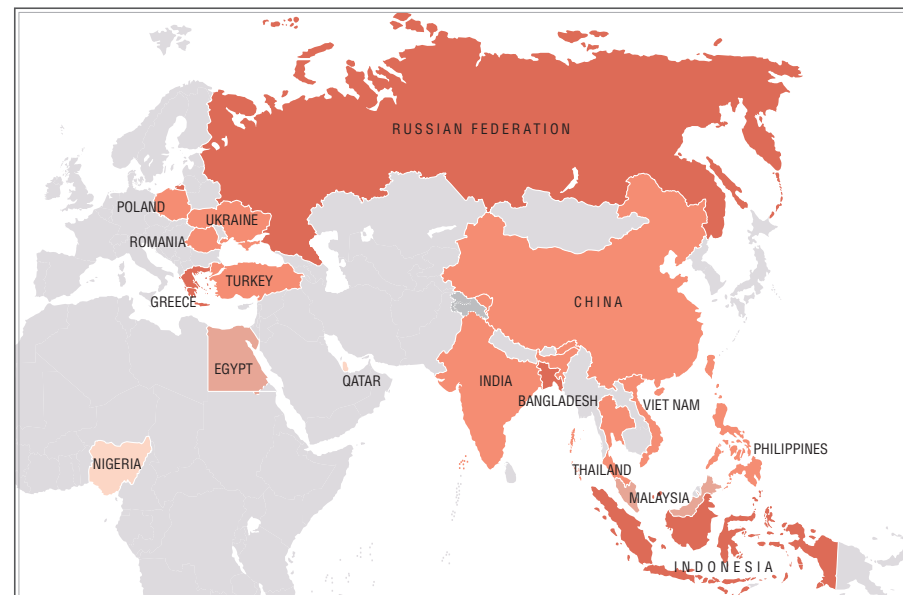
7 Tobacco Use: Prevalence

▶ Current tobacco use refers to the use of any tobacco product, smoking or smokeless. Overall, current tobacco use prevalence ranges from 43% in Bangladesh to 6% in Panama and Nigeria among GATS countries to date.

Prevalence is much higher among men than women. For men, 12 countries have a prevalence of 40% or above. For women, eight countries have a prevalence lower than 5%. The men-to-women ratio of prevalence of tobacco use was highest in Egypt (38:1) and in Asian countries such as Malaysia (22:1) and China (27:1), and was lowest in Argentina, Brazil, Greece, Poland, and Uruguay (all were less than 2:1).

People who use tobacco daily make up the majority of users in all countries except Mexico.

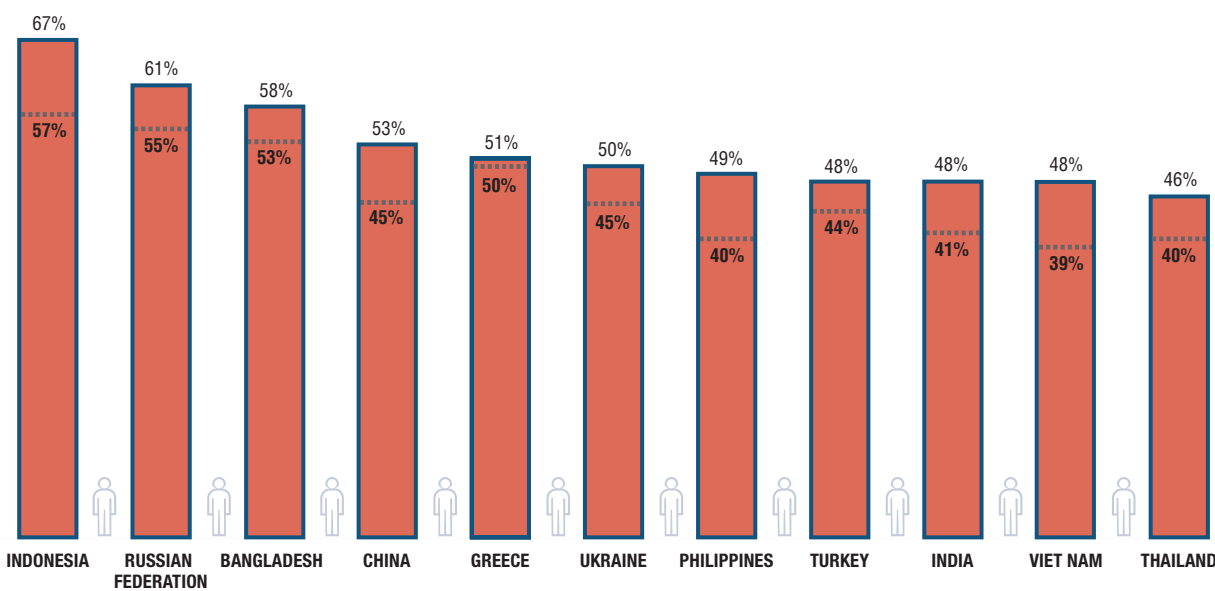
▶ **MEXICO SHOWS THE GREATEST DIFFERENCE BETWEEN MALE CURRENT AND DAILY TOBACCO USERS**



PREVALENCE OF CURRENT TOBACCO USE
Among adults
age 15 and above
2008-13

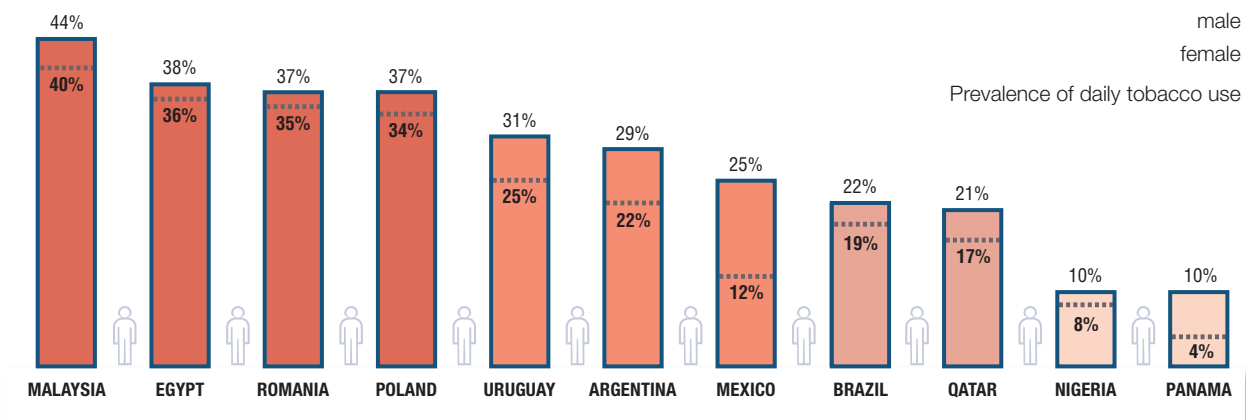
35.0% or more
25.0% - 34.9%
15.0% - 24.9%
less than 15.0%

Estimates for Turkey are for current tobacco smoking only, as Turkey did not measure smokeless tobacco use.

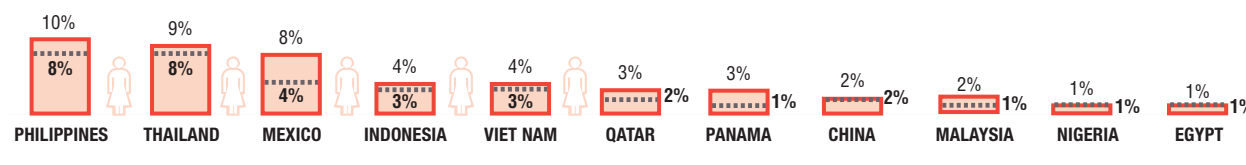
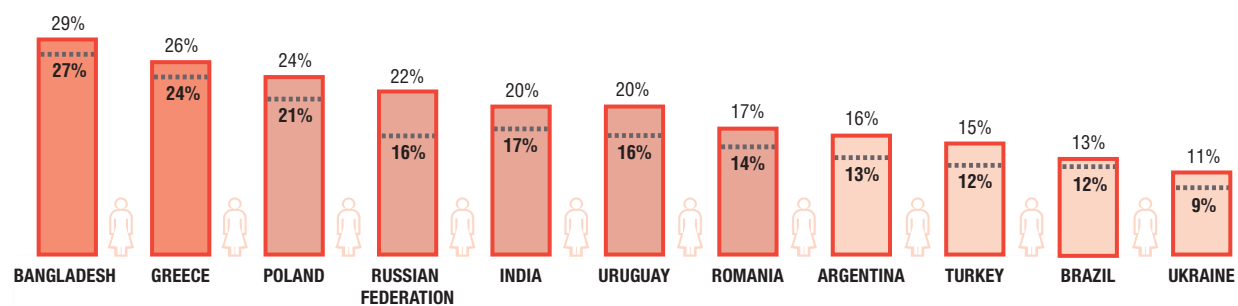


TOBACCO USE
AMONG MALES AND FEMALES
Age 15 and above
2008-13

Prevalence of current tobacco use
male (solid blue)
female (solid red)
Prevalence of daily tobacco use (dotted)



MONITOR



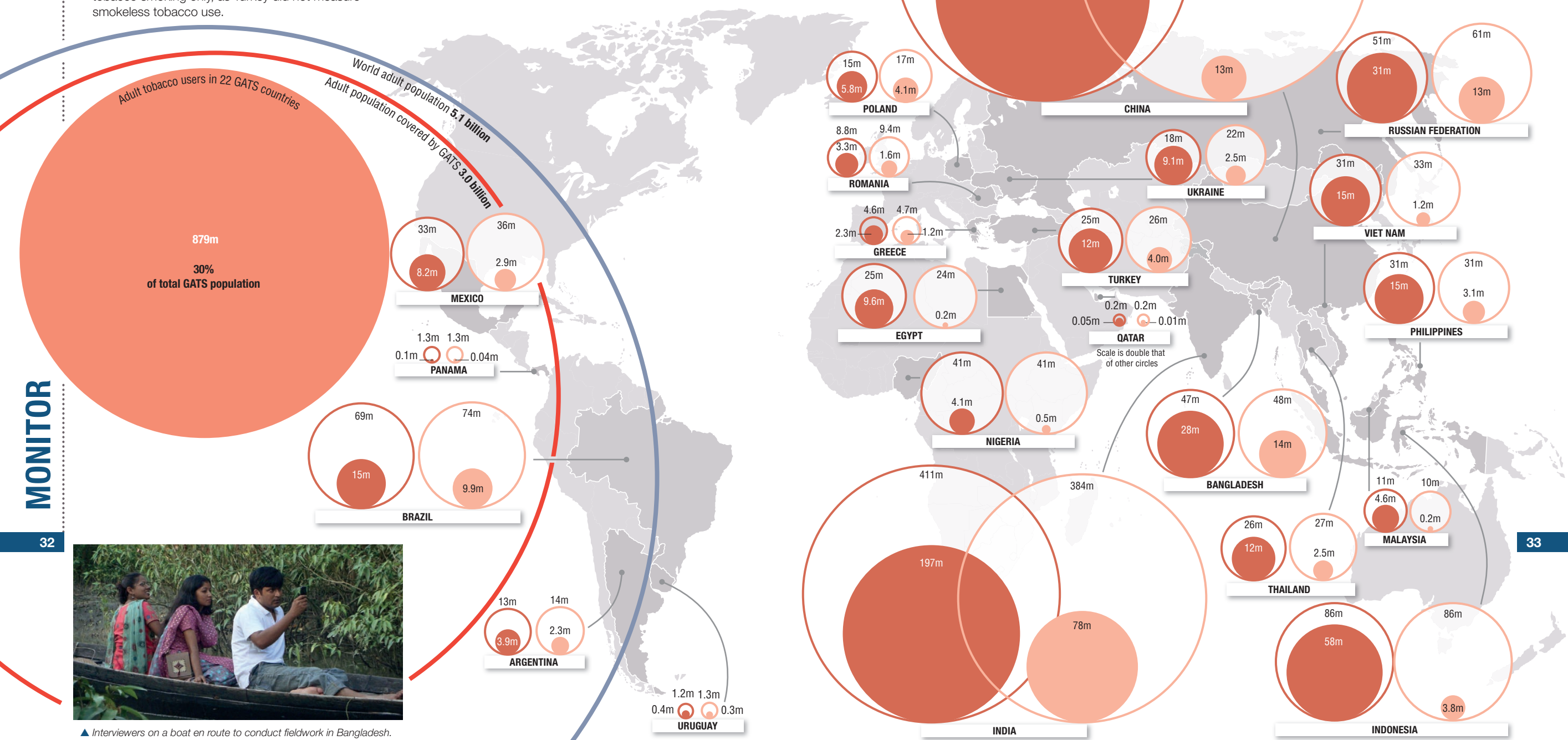
8 Tobacco Use: Number

There are 879 million current tobacco users, including 721 million men and 158 million women in the 22 countries. Egypt has the highest ratio of men to women tobacco users at 61:1. China has the largest number of tobacco users, with 288 million men and 13 million women, followed by India with 197 million men and 78 million women. Estimates for Turkey are for current tobacco smoking only, as Turkey did not measure smokeless tobacco use.

NUMBER OF ADULTS WHO USE TOBACCO
Age 15 and above
2008-13

male users
female users

total male population
total female population



MONITOR



Interviewers on a boat en route to conduct fieldwork in Bangladesh.

9 Tobacco Use: Age

The prevalence of tobacco use (smoking and smokeless) generally increases into young adulthood or middle age and then declines, mainly due to tobacco users quitting or dying. However, this trend is less obvious in Asian countries, particularly India, Bangladesh, and Thailand, where prevalence is highest among adults age 65 and above.

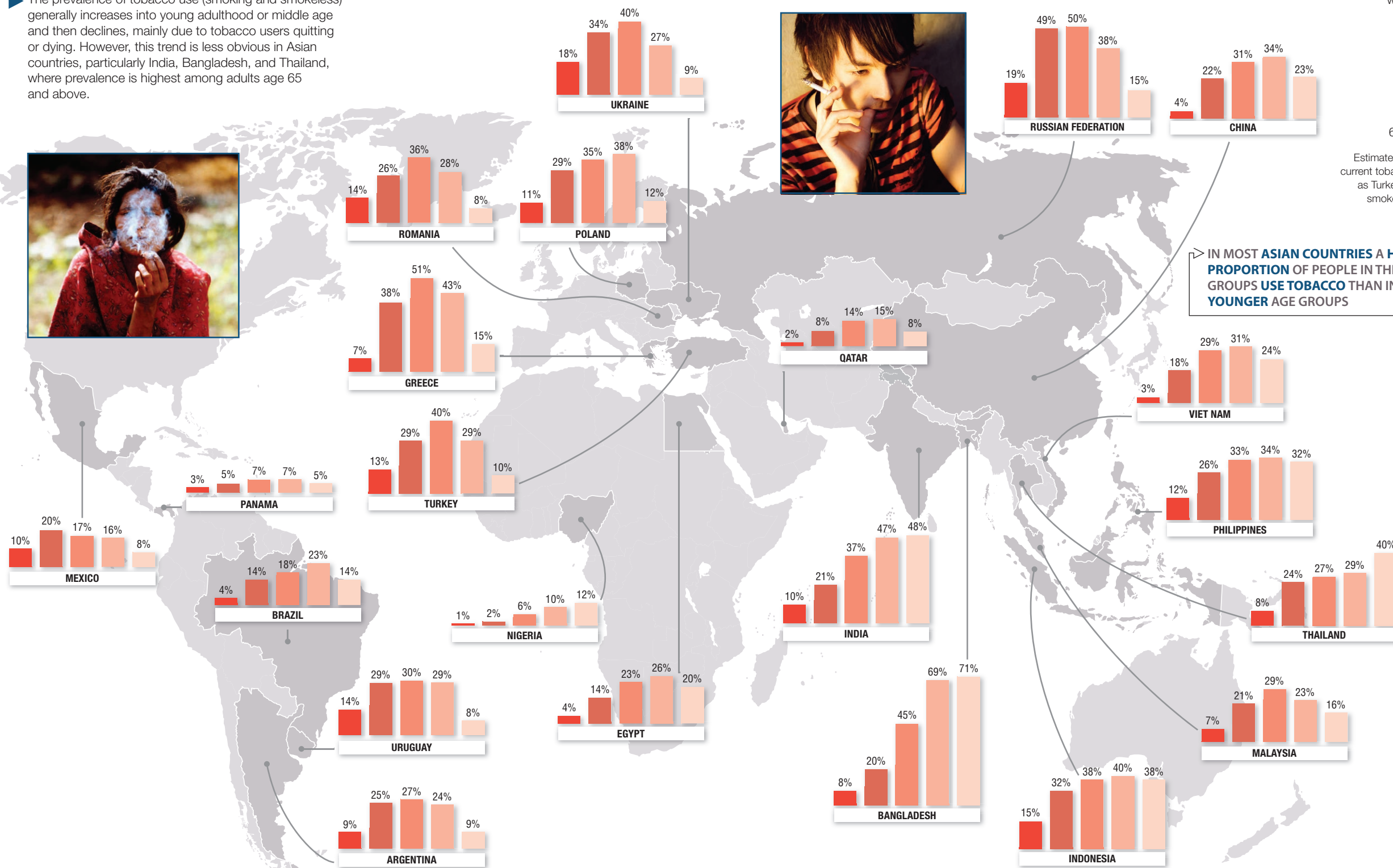


AGE OF CURRENT TOBACCO USERS
Percentage in each age group who use tobacco
2008–13

15 – 17 years
18 – 24 years
25 – 44 years
45 – 64 years
65 years or more

Estimates for Turkey are for current tobacco smoking only, as Turkey did not measure smokeless tobacco use.

IN MOST ASIAN COUNTRIES A HIGHER PROPORTION OF PEOPLE IN THE OLDER AGE GROUPS USE TOBACCO THAN IN THE YOUNGER AGE GROUPS



10 Smoking: Prevalence

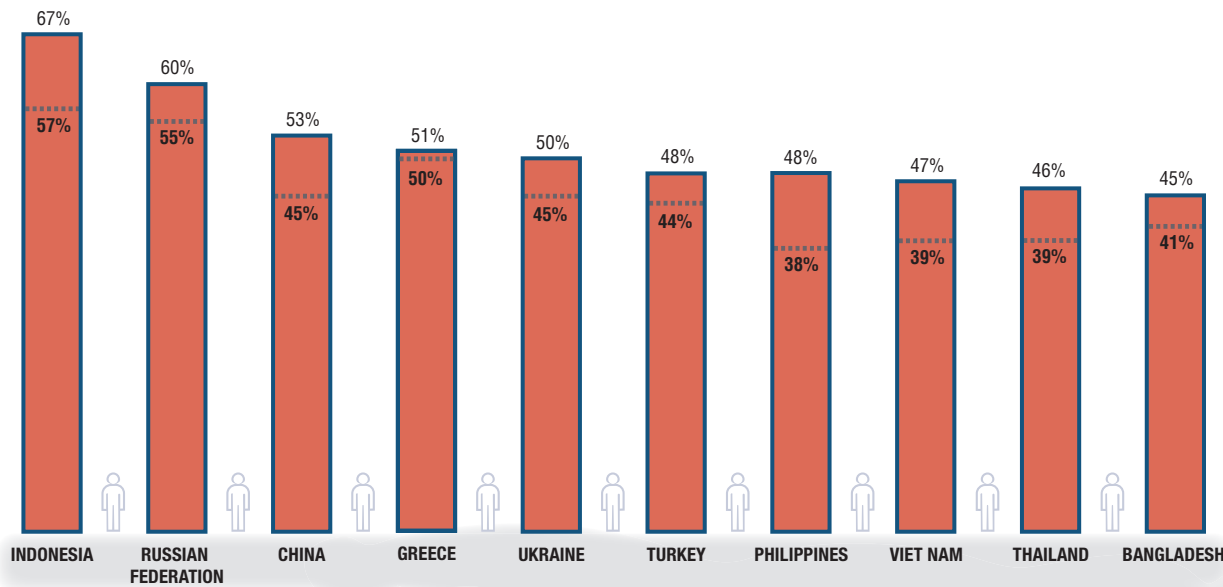
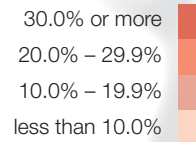
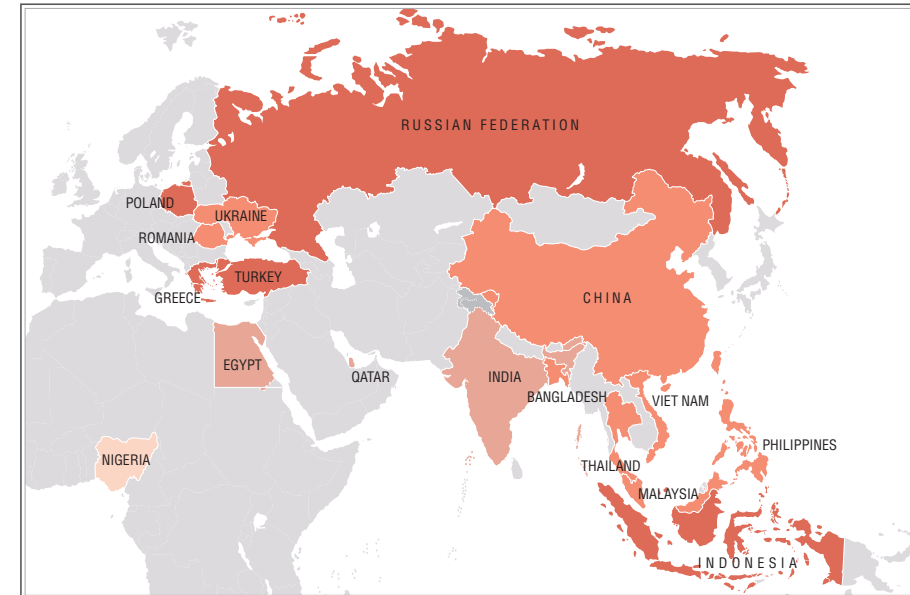
CURRENT TOBACCO SMOKING

Among adults
age 15 and above
2008-13

Most of the tobacco consumed throughout the world is in the form of smoking tobacco, such as manufactured cigarettes, hand-rolled cigarettes, cigars, pipes, waterpipes, kreteks, and bidis. Overall, the prevalence of current tobacco smoking ranges from 39% in Russian Federation to 4% in Nigeria. Among men, 11 GATS countries have a prevalence of 40% or above. For women, 11 countries have a prevalence of more than 5%.

With the exception of Bangladesh and India, most smokers smoke cigarettes, particularly manufactured cigarettes. Men commonly smoke bidis in India and Bangladesh. The use of the waterpipe is relatively high in Viet Nam, Egypt, Turkey, Russian Federation, and Ukraine.

Prevalence of smoking is generally much higher for men than women in every GATS country. The male-to-female prevalence ratio for smoking is highest in Egypt (76:1) and lowest in Poland and Uruguay (both less than 2:1). The majority of current smokers are daily smokers in all countries except for Mexico.

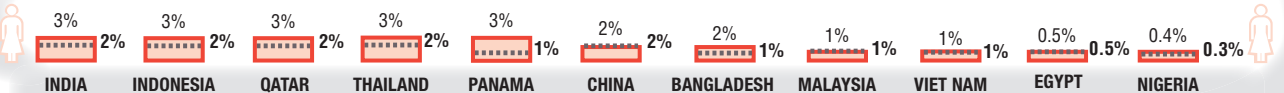
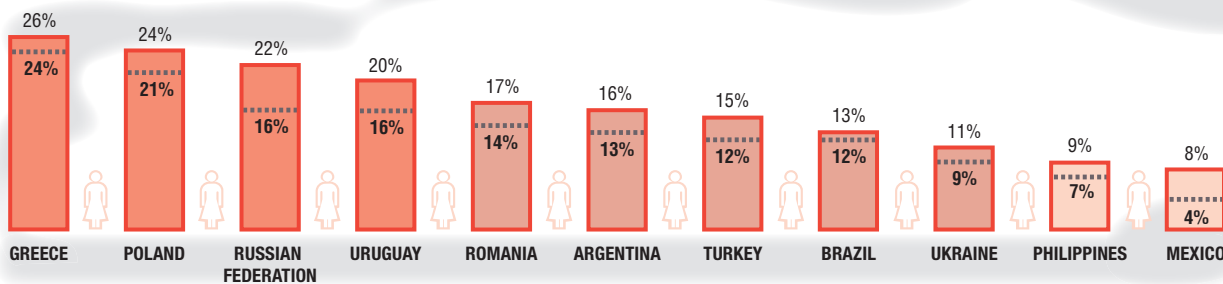
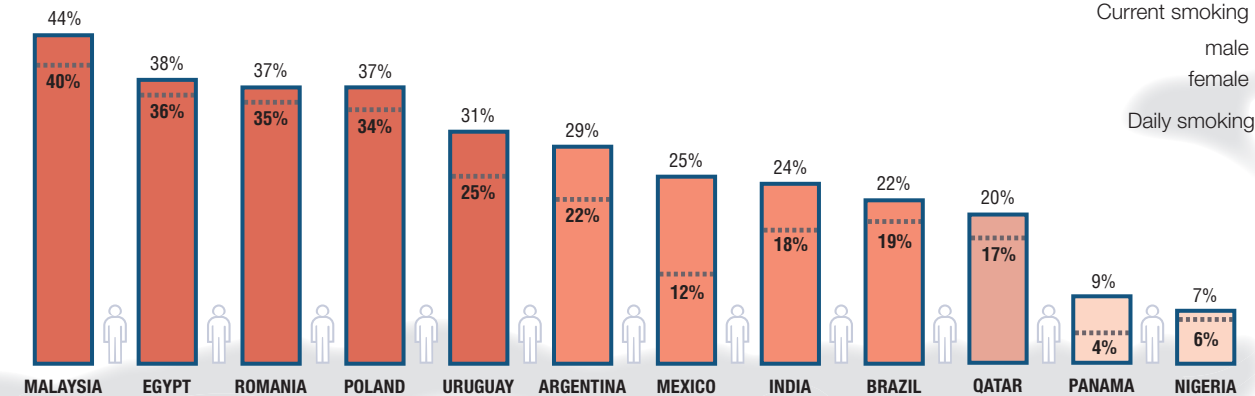


PREVALENCE OF SMOKING IS GENERALLY MUCH HIGHER FOR MEN THAN WOMEN IN EVERY GATS COUNTRY

SMOKING AMONG MALES AND FEMALES

Age 15 and above
2008-13

Current smoking
male
female
Daily smoking

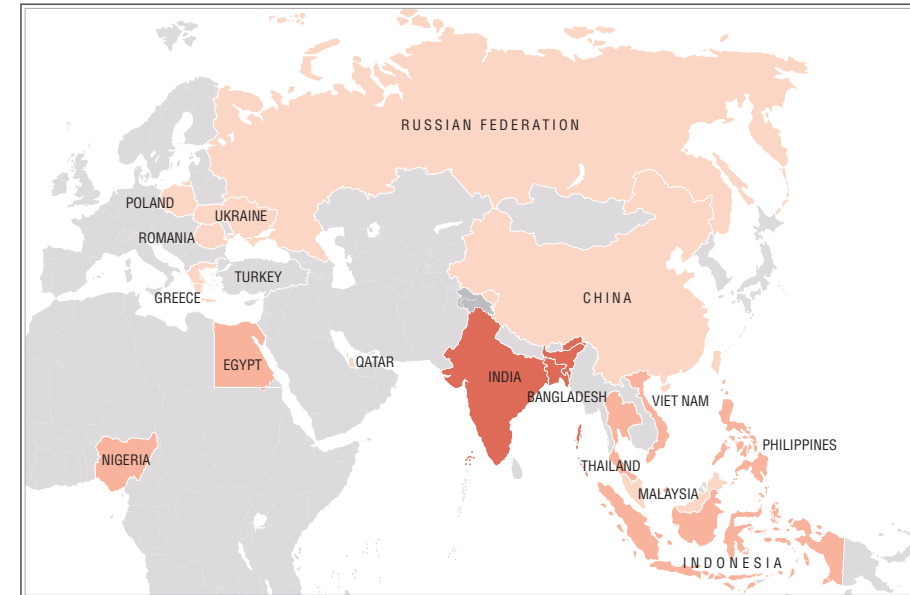


11 Smokeless: Prevalence

The overwhelming use of smokeless tobacco globally is in India and Bangladesh. Across 21 countries (Turkey did not measure smokeless tobacco use), there are 248 million smokeless tobacco users, of which 232 million are from India and Bangladesh. In India, the prevalence is 33% among men and 18% among women, compared with 26% (men) and 28% (women) in Bangladesh.

Smokeless tobacco use is also noticeable among Egyptian men and Thai women at 4% and 6%, respectively.

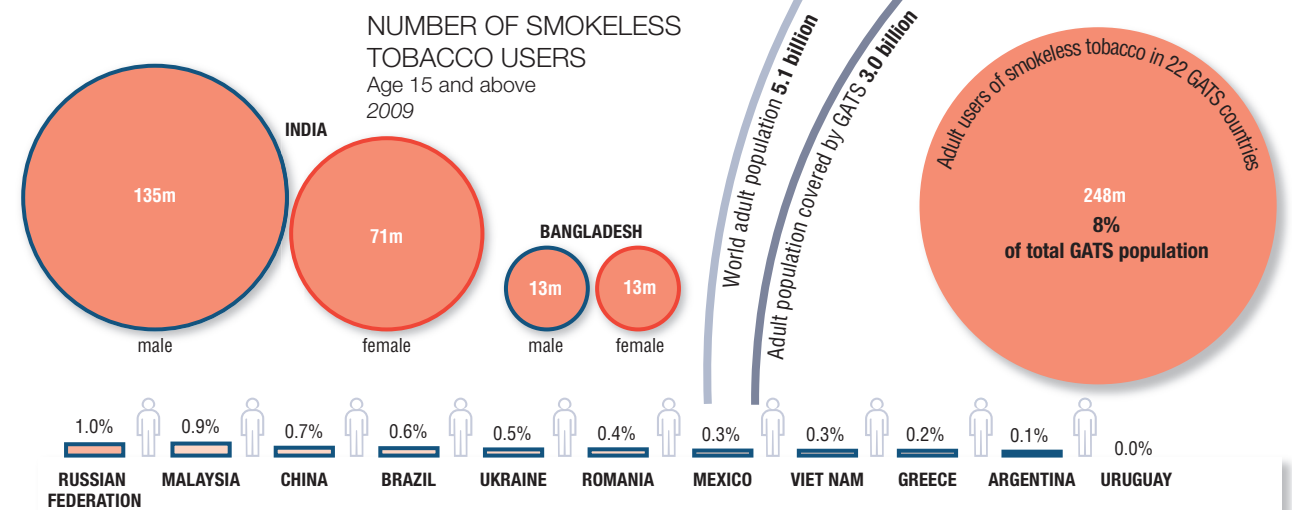
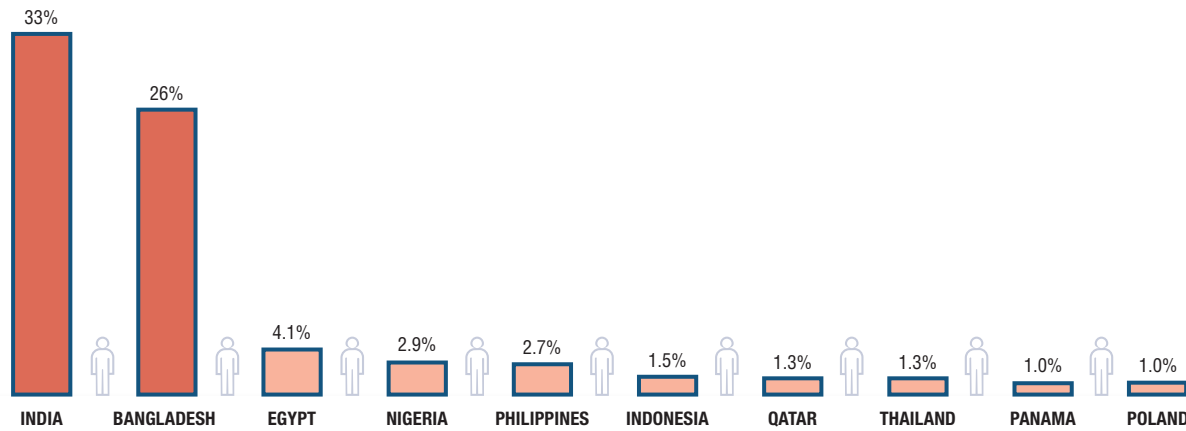
THE OVERWHELMING USE OF TOBACCO BY WOMEN IN LOW- AND MIDDLE-INCOME COUNTRIES IS OF SMOKELESS TOBACCO IN INDIA AND BANGLADESH



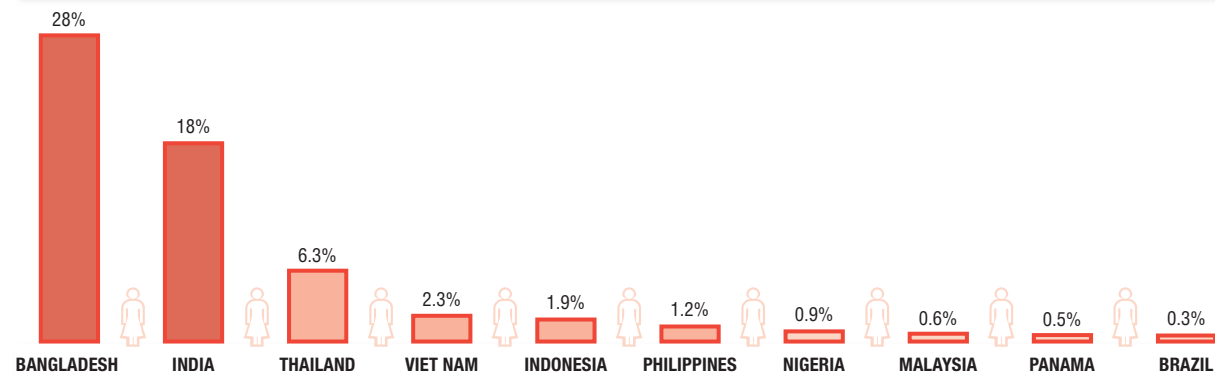
CURRENT SMOKELESS TOBACCO USE
Among adults age 15 and above
2008-13

18.0% or more
1.0% - 6.5%
0.0% - 0.9%

Turkey did not measure smokeless tobacco use.

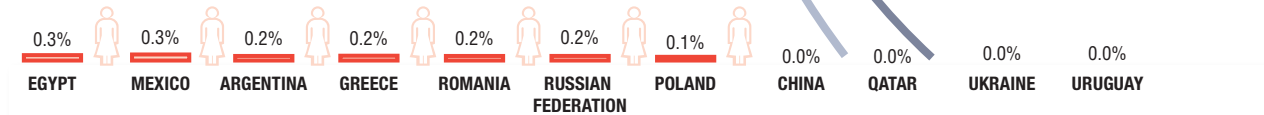


MONITOR



SMOKELESS TOBACCO USE AMONG MALES AND FEMALES
Age 15 and above
2008-13

male
female

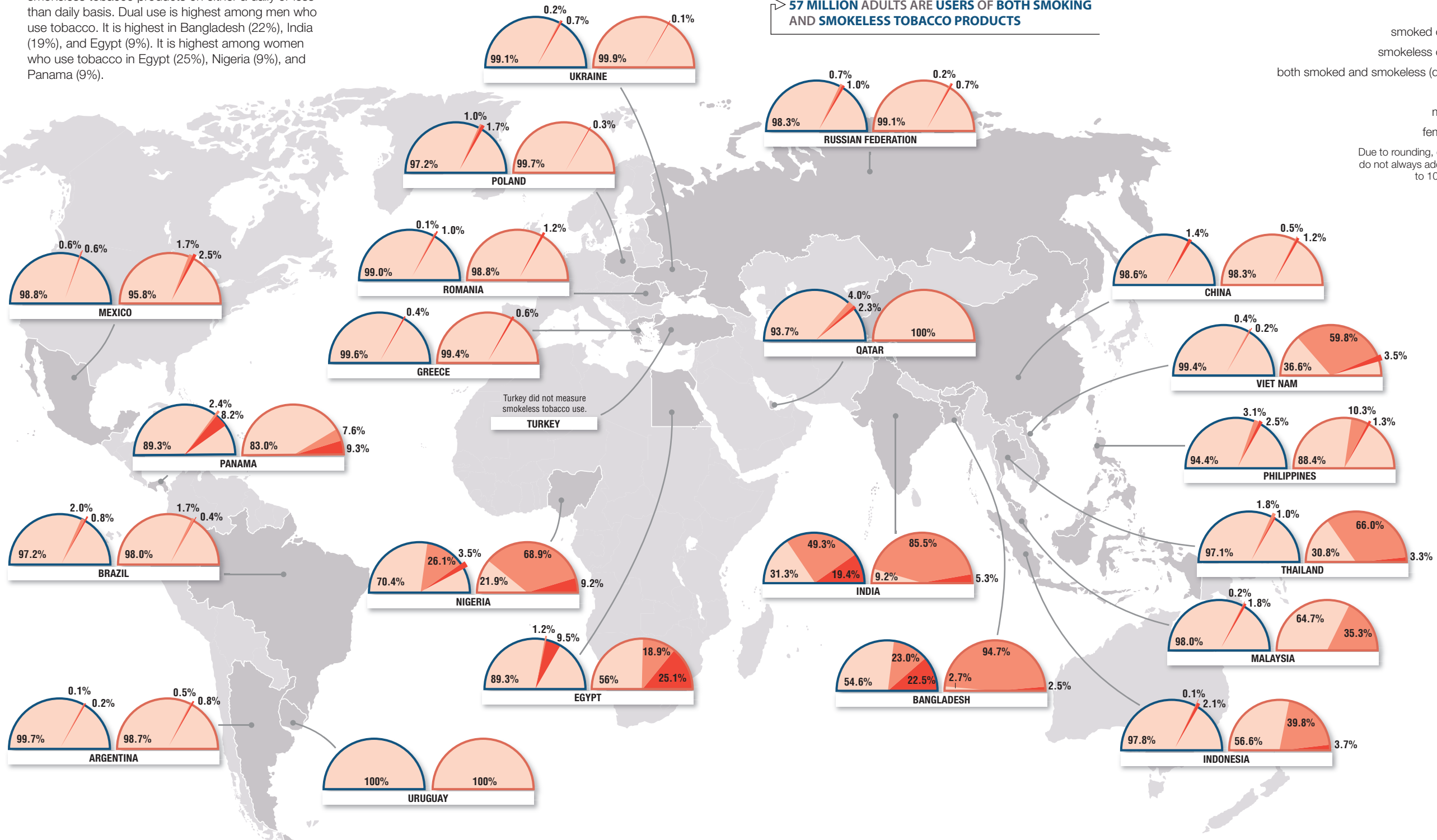


12 Dual Use: Smoking and Smokeless

PATTERN OF TOBACCO USE
Among current tobacco users
age 15 and above
2008-13

Dual use refers to an individual using both smoking and smokeless tobacco products on either a daily or less than daily basis. Dual use is highest among men who use tobacco. It is highest in Bangladesh (22%), India (19%), and Egypt (9%). It is highest among women who use tobacco in Egypt (25%), Nigeria (9%), and Panama (9%).

57 MILLION ADULTS ARE USERS OF BOTH SMOKING AND SMOKELESS TOBACCO PRODUCTS



13 Daily Smoking: Age of Initiation

▶ Age of daily smoking initiation reflects patterns of initiation among young adults. The average age at which people start smoking daily varies between men and women, with women starting at a slightly older age than men. Smokers in Asia and Africa tend to start smoking daily at a later age compared with those in Europe and Latin America.

▶ **WOMEN START SMOKING ON A DAILY BASIS AT A SLIGHTLY OLDER AGE THAN MEN IN MOST GATS COUNTRIES EXCEPT IN ARGENTINA, INDIA, AND QATAR**

AVERAGE AGE AT WHICH SMOKING STARTS
On a daily basis among ever daily smokers age 20 to 34
2008-13

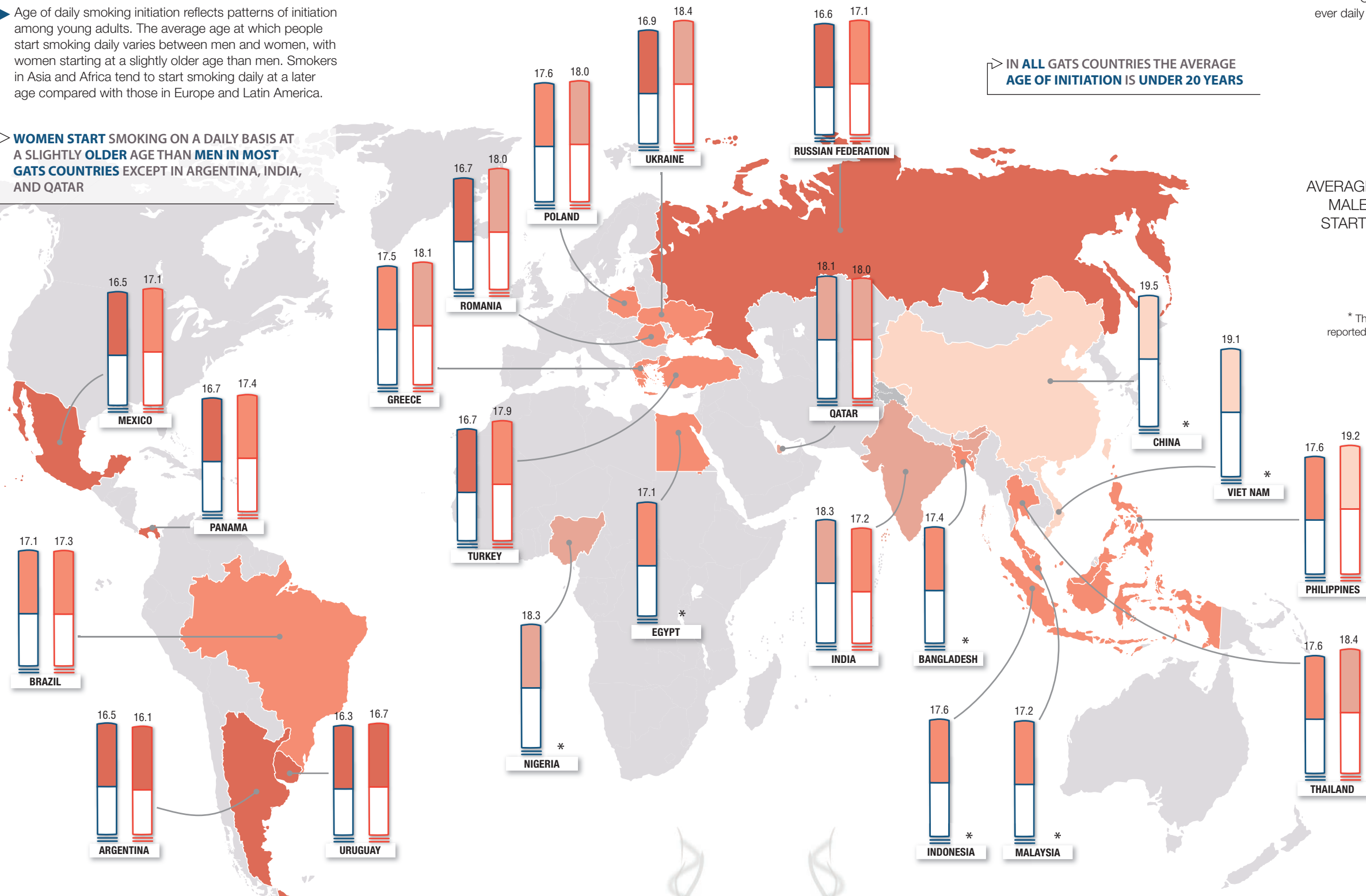
- 16.0 – 16.9 years
- 17.0 – 17.9 years
- 18.0 – 18.9 years
- 19.0 – 19.5 years

AVERAGE AGE AT WHICH MALES AND FEMALES START DAILY SMOKING
2008-13

male
female

* The data for women are not reported in some countries due to the small sample size.

▶ IN ALL GATS COUNTRIES THE AVERAGE AGE OF INITIATION IS UNDER 20 YEARS



14 Former Daily Smokers: Quit Ratio

ADULTS WHO NO LONGER SMOKE
As a percentage of adults who have ever smoked daily
2008-13

▶ Giving up smoking, even late in life, can result in significant improvements in health and life expectancy. Lifelong smokers lose, on average, 10 years of life, and quitting by age 40, 50, or 60 results in average gains of 9, 6, and 3 years of life, respectively.

The quit ratio (the percentage of former daily smokers among ever daily smokers) is an important indicator of the impact of tobacco control policies and programs. In seven countries (Bangladesh, China, Egypt, India, Indonesia, Malaysia, and Russian Federation), the quit ratio is less than 20% for men. It exceeds 40% in Brazil and Uruguay for both men and women.

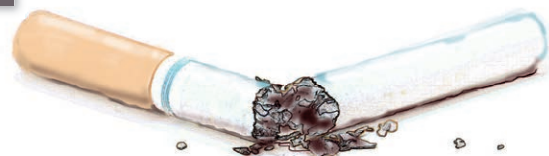
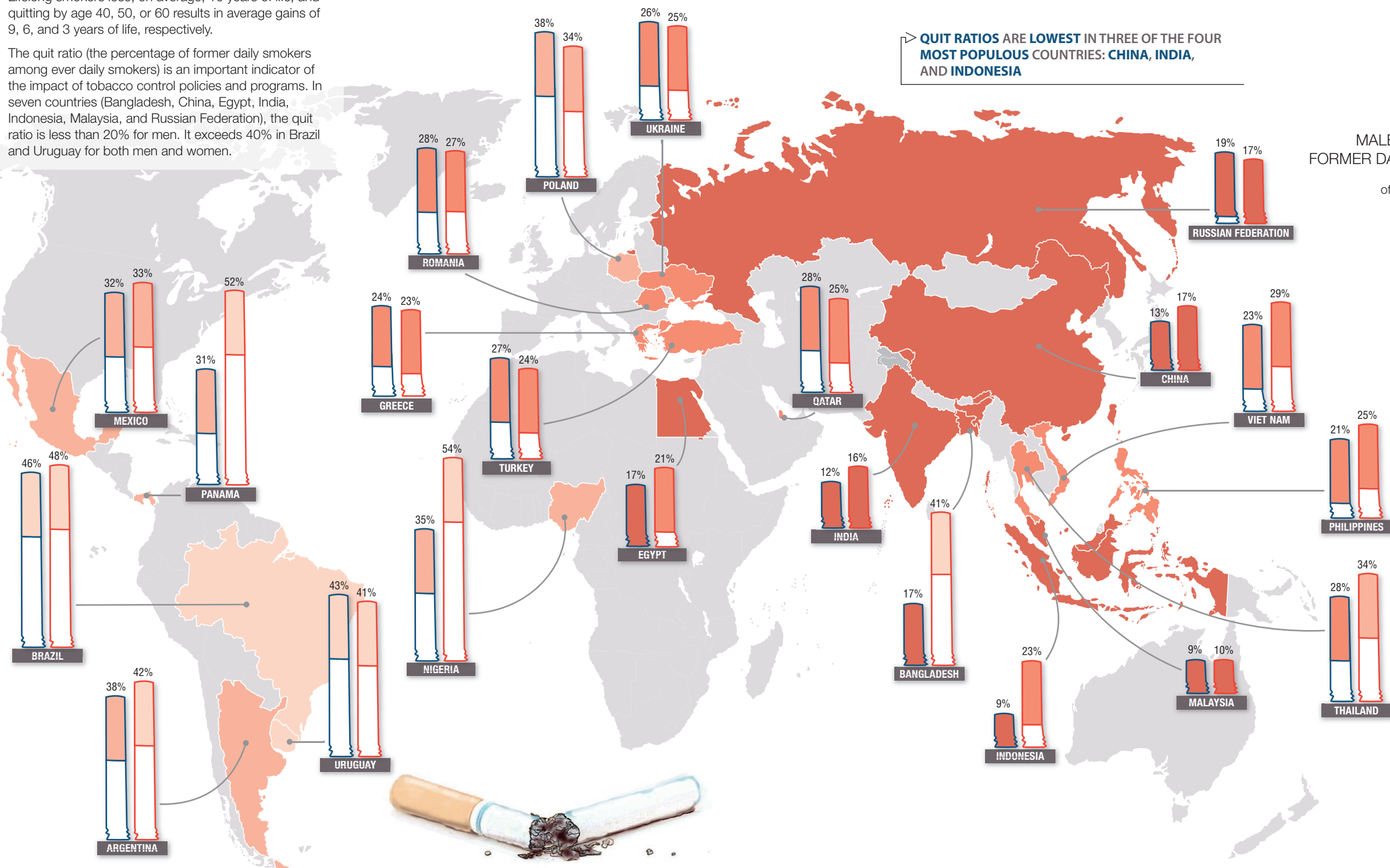
▶ THE QUIT RATIO TENDS TO BE HIGHER AMONG WOMEN THAN MEN IN MOST COUNTRIES

▶ QUIT RATIOS ARE LOWEST IN THREE OF THE FOUR MOST POPULOUS COUNTRIES: CHINA, INDIA, AND INDONESIA

9.5% – 19.9%
20.0% – 29.9%
30.0% – 39.9%
40.0% or more

MALE AND FEMALE FORMER DAILY SMOKERS
As a percentage of ever daily smokers
2008-13

male
female



15 Cigarettes Smoked

► People who smoke 20 or more cigarettes per day are usually considered heavy smokers. Overall, more than 50% of daily cigarette smokers fall into this category in eight countries. In all countries except for India, there are more heavy smokers among men than women.

The average number of cigarettes smoked per day ranges for men from 6 in India to 21 in Greece. For women, it ranges from 7 in Philippines and India to 17 in Greece.

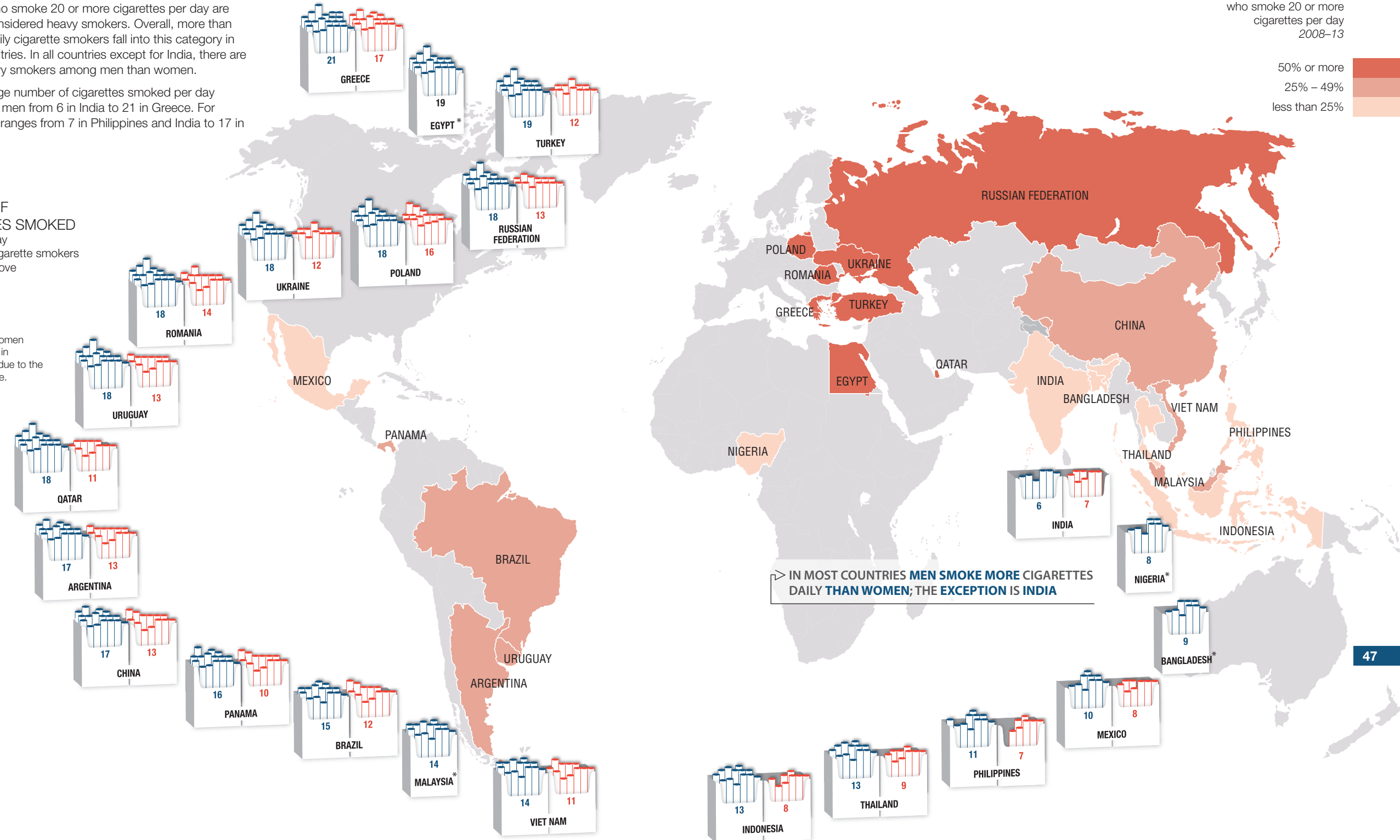
NUMBER OF CIGARETTES SMOKED
Average per day among daily cigarette smokers age 15 and above 2008–13

male
female

* The data for women are not reported in some countries due to the small sample size.

HEAVY SMOKERS
Percentage of daily cigarette smokers age 15 and above who smoke 20 or more cigarettes per day 2008–13

50% or more
25% – 49%
less than 25%



► IN MOST COUNTRIES MEN SMOKE MORE CIGARETTES DAILY THAN WOMEN; THE EXCEPTION IS INDIA

Part Three



PROTECT FROM SECONDHAND SMOKE



FCTC

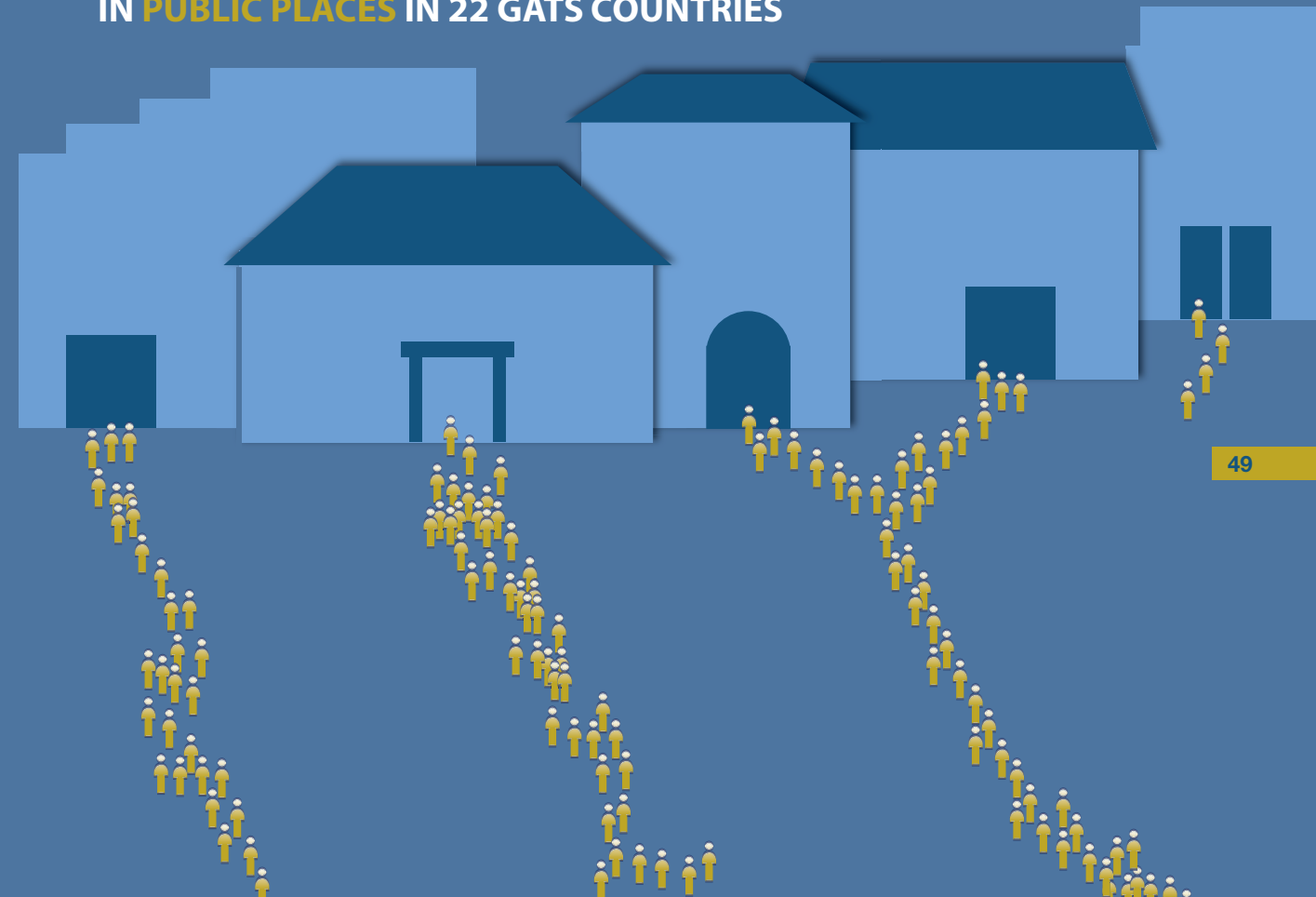
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Article 8: Protection from exposure to tobacco smoke

Parties recognize that scientific evidence has unequivocally established that exposure to tobacco smoke causes death, disease and disability.

Each Party shall adopt and implement ... measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

1.2 BILLION ARE EXPOSED TO SECONDHAND SMOKE
IN PUBLIC PLACES IN 22 GATS COUNTRIES



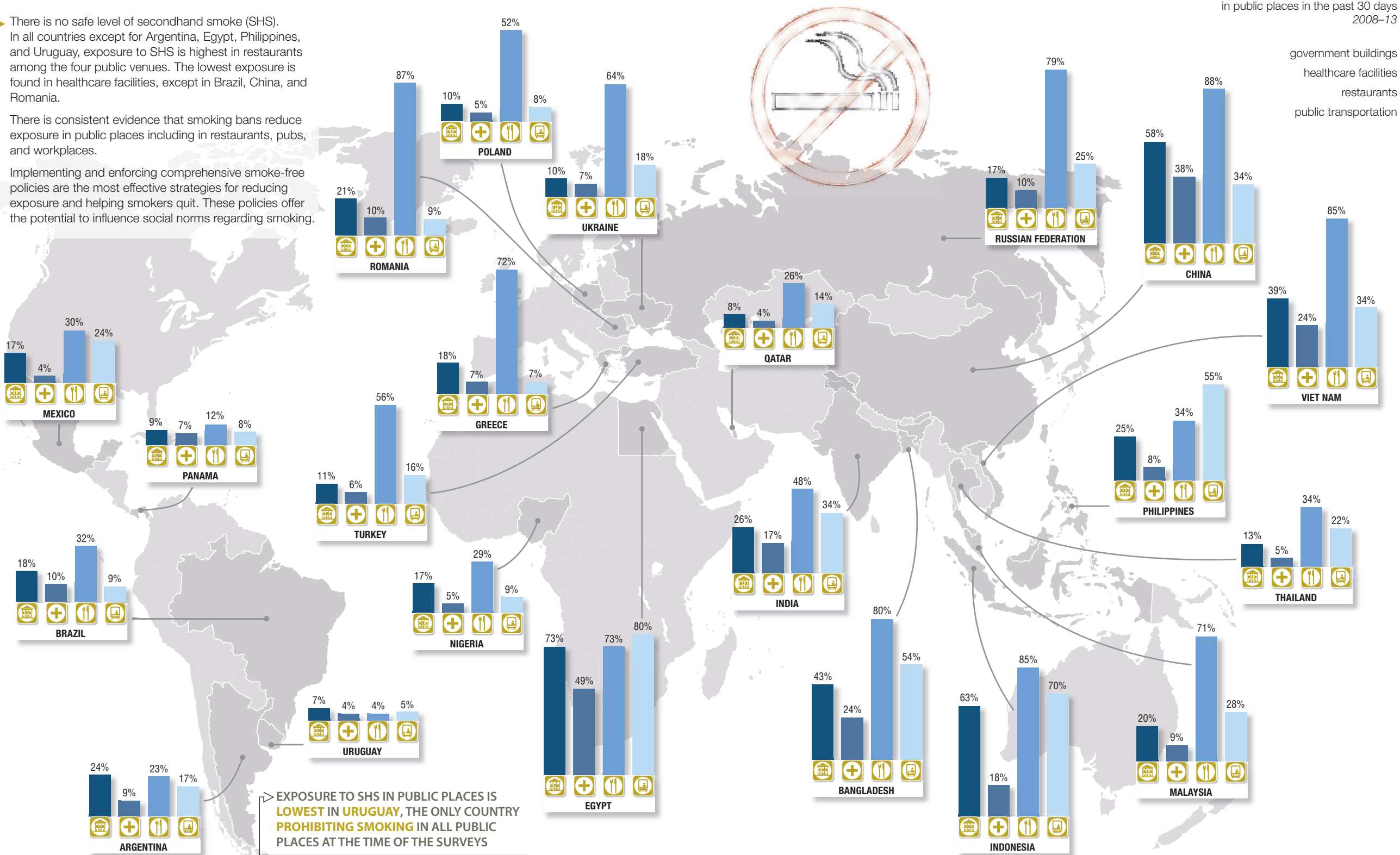
16 Exposure to Smoke: Public Places

PREVALENCE OF EXPOSURE
To secondhand smoke
in public places in the past 30 days
2008-13

▶ There is no safe level of secondhand smoke (SHS). In all countries except for Argentina, Egypt, Philippines, and Uruguay, exposure to SHS is highest in restaurants among the four public venues. The lowest exposure is found in healthcare facilities, except in Brazil, China, and Romania.

There is consistent evidence that smoking bans reduce exposure in public places including in restaurants, pubs, and workplaces.

Implementing and enforcing comprehensive smoke-free policies are the most effective strategies for reducing exposure and helping smokers quit. These policies offer the potential to influence social norms regarding smoking.



▶ EXPOSURE TO SHS IN PUBLIC PLACES IS **LOWEST IN URUGUAY**, THE ONLY COUNTRY **PROHIBITING SMOKING** IN ALL PUBLIC PLACES AT THE TIME OF THE SURVEYS

17 Exposure to Smoke: Workplace

NUMBER EXPOSED
To secondhand smoke in
the workplace in the past 30 days
2008-13

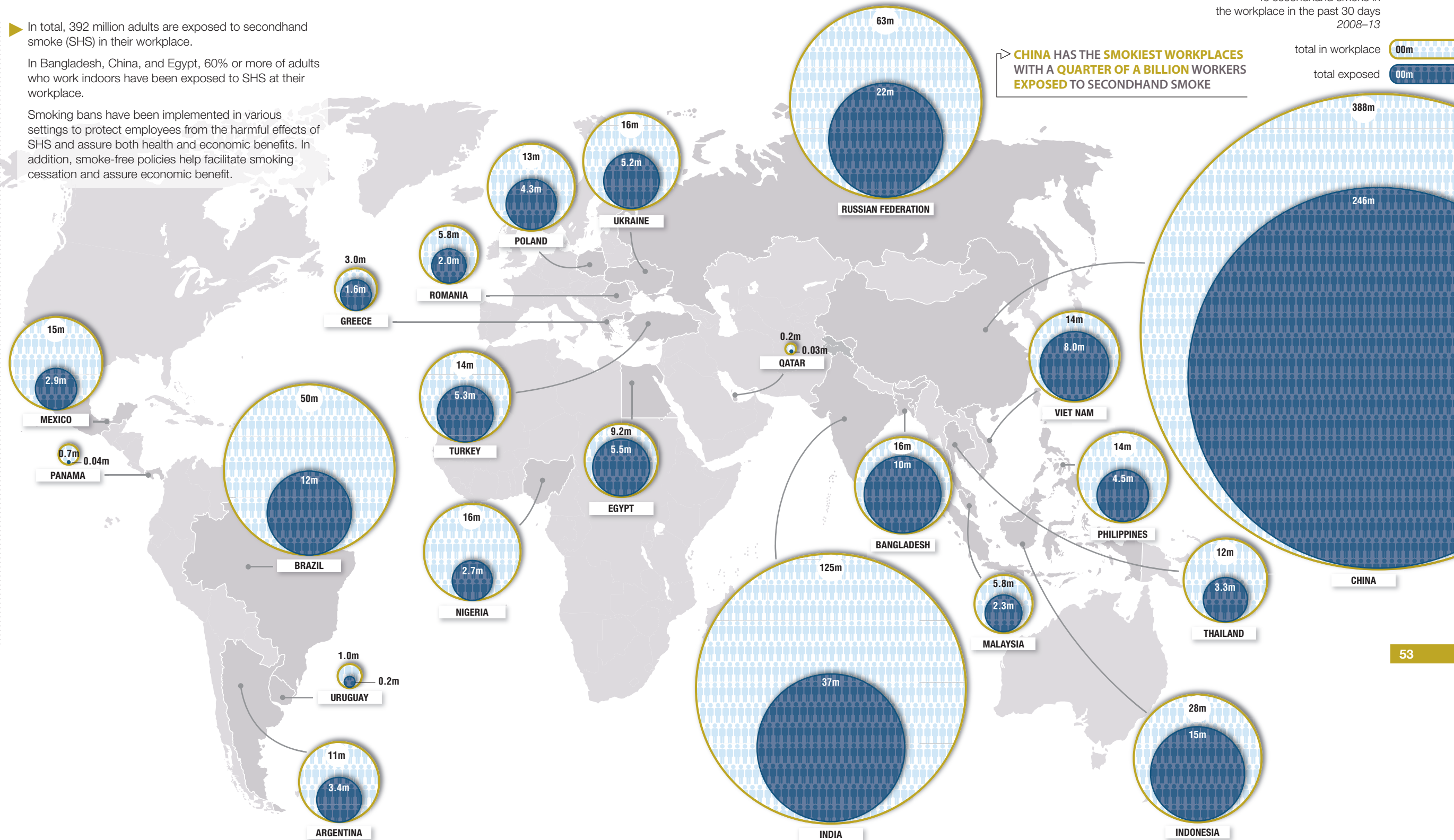
► In total, 392 million adults are exposed to secondhand smoke (SHS) in their workplace.

In Bangladesh, China, and Egypt, 60% or more of adults who work indoors have been exposed to SHS at their workplace.

Smoking bans have been implemented in various settings to protect employees from the harmful effects of SHS and assure both health and economic benefits. In addition, smoke-free policies help facilitate smoking cessation and assure economic benefit.

► **CHINA HAS THE SMOKIEST WORKPLACES WITH A QUARTER OF A BILLION WORKERS EXPOSED TO SECONDHAND SMOKE**

total in workplace 00m
total exposed 00m



18 Exposure to Smoke: Home

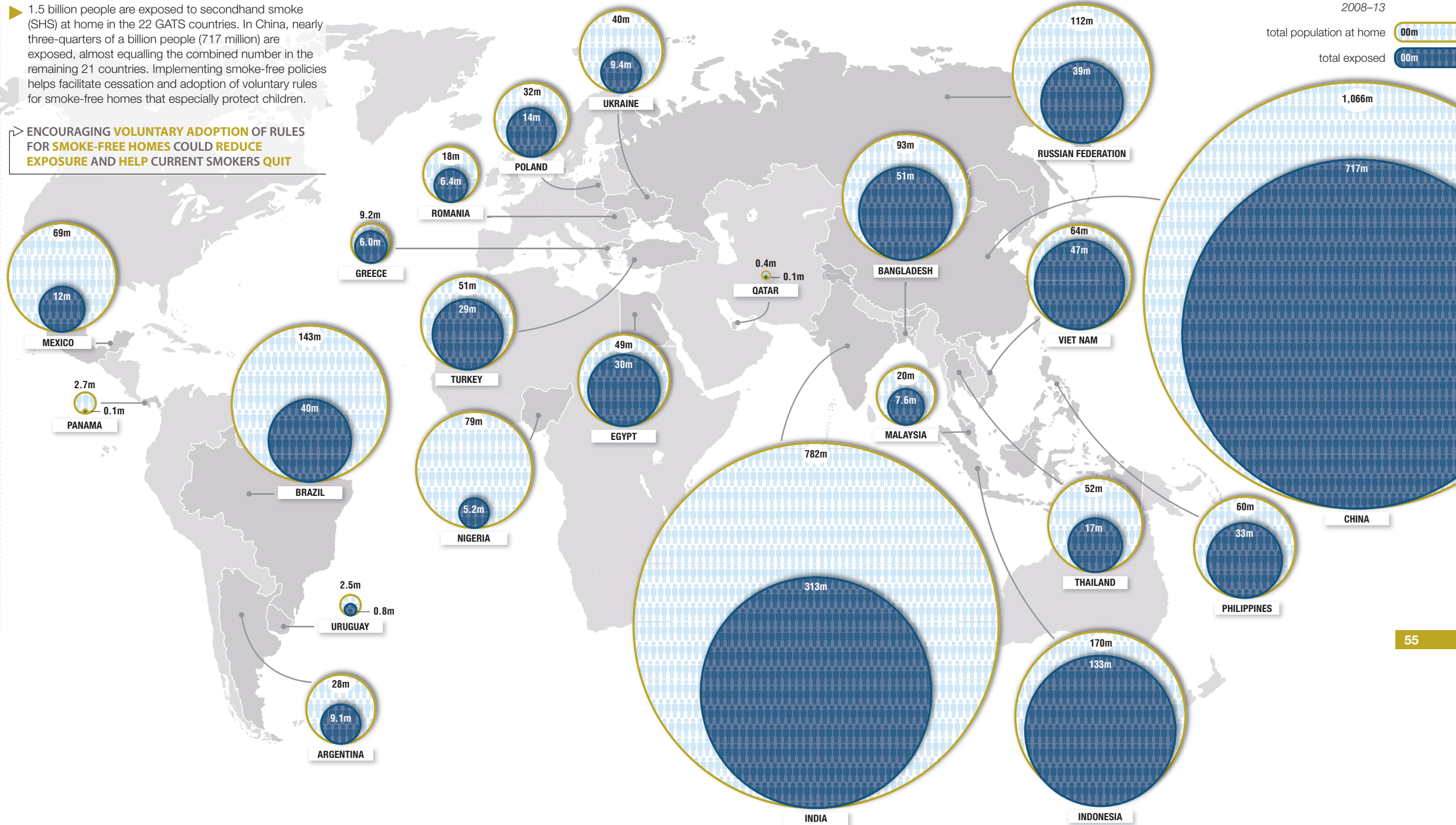
▶ 1.5 billion people are exposed to secondhand smoke (SHS) at home in the 22 GATS countries. In China, nearly three-quarters of a billion people (717 million) are exposed, almost equalling the combined number in the remaining 21 countries. Implementing smoke-free policies helps facilitate cessation and adoption of voluntary rules for smoke-free homes that especially protect children.

▶ ENCOURAGING **VOLUNTARY ADOPTION** OF RULES FOR **SMOKE-FREE HOMES** COULD **REDUCE EXPOSURE** AND **HELP CURRENT SMOKERS QUIT**

NUMBER EXPOSED
To secondhand smoke
in the home in the past 30 days
2008-13

total population at home 00m

total exposed 00m



Part Four



OFFER HELP TO QUIT



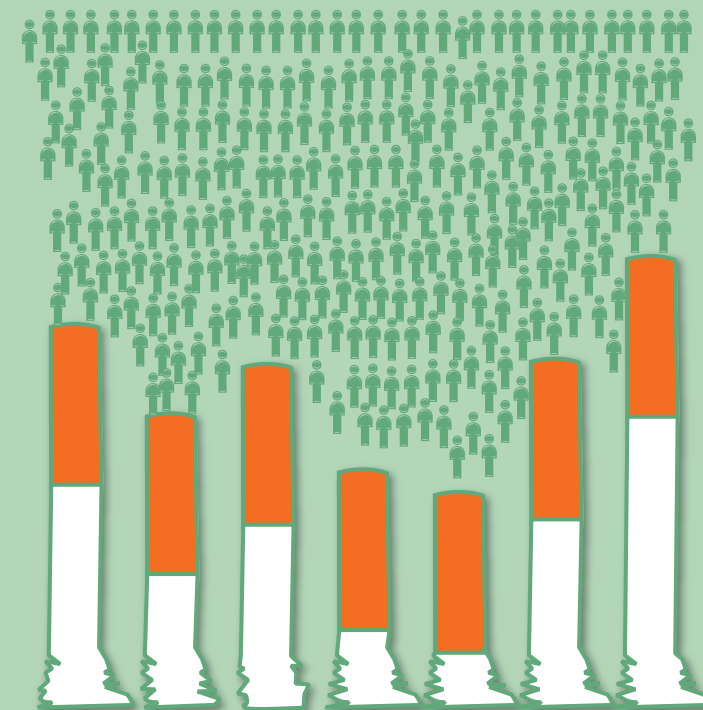
FCTC

WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Article 14: Demand reduction measures concerning tobacco dependence and cessation

Each Party shall develop and disseminate appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices, taking into account national circumstances and priorities, and shall take effective measures to promote cessation of tobacco use and adequate treatment for tobacco dependence.

205 MILLION
PEOPLE
MADE **AN ATTEMPT**
TO **QUIT SMOKING**
IN THE PAST **12 MONTHS**
IN 22 GATS COUNTRIES



19 Tobacco Use: First of the Day

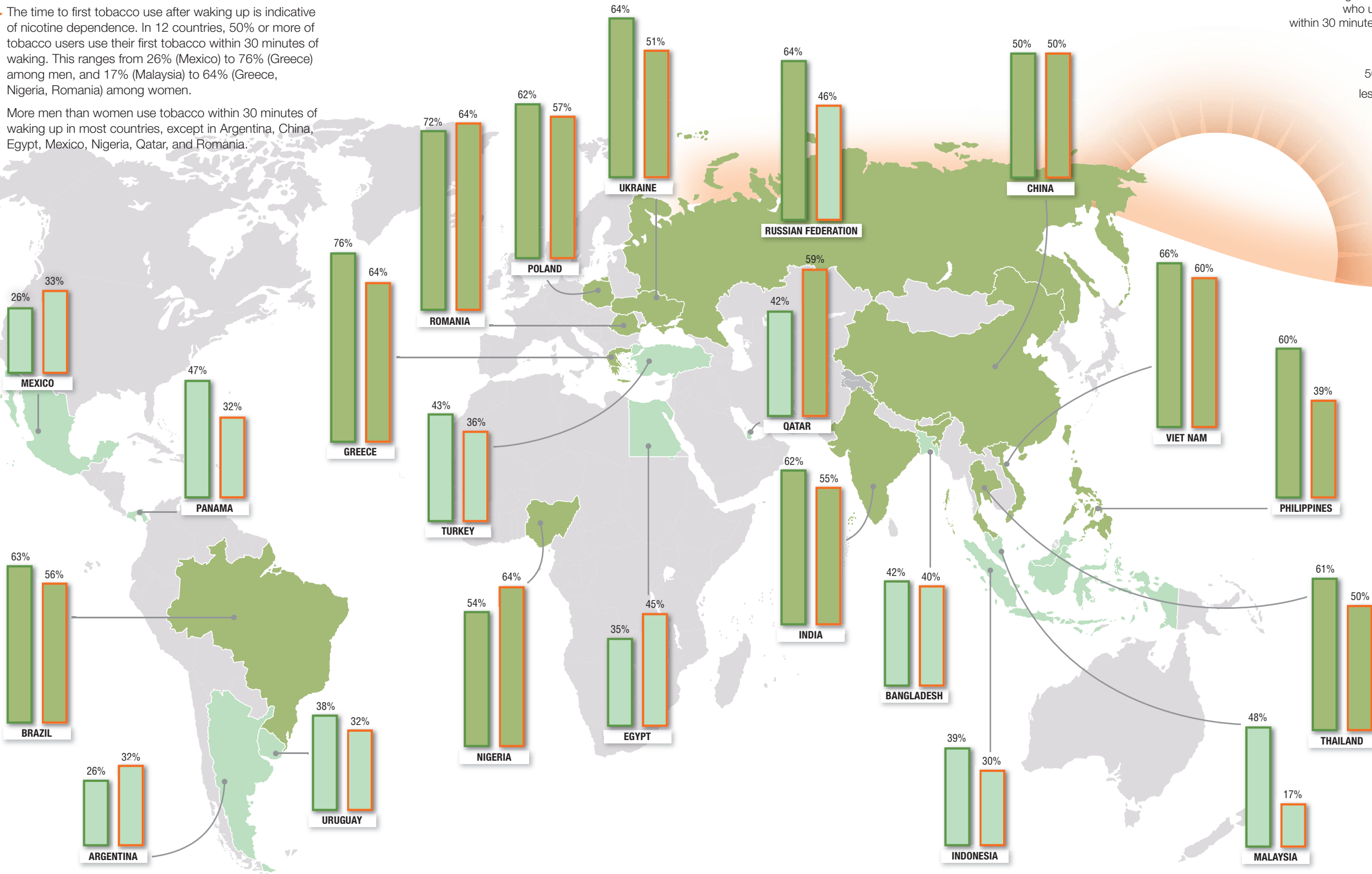
▶ The time to first tobacco use after waking up is indicative of nicotine dependence. In 12 countries, 50% or more of tobacco users use their first tobacco within 30 minutes of waking. This ranges from 26% (Mexico) to 76% (Greece) among men, and 17% (Malaysia) to 64% (Greece, Romania, and Ukraine) among women.

More men than women use tobacco within 30 minutes of waking up in most countries, except in Argentina, China, Egypt, Mexico, Nigeria, Qatar, and Romania.

EARLY BIRD USERS
Percentage of current users age 15 and above who use tobacco within 30 minutes of waking 2008–13

50% or more
less than 50%

male
female



20 Intention to Quit

► Self-reported intention to quit smoking predicts future smoking abstinence. In 18 of the 21 GATS countries, the majority of current smokers are interested in quitting. In Argentina, Malaysia, Mexico, and Uruguay, more than 70% of current smokers intend to quit smoking.

Among men, quitting intention ranges from 42% (China, Egypt) to 77% (Uruguay). Among women, quitting intention ranges from 34% (China) to 83% (Malaysia).

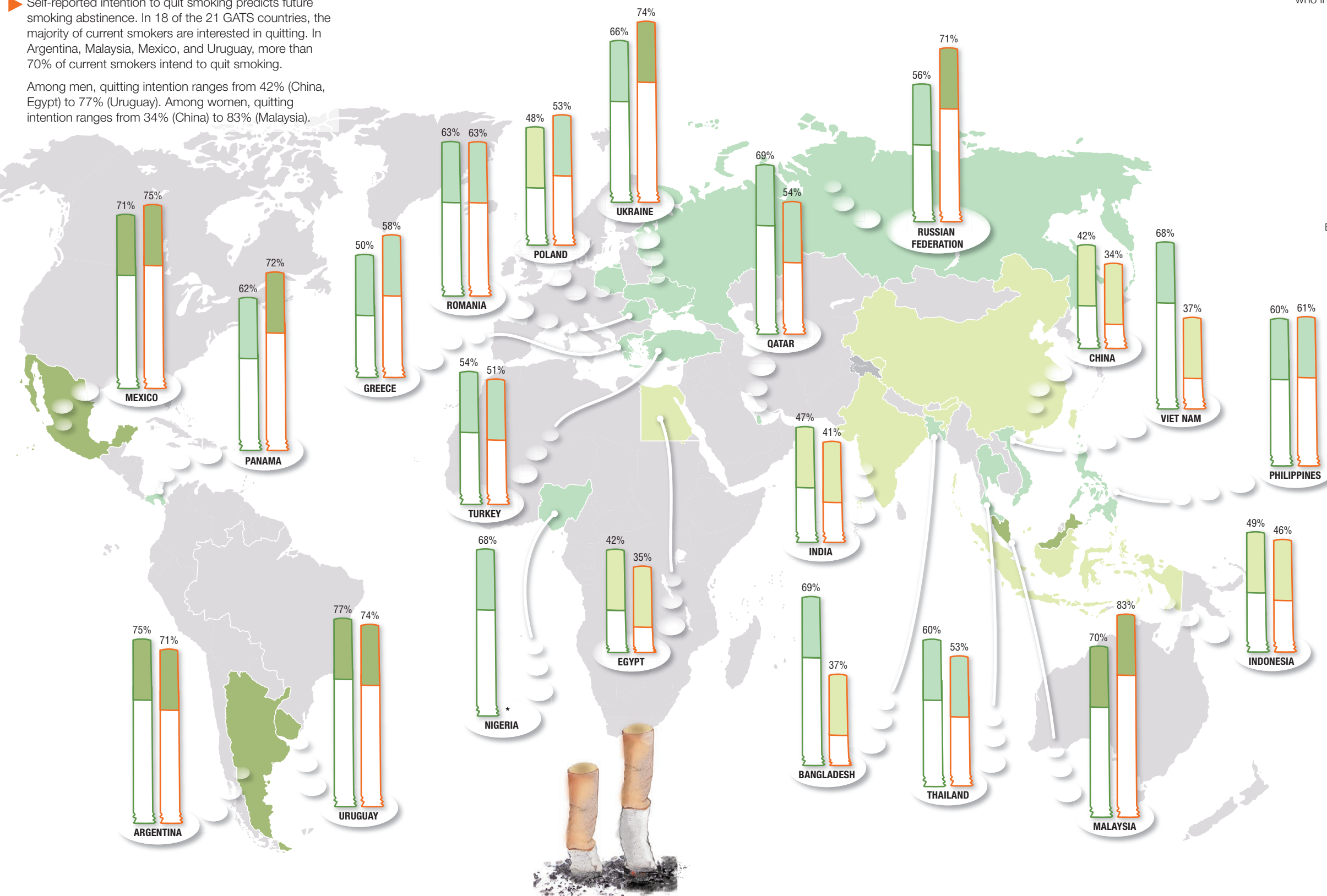
QUITTING INTENTION
Percentage of current smokers
age 15 and above
who intend to quit smoking
2008–13

70% or more
50% – 69%
less than 50%

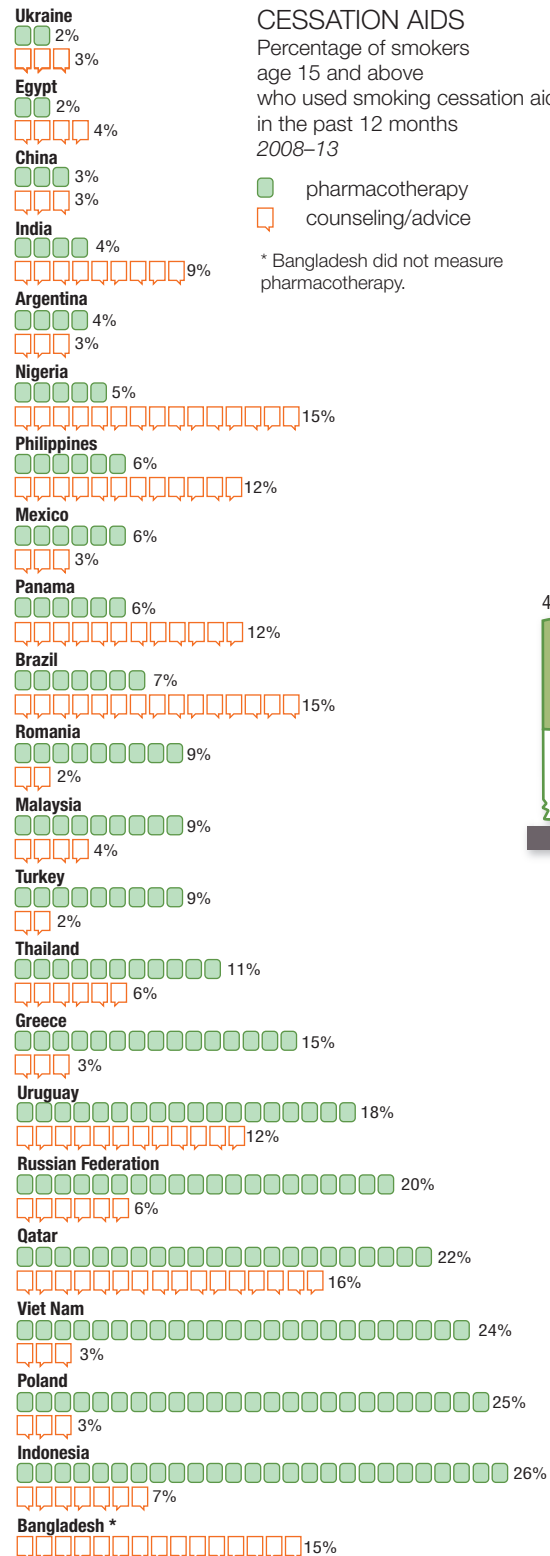
male
female

* The data for women were not reported in some countries due to the small sample size.

Brazil data not available.



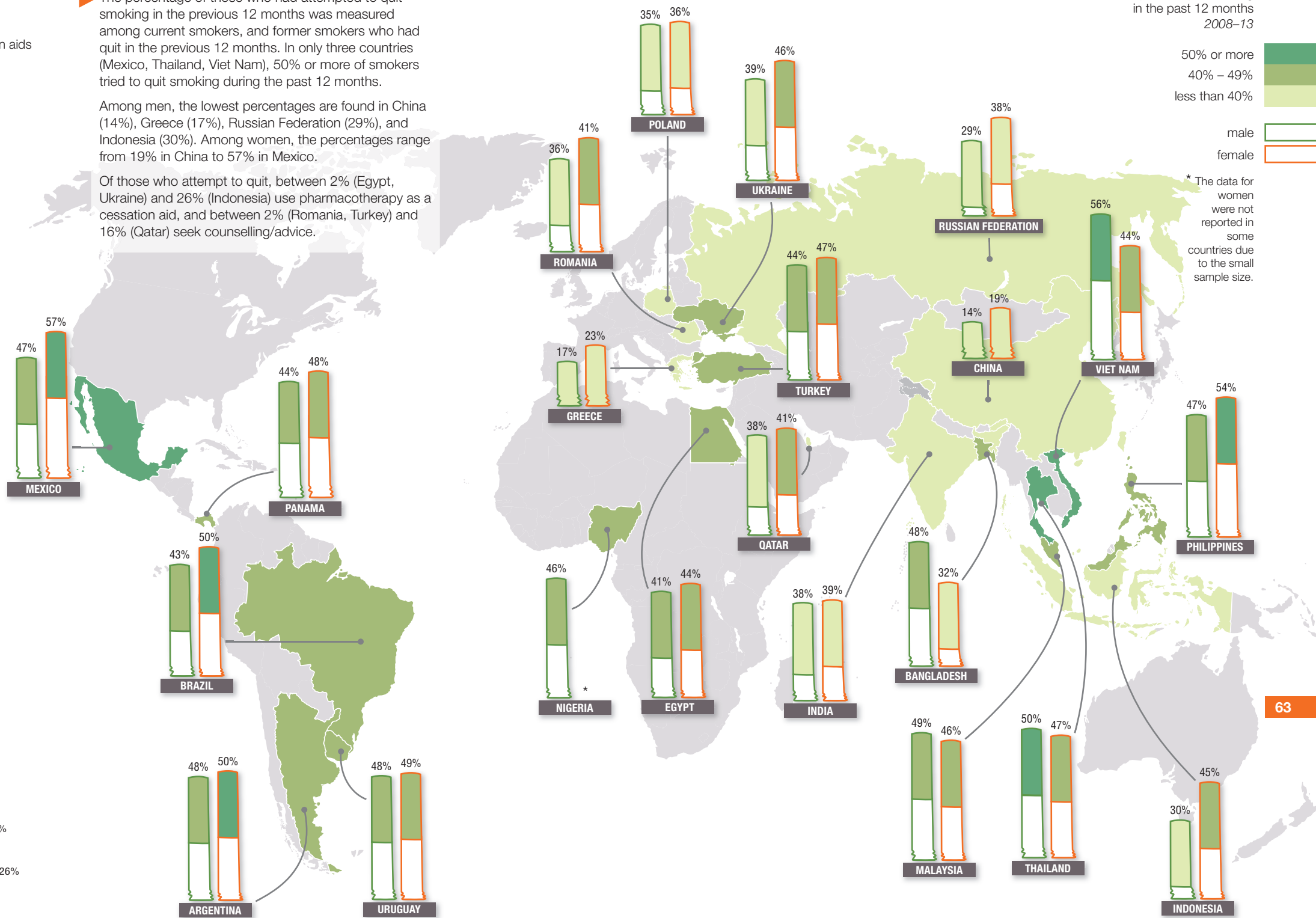
21 Attempts to Quit



▶ The percentage of those who had attempted to quit smoking in the previous 12 months was measured among current smokers, and former smokers who had quit in the previous 12 months. In only three countries (Mexico, Thailand, Viet Nam), 50% or more of smokers tried to quit smoking during the past 12 months.

Among men, the lowest percentages are found in China (14%), Greece (17%), Russian Federation (29%), and Indonesia (30%). Among women, the percentages range from 19% in China to 57% in Mexico.

Of those who attempt to quit, between 2% (Egypt, Ukraine) and 26% (Indonesia) use pharmacotherapy as a cessation aid, and between 2% (Romania, Turkey) and 16% (Qatar) seek counselling/advice.



Part Five



WARN OF DANGERS



FCTC

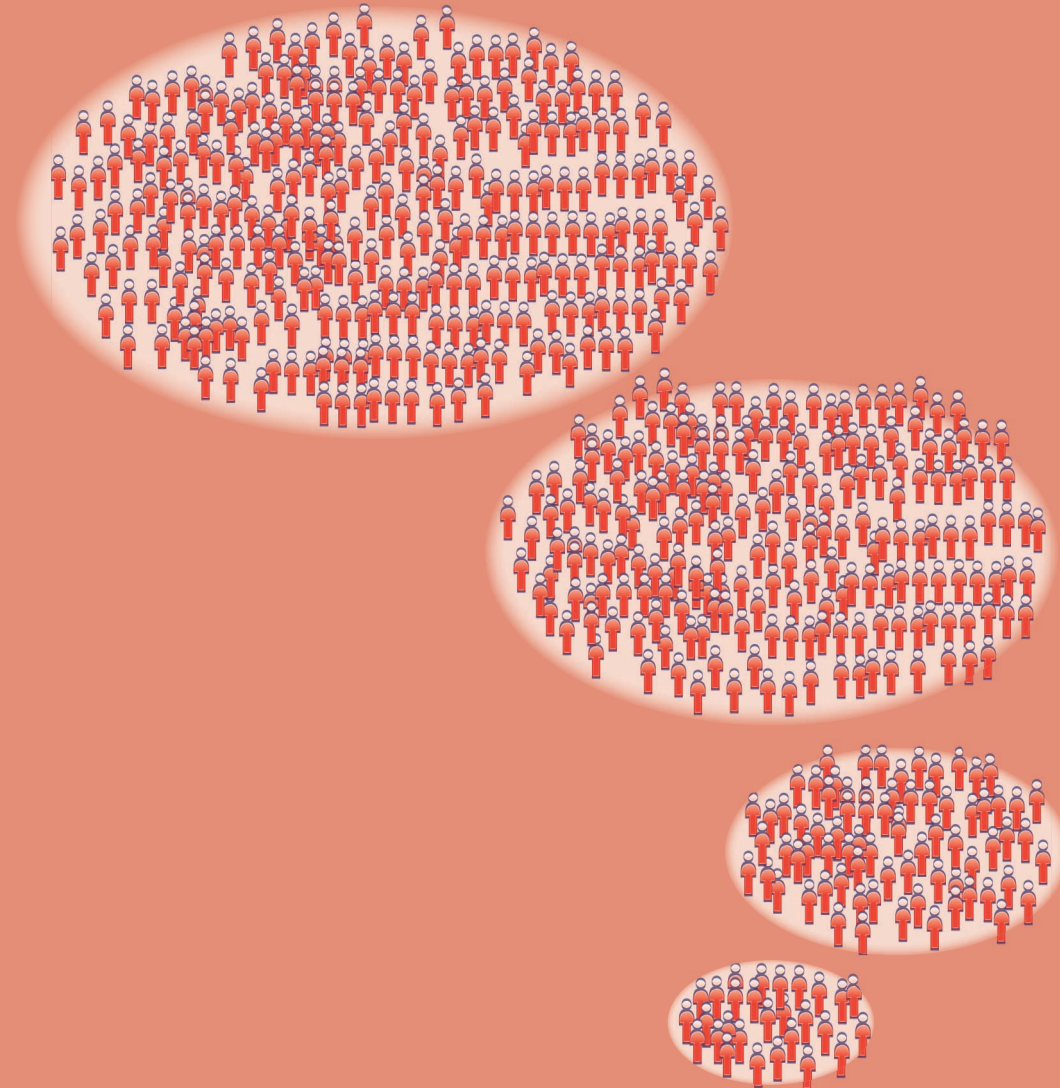
WHO FRAMEWORK CONVENTION
ON TOBACCO CONTROL

Article 11: Packaging and labelling of tobacco products

Each Party shall ... ensure that ... each unit packet and package of tobacco products and any outside packaging and labelling ... carry health warnings describing the harmful effects of tobacco use...

Article 12: Education, communication, training and public awareness

Each Party shall promote and strengthen public awareness of tobacco control issues, using all available communication tools ...



**241 MILLION ARE
CONSIDERING QUITTING BECAUSE OF
HEALTH WARNINGS ON
CIGARETTE PACKAGING
IN 22 GATS COUNTRIES**

23 Beliefs about Dangers

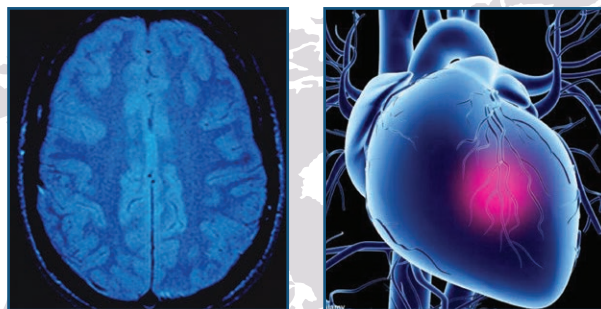
▶ The percentage of those who believe that smoking causes heart attack ranges from 39% in China to 95% in Egypt, and for stroke from 27% in China to 89% in Egypt and Romania.

The majority of adults from all 22 countries are aware that smoking causes lung cancer, ranging from 73% in Nigeria to 99% in Argentina.

The majority in all 22 countries also believe that secondhand smoke causes serious illness in non-smokers.

▶ ONLY 14% OF ADULTS IN CHINA BELIEVE THAT **LOW-TAR CIGARETTES** ARE AS **HARMFUL AS GENERAL CIGARETTES**

▶ LESS THAN **ONE-QUARTER** OF ADULTS IN CHINA BELIEVE THAT **SMOKING CAUSES STROKE, HEART ATTACK, AND LUNG CANCER**

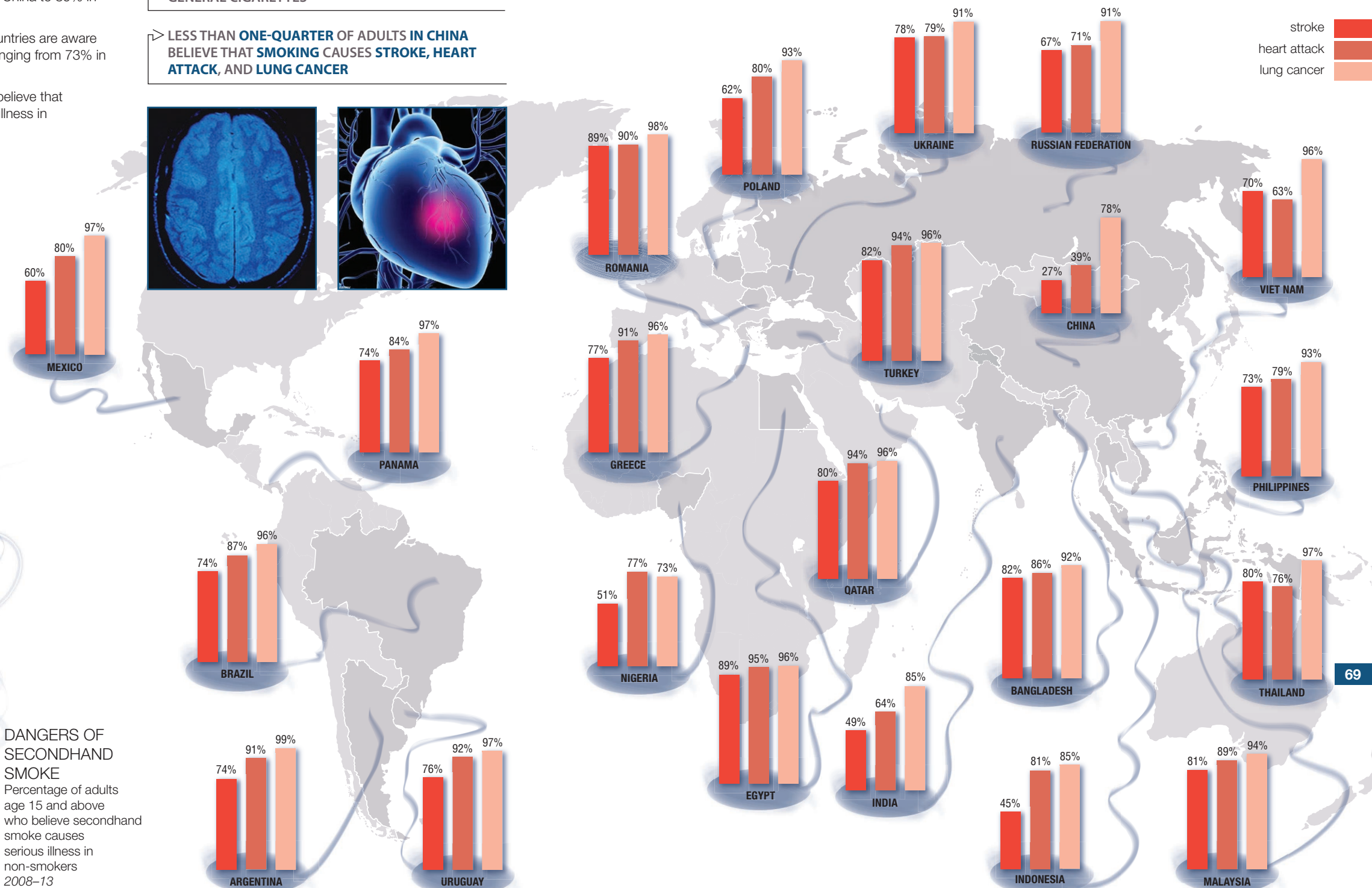


DANGERS OF SMOKING

Percentage of adults age 15 and above who believe smoking causes specific conditions 2008-13

stroke
heart attack
lung cancer

Country	Stroke (%)	Heart Attack (%)	Lung Cancer (%)
China	27	39	78
Indonesia	45	81	85
Nigeria	51	77	73
Poland	62	80	93
Russian Federation	67	71	91
India	49	64	85
Greece	77	91	96
Malaysia	81	89	94
Ukraine	78	79	91
Viet Nam	70	63	96
Panama	74	84	97
Brazil	74	87	96
Philippines	73	79	93
Argentina	76	92	97
Bangladesh	82	86	92
Uruguay	76	92	97
Romania	89	90	98
Qatar	80	94	96
Thailand	80	76	97
Turkey	82	94	96
Mexico	96	96	96
Egypt	89	95	96



DANGERS OF SECONDHAND SMOKE
Percentage of adults age 15 and above who believe secondhand smoke causes serious illness in non-smokers 2008-13

24 Impact of Health Warnings

Effective health warnings on tobacco packaging deliver important messages to both users and non-users. They can encourage users to think about quitting, prevent relapse and deter non-users from initiating use by increasing their awareness of the associated health risks.

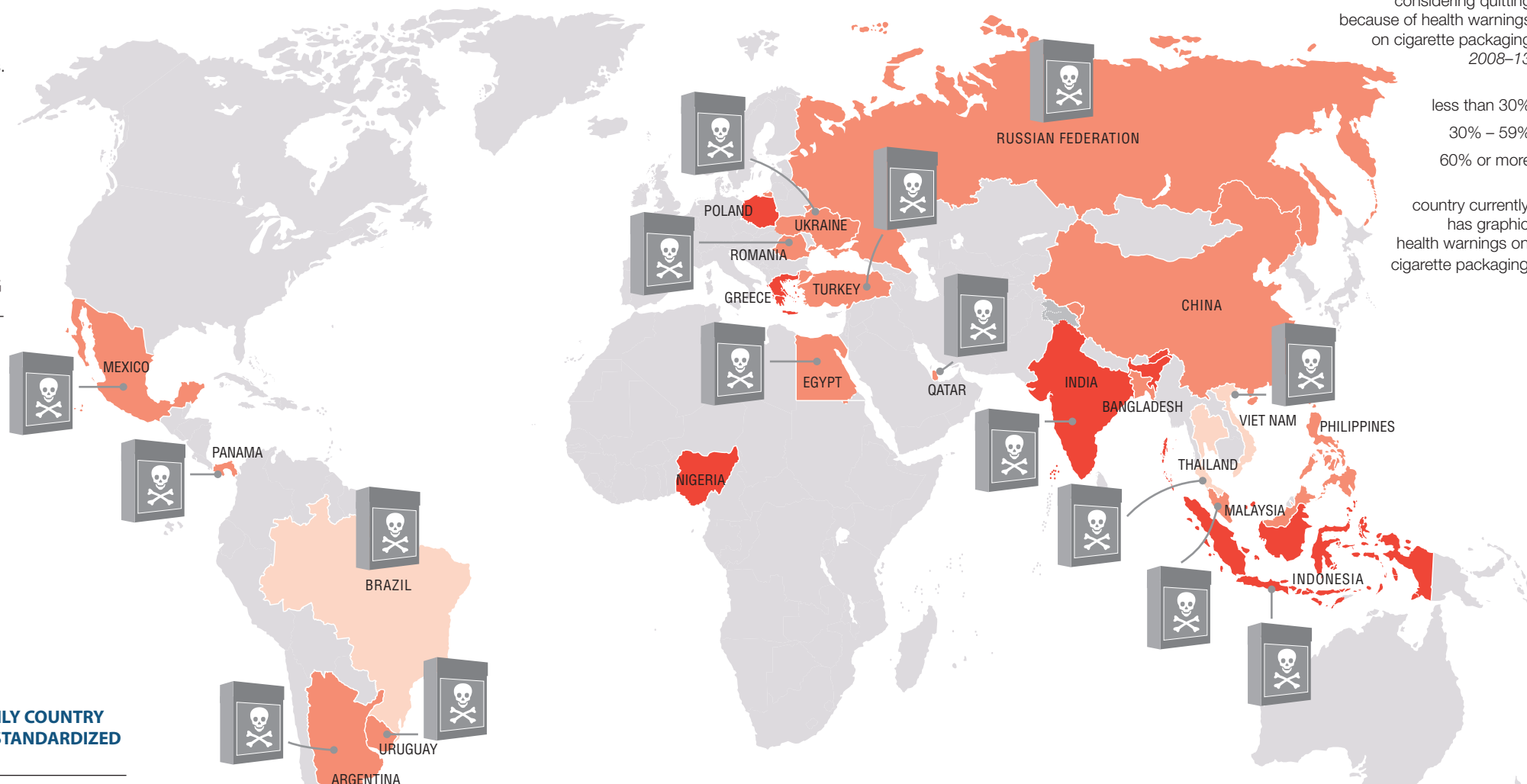
The percentage of current smokers in the 22 GATS countries who notice health warnings on cigarette packaging and think about quitting as a result ranges from 15% in Greece to 67% in Thailand.

IMPACT OF HEALTH WARNINGS
Percentage of current smokers age 15 and above considering quitting because of health warnings on cigarette packaging 2008-13

less than 30%
30% - 59%
60% or more

country currently has graphic health warnings on cigarette packaging

16 GATS COUNTRIES HAVE GRAPHIC HEALTH WARNINGS ON THEIR PACKAGING

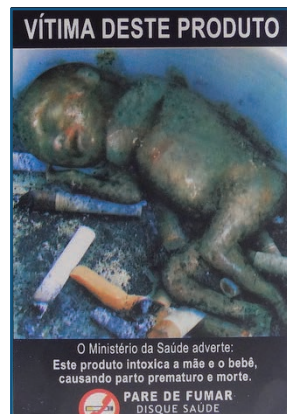


AUSTRALIA IS THE ONLY COUNTRY THAT HAS ADOPTED STANDARDIZED (PLAIN) PACKAGING

▲ Australia



▲ Uruguay



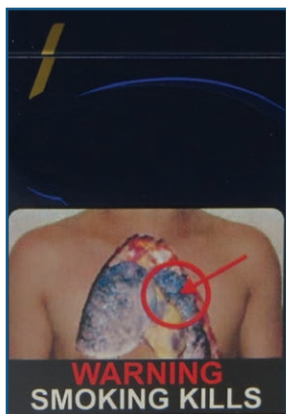
▲ Brazil



▲ Egypt



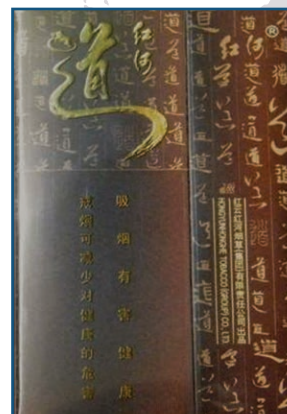
▲ Turkey



▲ India



▲ Indonesia



▲ China

WARN

Part Six



ENFORCE MARKETING BANS

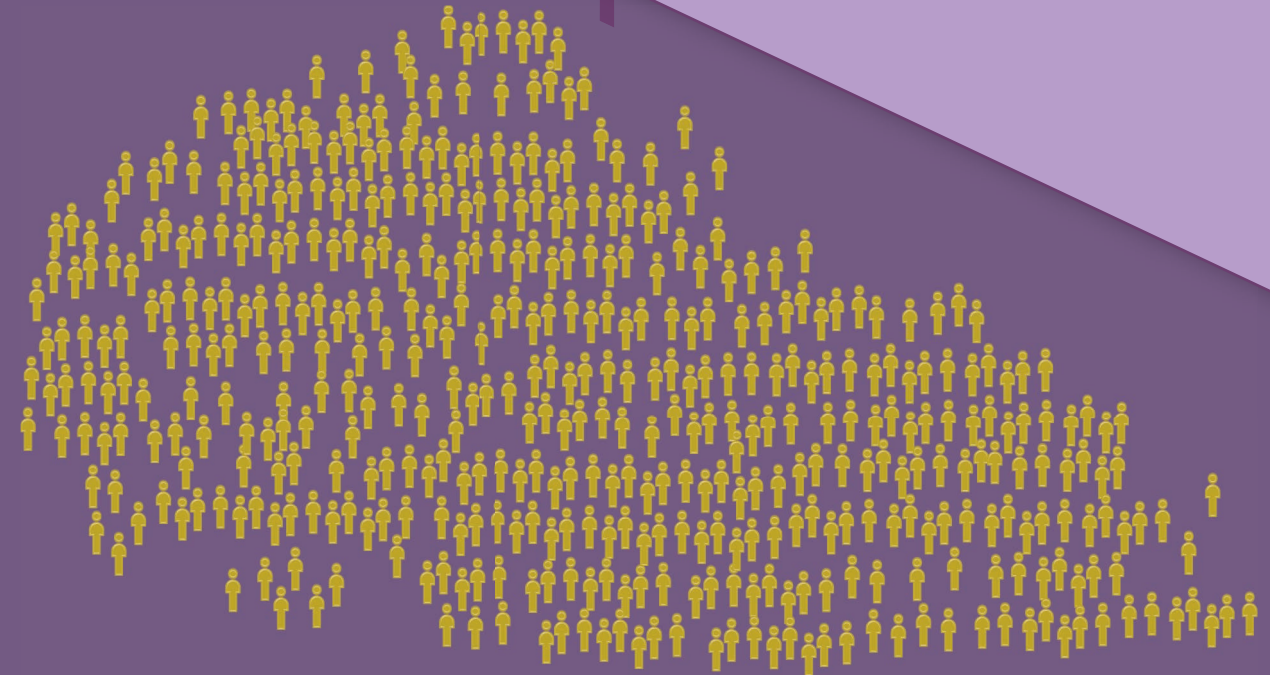


Article 13: Tobacco advertising, promotion and sponsorship

Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products.

Each Party shall, in accordance with its constitution or constitutional principles, undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship ... [or] shall apply restrictions on all tobacco advertising, promotion and sponsorship.

774 MILLION NOTICE
CIGARETTE ADVERTISING
OR SPONSORSHIP
IN 22 GATS COUNTRIES



26 Cigarette Advertising

IMPACT OF ADVERTISING

Percentage of adults age 15 and above noticing cigarette advertising 2008-13

► Exposure to tobacco advertising, promotion and sponsorship (TAPS) is associated with the initiation of tobacco use among young people and continuation of use among current tobacco users. Some or all forms of tobacco advertising are banned in many countries.

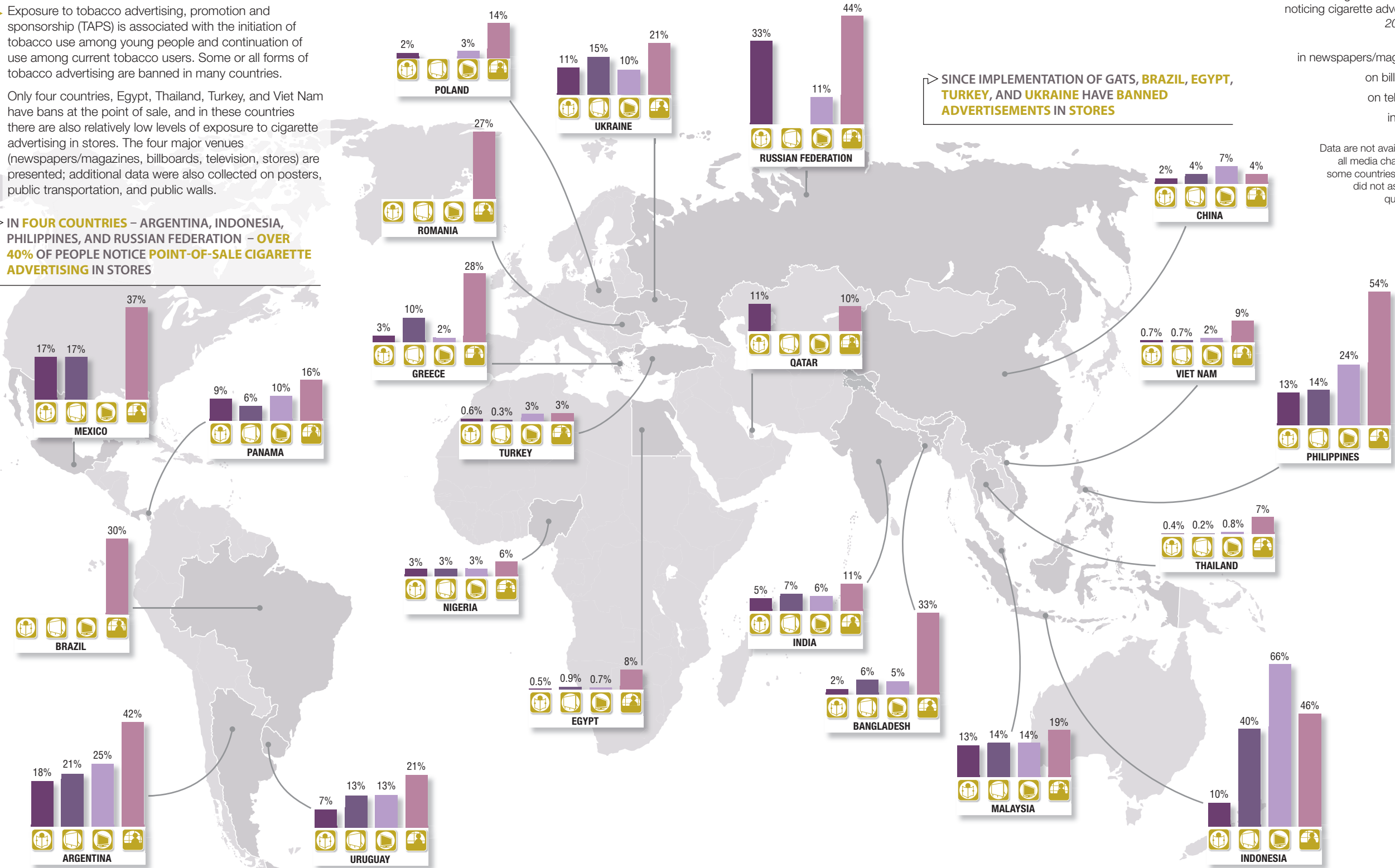
Only four countries, Egypt, Thailand, Turkey, and Viet Nam have bans at the point of sale, and in these countries there are also relatively low levels of exposure to cigarette advertising in stores. The four major venues (newspapers/magazines, billboards, television, stores) are presented; additional data were also collected on posters, public transportation, and public walls.

► **IN FOUR COUNTRIES – ARGENTINA, INDONESIA, PHILIPPINES, AND RUSSIAN FEDERATION – OVER 40% OF PEOPLE NOTICE POINT-OF-SALE CIGARETTE ADVERTISING IN STORES**

► **SINCE IMPLEMENTATION OF GATS, BRAZIL, EGYPT, TURKEY, AND UKRAINE HAVE BANNED ADVERTISEMENTS IN STORES**

in newspapers/magazines
on billboards
on television
in stores




Data are not available for all media channels in some countries as they did not ask those questions.



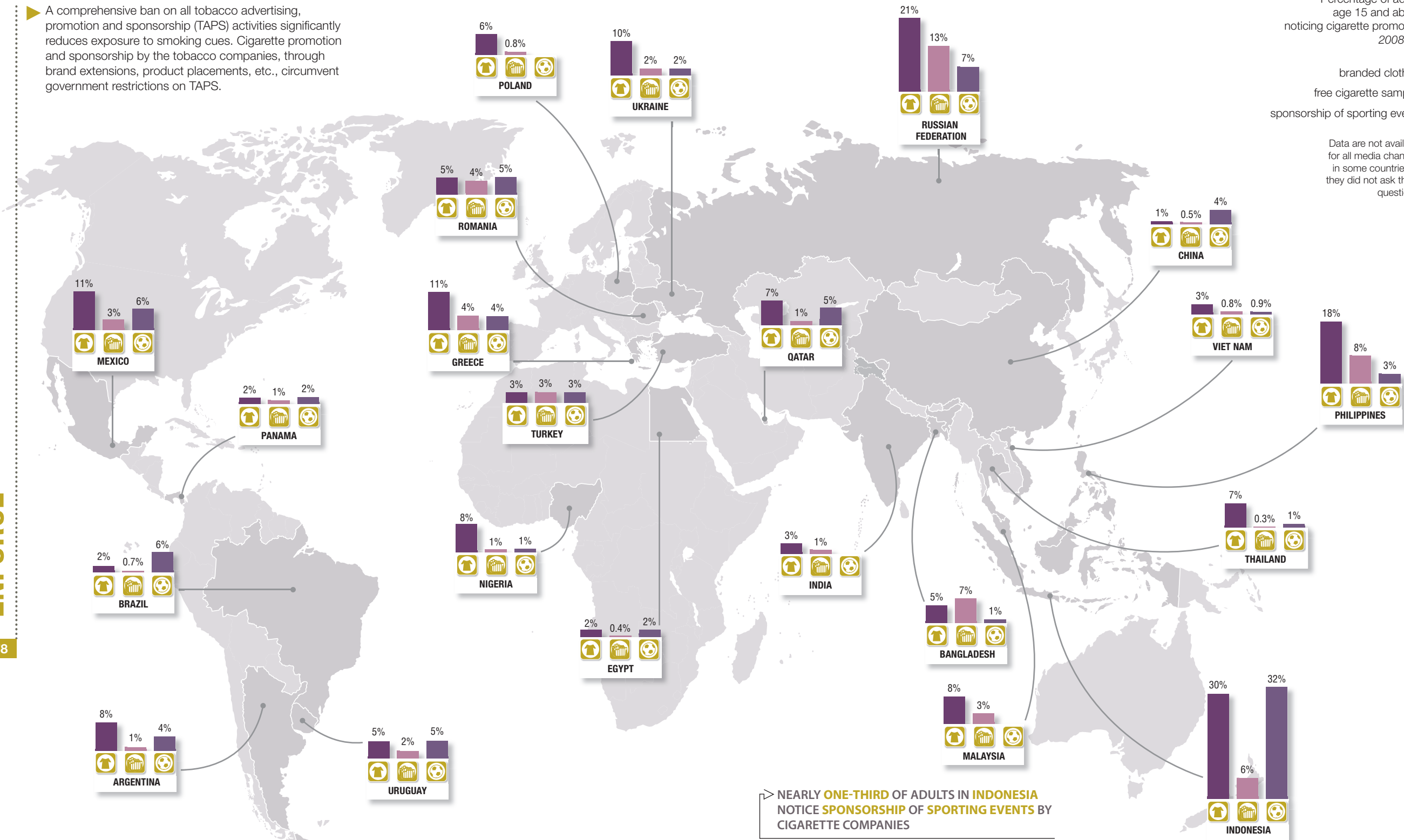
27 Cigarette Promotion

▶ A comprehensive ban on all tobacco advertising, promotion and sponsorship (TAPS) activities significantly reduces exposure to smoking cues. Cigarette promotion and sponsorship by the tobacco companies, through brand extensions, product placements, etc., circumvent government restrictions on TAPS.

IMPACT OF CIGARETTE PROMOTION
Percentage of adults age 15 and above noticing cigarette promotion 2008-13

branded clothing 
free cigarette samples 
sponsorship of sporting events 

Data are not available for all media channels in some countries as they did not ask those questions.



▶ NEARLY ONE-THIRD OF ADULTS IN INDONESIA NOTICE SPONSORSHIP OF SPORTING EVENTS BY CIGARETTE COMPANIES

Part Seven



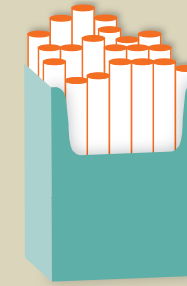
RAISE PRICES



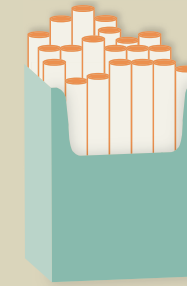
Article 6: Price and tax measures to reduce the demand for tobacco

Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption.

Each Party should ... adopt or maintain ... measures which may include: implementing tax policies and, where appropriate, price policies, on tobacco products so as to contribute to ... reducing tobacco consumption.



PPP \$2.7
IS THE **AVERAGE COST OF**
20 MANUFACTURED CIGARETTES
ACROSS 22 GATS COUNTRIES

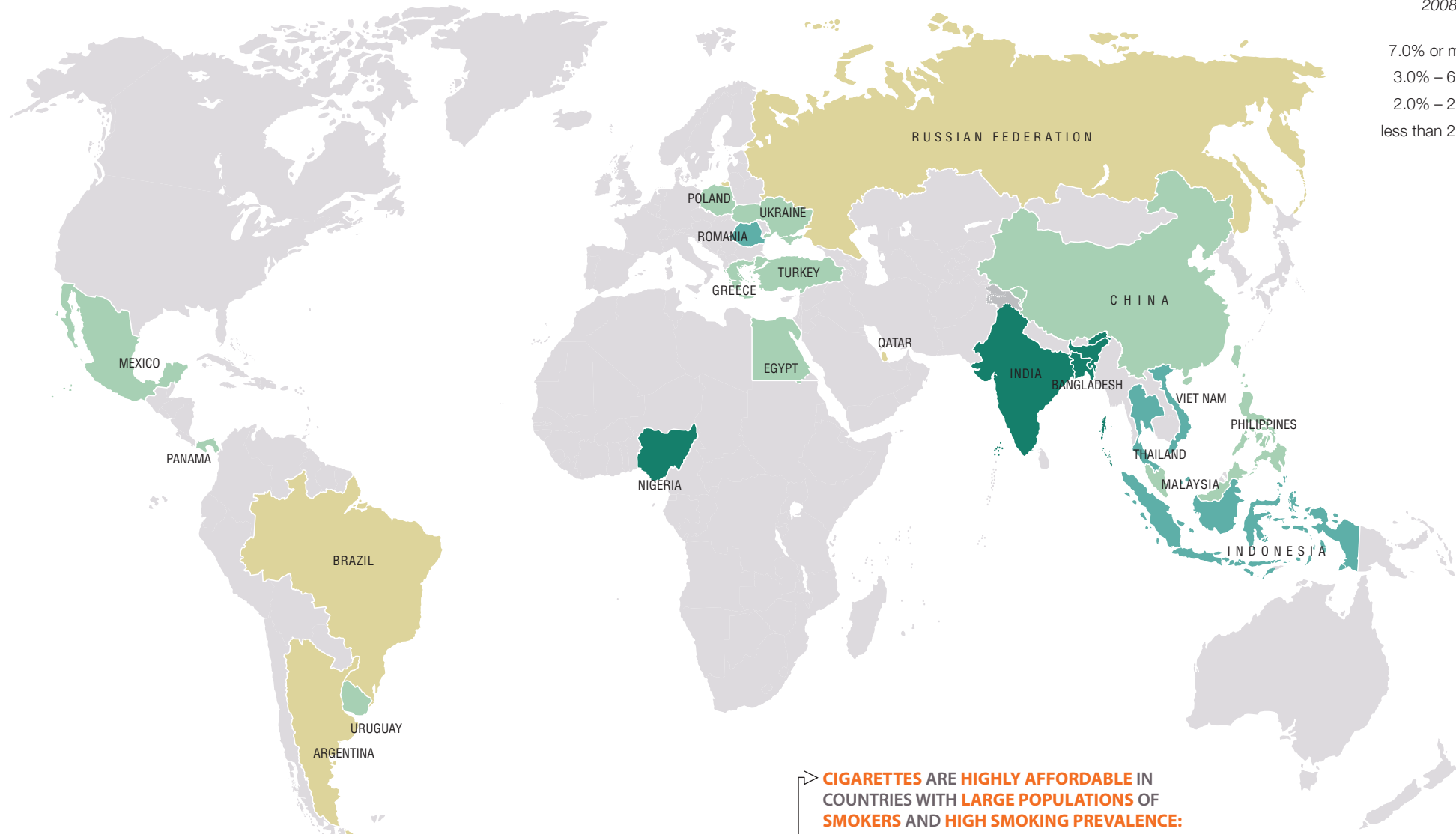


28 Cost and Affordability of Cigarettes

AFFORDABILITY
Average cost of 2,000 manufactured cigarettes as percentage of GDP per capita 2008–13

▶ Increasing the price of tobacco through tax increases is the single most effective way to decrease tobacco use. Higher prices encourage current users to quit and prevent youth from starting. After adjusting for differences in country-level purchasing powers, the average cost of a pack of 20 manufactured cigarettes is \$2.7 among 22 GATS countries.

Cigarette prices are still very low in countries with large populations, such as Bangladesh, Brazil, China, Egypt, Indonesia, Philippines, Russian Federation, and Viet Nam. The majority of the world's population lives in countries with affordable cigarette prices due to low taxes on cigarettes.



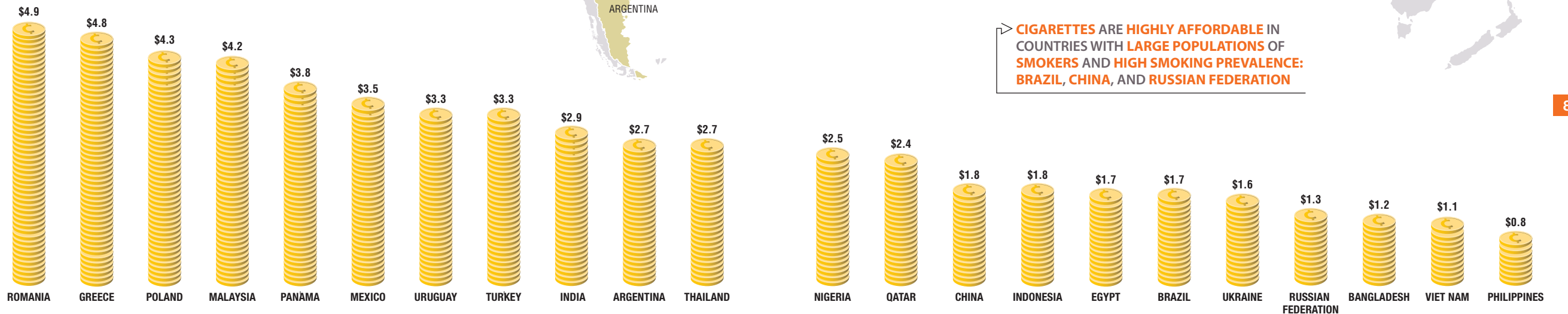
7.0% or more
3.0% – 6.9%
2.0% – 2.9%
less than 2.0%

COST OF CIGARETTES

Average cost of 20 manufactured cigarettes among current smokers 2008–13

The values are given in international or Purchasing Power Parity dollars (PPP \$), which reflect the cost of living within each country and enable cross-country comparisons.

RAISE PRICES



▶ **CIGARETTES ARE HIGHLY AFFORDABLE IN COUNTRIES WITH LARGE POPULATIONS OF SMOKERS AND HIGH SMOKING PREVALENCE: BRAZIL, CHINA, AND RUSSIAN FEDERATION**

29 Expenditure on Cigarettes

▶ The average monthly expenditure on manufactured cigarettes among current smokers across 22 GATS countries is PPP \$50.2. Monthly expenditure on cigarettes constitutes more than 5% of the monthly GDP per capita in 14 out of 22 GATS countries. It is more than 10% in Bangladesh, Nigeria, and Romania.

PROPORTION OF GDP SPENT ON CIGARETTES
Average monthly expenditure on manufactured cigarettes as percentage of monthly GDP per capita 2008–13

10.0% or more
5.0% – 9.9%
less than 5.0%

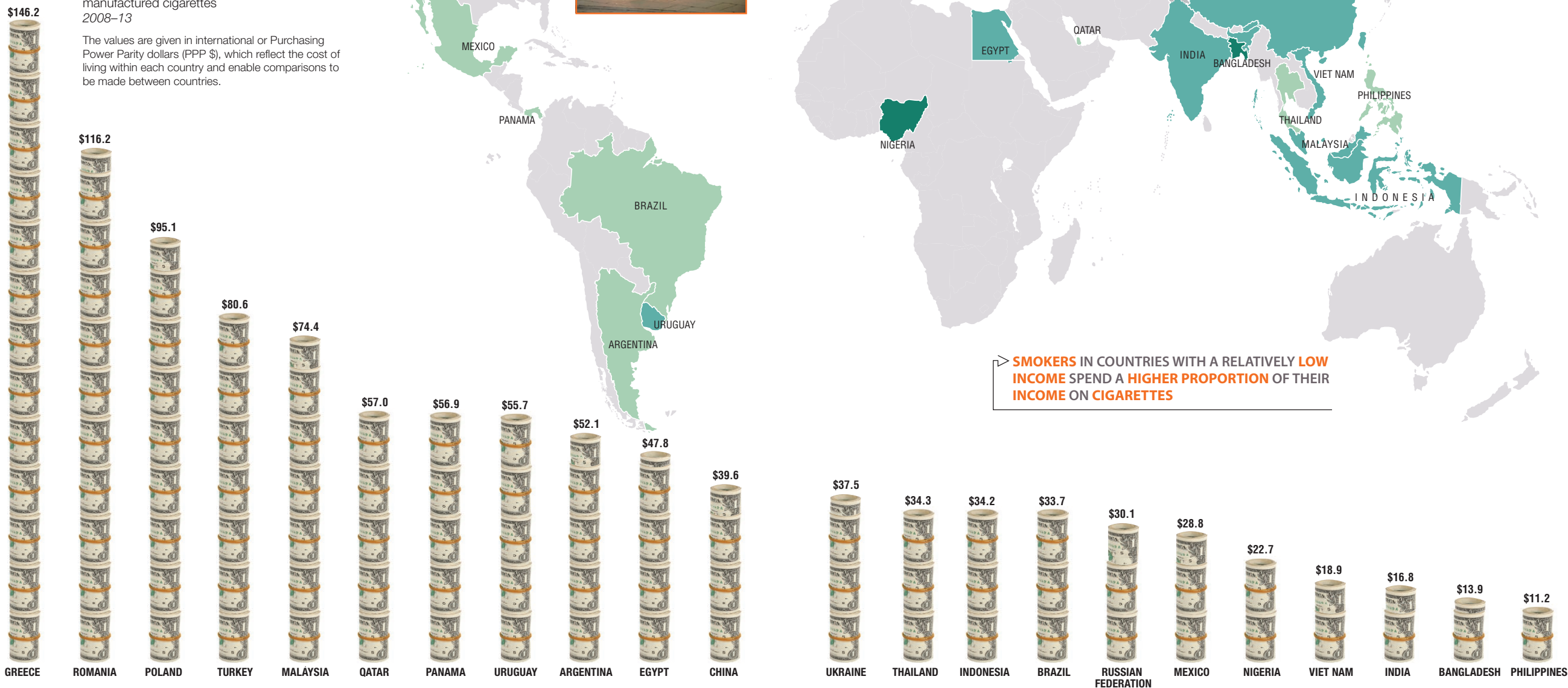


▶ **SMOKERS** IN COUNTRIES WITH A RELATIVELY **LOW INCOME** SPEND A **HIGHER PROPORTION** OF THEIR INCOME ON **CIGARETTES**

EXPENDITURE ON CIGARETTES

Average monthly expenditure on manufactured cigarettes 2008–13

The values are given in international or Purchasing Power Parity dollars (PPP \$), which reflect the cost of living within each country and enable comparisons to be made between countries.



Part Eight

TRACKING PROGRESS



Article 20: Research, surveillance and exchange of information

Parties should integrate tobacco surveillance programmes into national, regional and global health surveillance programmes so that data are comparable and can be analysed at the regional and international levels, as appropriate.

Quotes from Country Partners

“ GATS assists countries to track tobacco control policies. With this important tool, we can invest our resources where most needed for saving lives ”
Brazil

“ We are eagerly looking forward to repeating GATS in 2015 ”
China

“ GATS is a huge catalyst for guiding tobacco control policies in India. It has provided us with vital data on all aspects of tobacco control ”
India

“ We are proud to continue the systematic monitoring of tobacco use by incorporating GATS/TQS questions into our National Health and Morbidity Survey in 2015 ”
Malaysia

“ The capacity of the Romanian health system to implement such surveys at a national scale was definitely improved after GATS. We are sure to use this experience for other health surveys as well ”
Romania

“ GATS is a best-practice project for transferring the body of knowledge from global to local: ‘think globally, act locally’ ”
Thailand

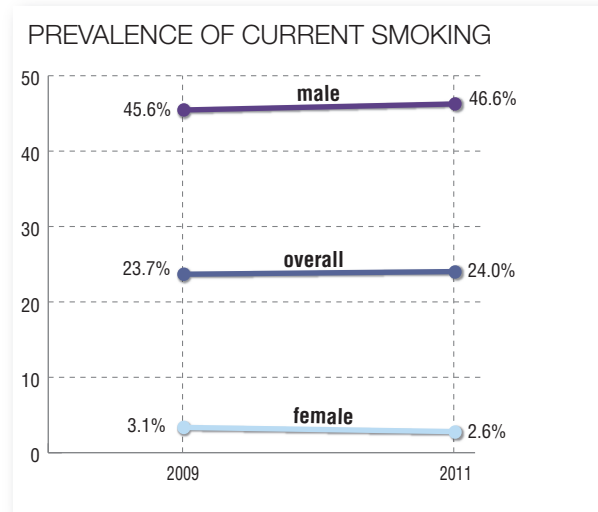
“ GATS is an integral part of tracking the NCD targets. It is very important for Ukraine that GATS helped the country be a part of a global network: the sum is greater than its parts ”
Ukraine

30 GATS Tracking Progress: Thailand

► In Thailand, the Global Adult Tobacco Survey was first conducted in 2009 and repeated in 2011. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data.

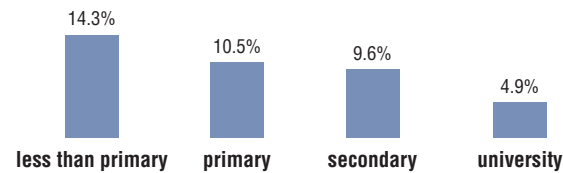
Thailand historically has had strong tobacco control laws that were successful in reducing smoking prevalence. Further reduction will only occur with strengthened enforcement of current laws and with introduction of stronger measures.

► **NO SIGNIFICANT CHANGES OCCURRED IN OVERALL SMOKING PREVALENCE BETWEEN 2009 AND 2011**



EDUCATION LEVEL

Percentage of current manufactured cigarette smokers who purchased new inexpensive cigarette brand 2011



► **CURRENT SMOKERS WITH LESS EDUCATION ARE MORE LIKELY TO PURCHASE INEXPENSIVE CIGARETTE BRANDS INTRODUCED BY THE THAILAND TOBACCO MONOPOLY FOLLOWING A 2009 TOBACCO TAX INCREASE**

► **CURRENT SMOKERS WHO THOUGHT OF QUITTING BECAUSE OF GRAPHIC HEALTH WARNING ON PACKAGING DECREASED FROM 67.0% IN 2009 TO 62.6% IN 2011**

TOP THREE MOST EFFECTIVE GRAPHIC HEALTH WARNINGS

Influencing current smokers to want to quit and non-smokers to not want to start 2011

Smoking causes oral cancer



Smoking causes laryngeal cancer



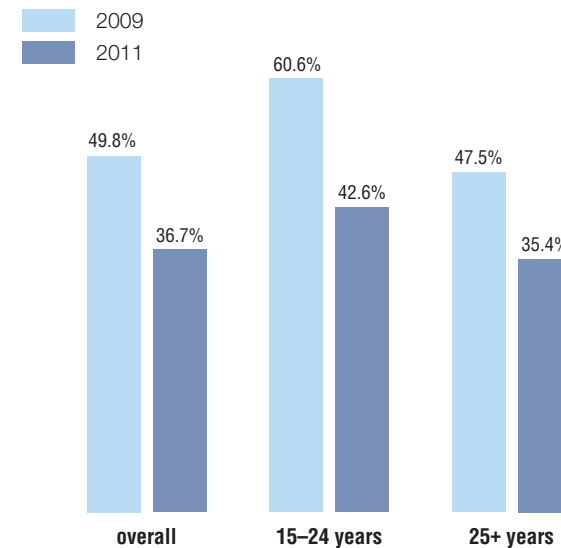
Smoking causes lung cancer



► **QUIT ATTEMPTS DECLINED FROM 49.8% IN 2009 TO 36.7% IN 2011**

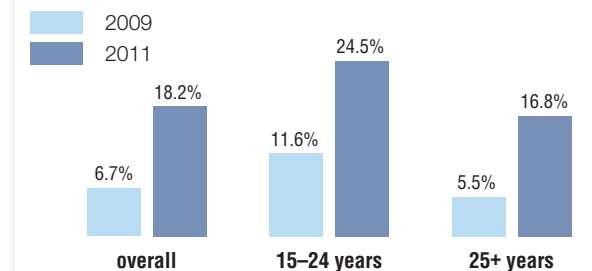
QUIT ATTEMPTS AMONG SMOKERS

In the past 12 months



NOTICED CIGARETTE ADVERTISEMENTS

In stores where cigarettes were sold in the past 30 days among adults



31 GATS Tracking Progress: Turkey

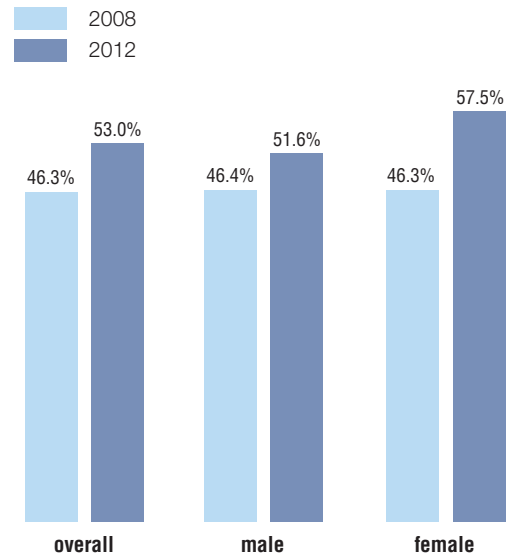
► In Turkey, GATS was first conducted in 2008 and repeated in 2012. Both surveys used similar multistage stratified cluster sample designs to produce nationally representative data.

Turkey is the first country to attain the highest level of achievement in all six MPOWER measures, and is continuing its commitment to implement strong tobacco control policies in order to further accelerate these encouraging trends.

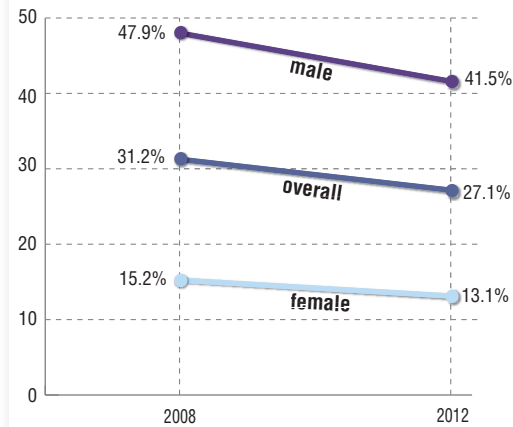
► **TURKEY IMPLEMENTED GRAPHIC HEALTH WARNINGS IN 2010 LEADING TO AN INCREASE IN PEOPLE THINKING ABOUT QUITTING**

THINKING OF QUITTING

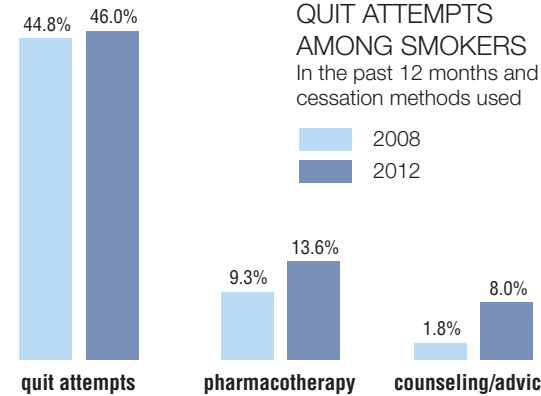
Because of noticing health warnings on cigarette packaging



PREVALENCE OF CURRENT SMOKING



► **1.2 MILLION FEWER PEOPLE IN TURKEY SMOKED CIGARETTES IN 2012 THAN IN 2008**



QUIT ATTEMPTS AMONG SMOKERS
In the past 12 months and cessation methods used

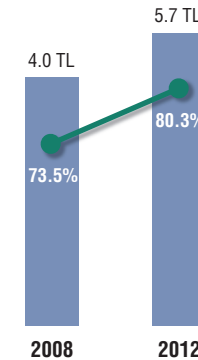
“ Surveillance and monitoring of tobacco use and prevention policies are the key elements of tobacco control. GATS 2008 was the first national representative household survey in Turkey and repeated in 2012. In four years, there is 13.4% relative decrease on tobacco use, which shows tobacco control and MPOWER policies work in Turkey. ”

Dr Mehmet Muezzinoglu,
Minister of Health, Republic of Turkey

► **THE REAL COST OF A PACK OF 20 MANUFACTURED CIGARETTES HAS INCREASED SUBSTANTIALLY AND CIGARETTES HAVE BECOME LESS AFFORDABLE**

AVERAGE AMOUNT PAID FOR 20 MANUFACTURED CIGARETTES
And total tax as percentage of retail price

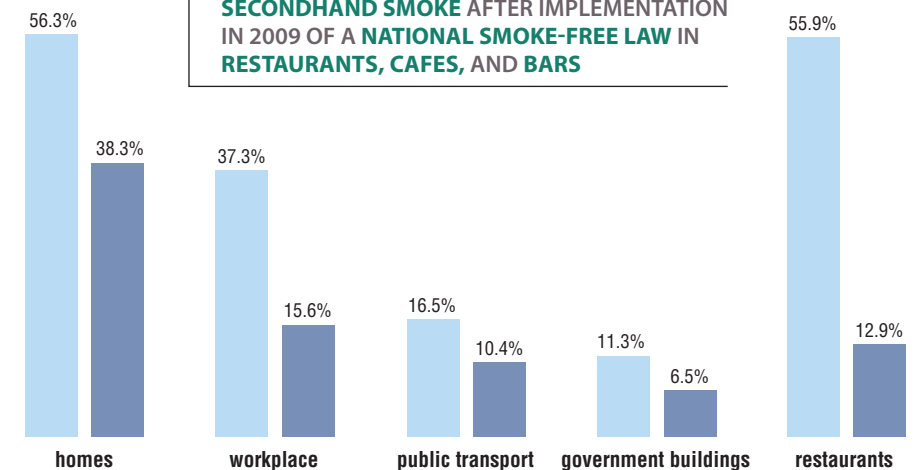
(in Turkish Lira, TL)



EXPOSURE TO SECONDHAND SMOKE
In the past 30 days

2008
2012

► **FEWER NON-SMOKERS ARE BEING EXPOSED TO SECONDHAND SMOKE AFTER IMPLEMENTATION IN 2009 OF A NATIONAL SMOKE-FREE LAW IN RESTAURANTS, CAFES, AND BARS**



TOP THREE MOST EFFECTIVE GRAPHIC HEALTH WARNINGS

Among current smokers
2012

Smoking causes fatal lung cancer



Smoking when pregnant harms your baby



Smokers die younger



32 Integrating TQS: Sustainable Surveillance

INTEGRATION OF TQS
as of November 2014

TQS (Tobacco Questions for Surveys) is a list of 22 survey questions grouped according to the MPOWER classification that ensures consistency in reporting results with GATS. It offers flexibility through seamless integration into national and international surveys or as a standalone module.

TQS also increases the pool of reliable results and quality estimates. Four countries have implemented GATS and TQS into their national surveys, demonstrating that the results can be used to track trends and improve comparability over time.

COUNTRY SURVEYS INCORPORATING TQS as of November 2014

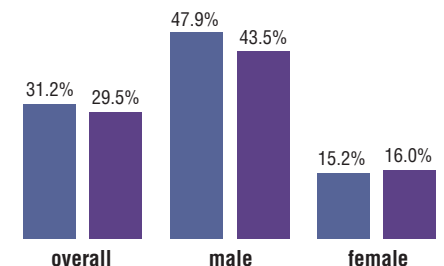


TQS IS A COST-EFFECTIVE AND SUSTAINABLE OPTION TO MONITOR THE TOBACCO EPIDEMIC

TURKEY

Prevalence of tobacco smoking among adults age 15 and above

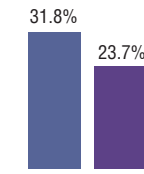
Global Adult Tobacco Survey, 2008
National Health Survey, 2010



RUSSIAN FEDERATION

Prevalence of tobacco smoking among women age 15 to 44

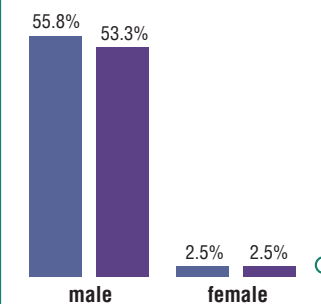
Global Adult Tobacco Survey, 2009
Reproductive Health Survey, 2011



CHINA

Prevalence of tobacco smoking among adults age 18 and above

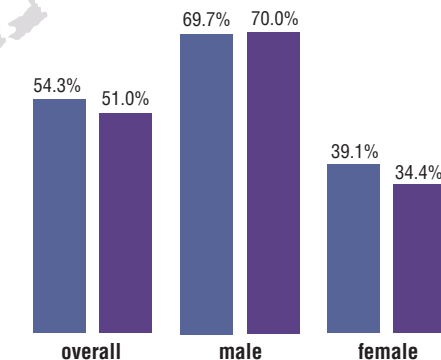
Global Adult Tobacco Survey, 2010
Behavioral Risk Factor Surveillance, 2011



BANGLADESH

Prevalence of tobacco use among adults age 25 and above

Global Adult Tobacco Survey, 2009
NCD Risk Factor Survey, 2010



33 NCDs: Global Voluntary Tobacco Targets

▶ The four main non-communicable diseases (NCDs) – cancers, diabetes, and cardiovascular and chronic lung diseases – kill three out of every five people.

Tobacco use is the only single risk factor shared by the four major NCDs.

In November 2012, WHO Member States agreed on a global monitoring framework which includes a set of voluntary global targets that will achieve the global NCD mortality reduction goal. A key target is to achieve a 30% relative reduction in current tobacco use among people of age 15 and above by 2025.

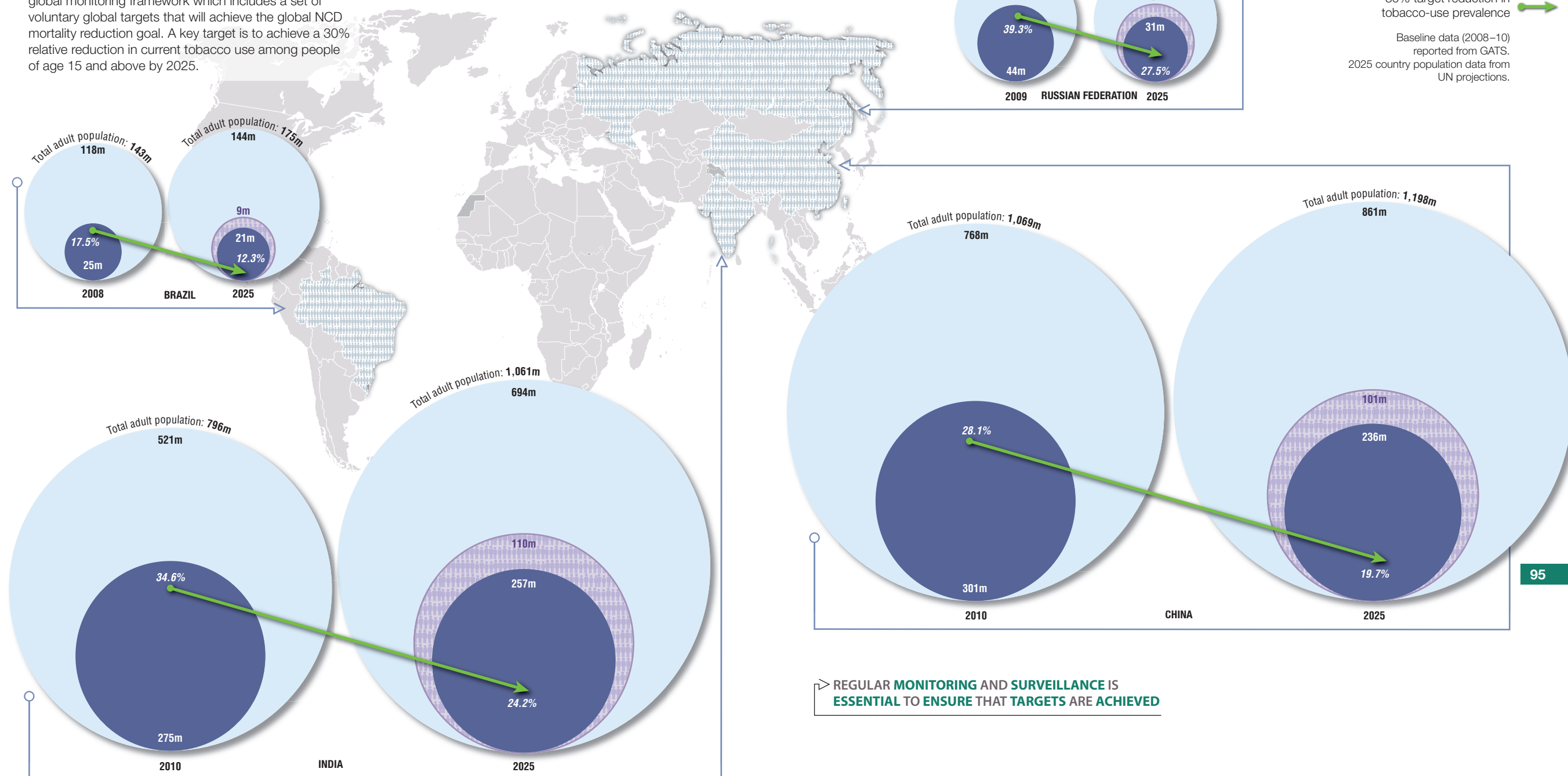
The projections for 2025 are illustrated for four selected countries (Brazil, China, India, and Russian Federation) based on the GATS 2008–10 data and United Nations (UN) population estimates.

▶ **TARGET: A 30% RELATIVE REDUCTION IN TOBACCO USE PREVALENCE BY 2025**

TARGETS FOR TOBACCO USE PREVALENCE 2025

number of non-tobacco users 00m
 number of tobacco users 00m
 number of averted tobacco users if target met 00m
 30% target reduction in tobacco-use prevalence
 Baseline data (2008–10) reported from GATS.
 2025 country population data from UN projections.


TRACKING PROGRESS



▶ **REGULAR MONITORING AND SURVEILLANCE IS ESSENTIAL TO ENSURE THAT TARGETS ARE ACHIEVED**

Part Nine

REGIONAL HIGHLIGHTS



Article 20: Research, surveillance and exchange of information

Each Party shall ... promote and strengthen ... training and support for all those engaged in tobacco control activities, including research, implementation and evaluation.

Quotes from Country Partners

“ GATS was a breakthrough in providing the first nationally representative tobacco figures, which supported the planning of evidence-based national tobacco control strategies ”
Egypt

“ The GATS process allowed access to internationally renowned experts in survey design and public health policy – a unique capacity building experience ”
Greece

“ GATS enriched our national data on tobacco to enable us to update tobacco control policies ”
Indonesia

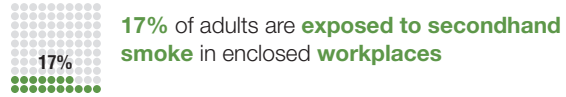
“ GATS allows comparisons between countries, and strengthens technical cooperation on tobacco control ”
Panama

“ GATS provided a baseline to help refine and accelerate our tobacco control strategies ”
Qatar

“ GATS provided a clear picture of the country status and the impact of tobacco control policies in different population groups. Only by knowing our needs can we plan an effective response ”
Uruguay

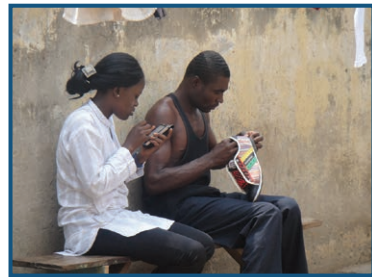
“ Strong partnerships were central to the successful implementation of GATS in our country, and the data obtained have been instrumental in the development of our national tobacco control policy ”
Viet Nam

NIGERIA 2012



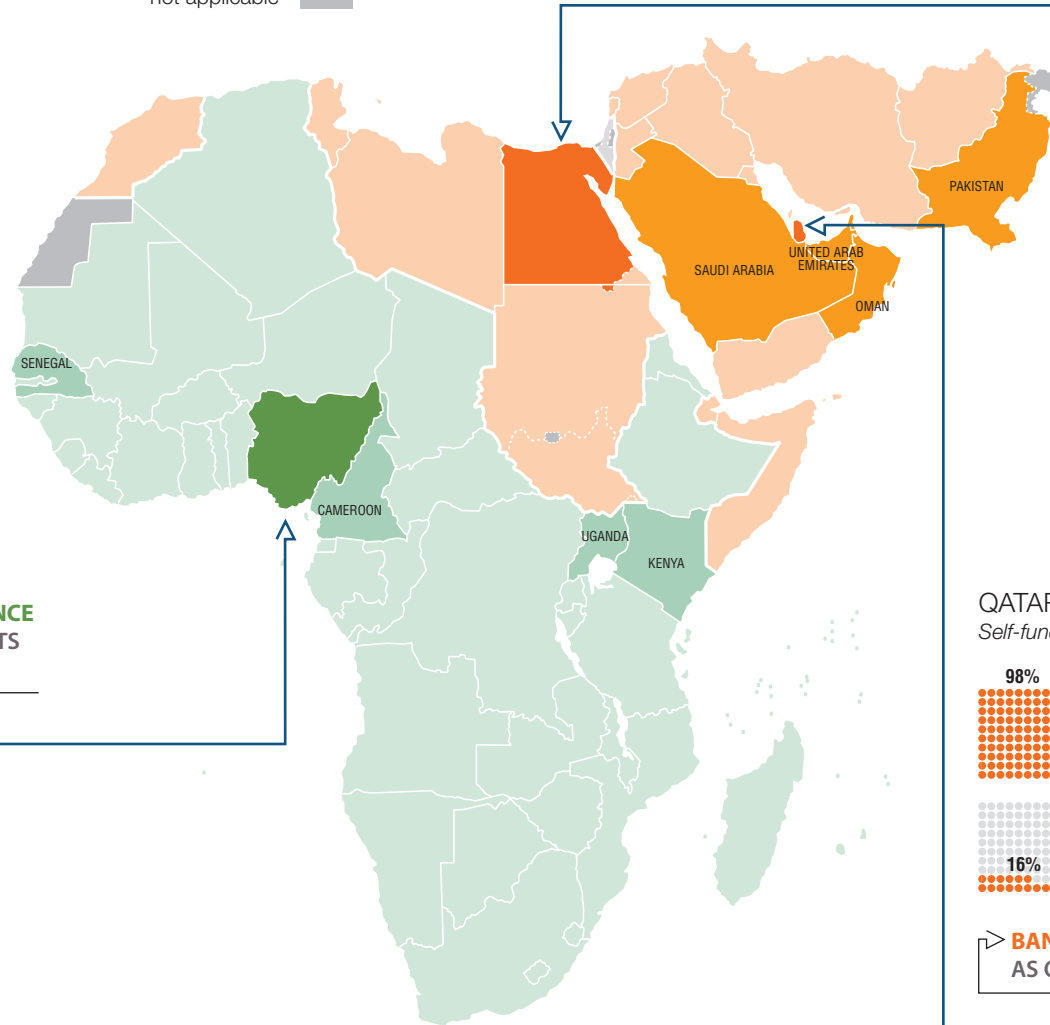
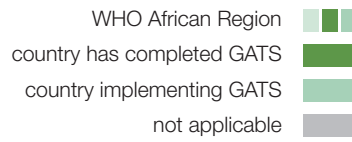
CIGARETTES ARE CHEAP RELATIVE TO BASIC NECESSITIES

PREVENTION POLICIES ARE CRITICAL TO KEEP PREVALENCE LOW



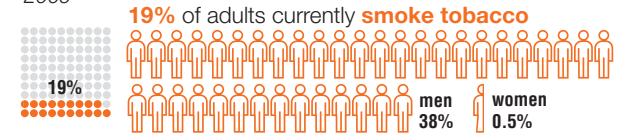
▲ Survey interview in progress in Nigeria.

NIGERIA HAS THE LOWEST PREVALENCE OF TOBACCO USE AMONG ALL 22 GATS COUNTRIES: 6% OVERALL

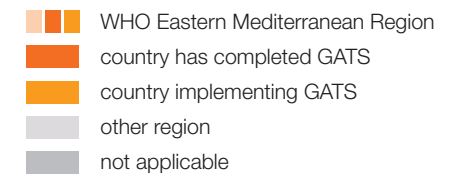


▲ Survey interview in progress in Egypt. For cultural reasons, only female interviewers conducted surveys with female respondents.

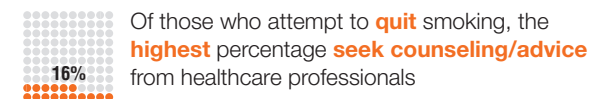
EGYPT 2009



CIGARETTES CHEAPEST IN REGION EVEN THOUGH CIGARETTE TAXES INCREASED SIGNIFICANTLY IN 2010 TO COMPRISE ABOUT 65% OF RETAIL SALE PRICE



QATAR Self-funded GATS, 2013



BAN ON ELECTRONIC CIGARETTES IN PHARMACIES AS OF 2012

35 Regional Highlights: Americas

REGIONAL HIGHLIGHTS

MEXICO 2009

Only GATS country where **fewer than half** of male current tobacco users are **daily** users

27% Lowest percentage of current users who **use tobacco within 30 minutes of waking**

81% 81% of adults are **exposed to secondhand smoke** in **bars** and **night clubs**

MEXICO CITY ADOPTED **SMOKE-FREE LEGISLATION** IN 2008, **PROHIBITING SMOKING** IN ALL ENCLOSED **PUBLIC PLACES** AND **WORKPLACES** INCLUDING **BARS** AND **RESTAURANTS**

SINCE GATS, THERE HAVE BEEN **CONSECUTIVE TOBACCO TAX RAISES** IN 2010 AND 2011

PANAMA Self-funded GATS, 2013

10% Lowest percentage of **male smokers** among 22 GATS countries

64% More than **half** of current smokers are **thinking about quitting**

CURRENT **COMPREHENSIVE LAW** REQUIRES: **SMOKE-FREE PUBLIC PLACES, BAN ON TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP, AND GRAPHIC HEALTH WARNINGS** ON CIGARETTE PACKAGING

ARGENTINA 2012

99% 99% of adults **believe** that **smoking causes lung cancer**

47% 47% of non-smokers are **exposed to secondhand smoke** in indoor places

92% 92% of adults **support** national laws **prohibiting smoking** in all **enclosed workplaces**

THE 2011 **NATIONAL TOBACCO CONTROL LAW** REQUIRES **GRAPHIC HEALTH WARNINGS** AND A **COMPREHENSIVE BAN ON TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP**

Not yet a party to the **WHO FCTC**

- WHO Region of the Americas
- country has completed GATS
- country implementing GATS

BRAZIL Co-funded GATS, 2008

65% Effective **graphic health warnings** on cigarette packaging, with **65%** of current smokers **thinking about quitting** as a result of seeing them

46% Highest **male quit ratio**

74% Cigarette price increased **74%** from 2006 to 2013, following a **116%** increase in **excise tax** per pack

FIRST COUNTRY TO **BAN THE TERMS "LIGHT" AND "MILD"** FROM CIGARETTE PACKAGING

GATS was **integrated** into the national health survey

URUGUAY 2009



Graphic health warnings cover **80%** of front and back of cigarette packaging

Lowest percentage of adults exposed to **secondhand smoke** in all **public places** among 22 GATS countries

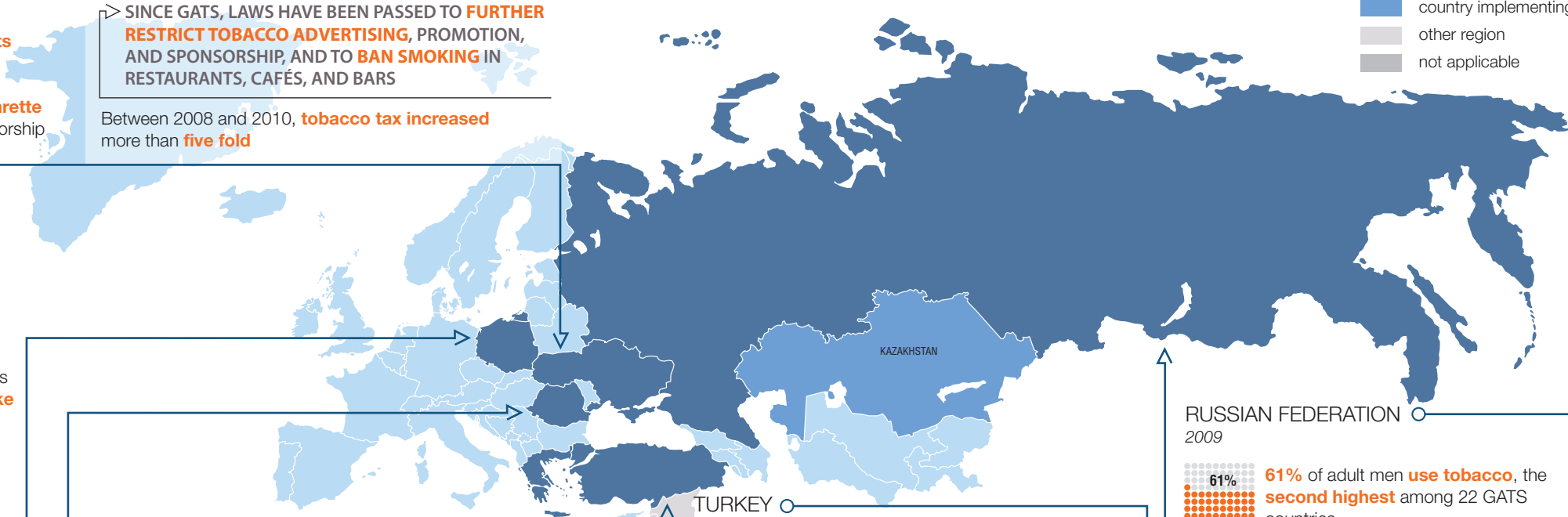
76% Highest percentage of smokers **intending to quit** smoking

THE 2005 TOBACCO CONTROL LAW **BANS SMOKING** IN ALL **PUBLIC PLACES**, AND ALL FORMS OF **TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP** EXCEPT **POINT-OF-SALE ADVERTISING** AND **DISPLAY OF THE PRODUCT**



▲ President of Uruguay releasing GATS results.

36 Regional Highlights: Europe



UKRAINE
2010

64% of adults are **exposed to secondhand smoke** in **restaurants or cafés**

45% of adults are **exposed to cigarette advertising, promotion, and sponsorship**

SINCE GATS, LAWS HAVE BEEN PASSED TO **FURTHER RESTRICT TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP, AND TO BAN SMOKING IN RESTAURANTS, CAFÉS, AND BARS**

Between 2008 and 2010, **tobacco tax increased more than five fold**

POLAND
2010

Lowest male-to-female ratio for smoking prevalence (**1.5:1**)

51% of **non-smokers** who visit restaurants, coffee shops, and bistros are **exposed to secondhand smoke**

NEW LAW MANDATED **HEALTH WARNINGS ON PACKAGING OF ALL SMOKING TOBACCO PRODUCTS SINCE GATS**

ROMANIA
2011

64% **High** percentage of **women** tobacco users using tobacco products **within 30 minutes of waking**

94% who visit **night clubs and bars** are **exposed to secondhand smoke**

57% support **smoking ban** in bars

87% of adults who visit **restaurants** are exposed to SHS

72% support **smoking ban** in restaurants

GREECE
Self-funded GATS, 2013

Women smokers smoke an average of **17 cigarettes per day – highest** among 22 GATS countries

84% **Highest** percentage of smokers being **asked** about smoking status (84%) and **advised** to quit (72%) by a **healthcare professional**

72%

Highest female smoking prevalence (26%)

26%

Lowest percentage of smokers **thinking about quitting** because of **health warnings** on cigarette packaging

16%

84% of **non-smokers** support laws **prohibiting smoking in restaurants**

TURKEY
2008, 2012

First country in the world to achieve the highest level of achievement in MPOWER measures

Repeated the GATS survey in **2012**

prevalence of smoking of manufactured cigarettes

30% 2008 26% 2012

The prevalence of **manufactured cigarette smoking declined by 15%** from 2008 to 2012, following a **42% increase** in **cigarette prices** after a **tax raise** in 2010

SINCE 2008, **LAWS HAVE BEEN PASSED TO PROHIBIT SMOKING IN PUBLIC PLACES, FURTHER RESTRICT TOBACCO ADVERTISING, PROMOTION, AND SPONSORSHIP AND MANDATE GRAPHIC HEALTH WARNINGS ON PACKAGING OF TOBACCO PRODUCTS**



◀ Director General of WHO, Dr. Margaret Chan, presenting the Director General's Special Recognition Certificate to the Prime Minister of Turkey, Recep Tayyip Erdoğan.

RUSSIAN FEDERATION
2009

61% of adult men **use tobacco**, the **second highest** among 22 GATS countries

59% of adults are exposed to **tobacco advertising, promotion, and sponsorship**

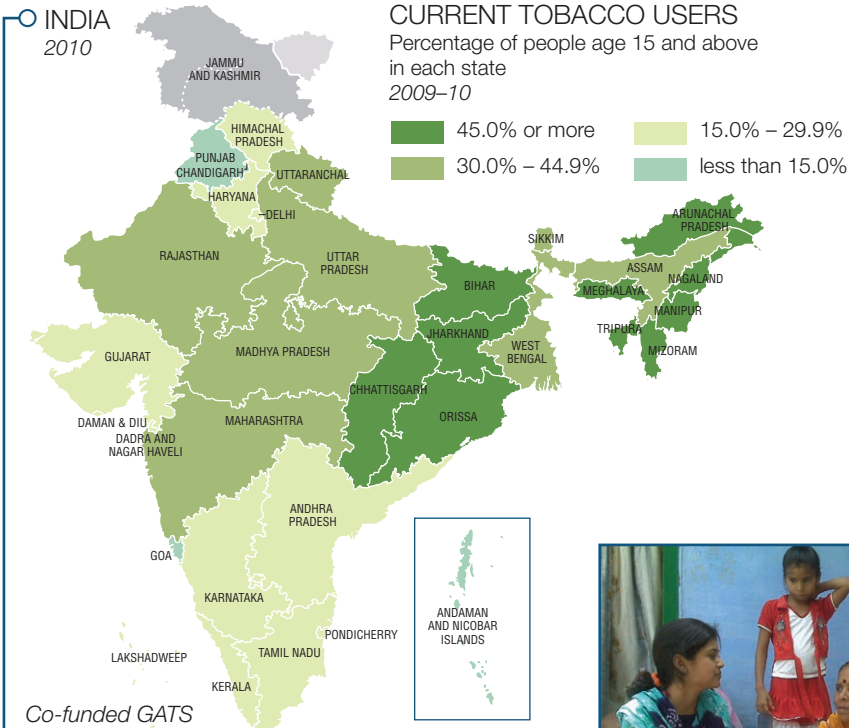
73% of current smokers **support comprehensive ban on tobacco advertising, promotion, and sponsorship**

GATS data were used to support the passage of a **comprehensive tobacco control law** in 2013, banning **point-of-sale advertising** and **selling cigarettes in kiosks**



▲▲ Survey interviews in progress in Russia.

37 Regional Highlights: South-East Asia



Co-funded GATS

Highest number of **smokeless tobacco** users (206 million) among 22 GATS countries

Enforcement of the national **comprehensive tobacco control law** needs further **strengthening**

National, regional, and state-specific estimates are available

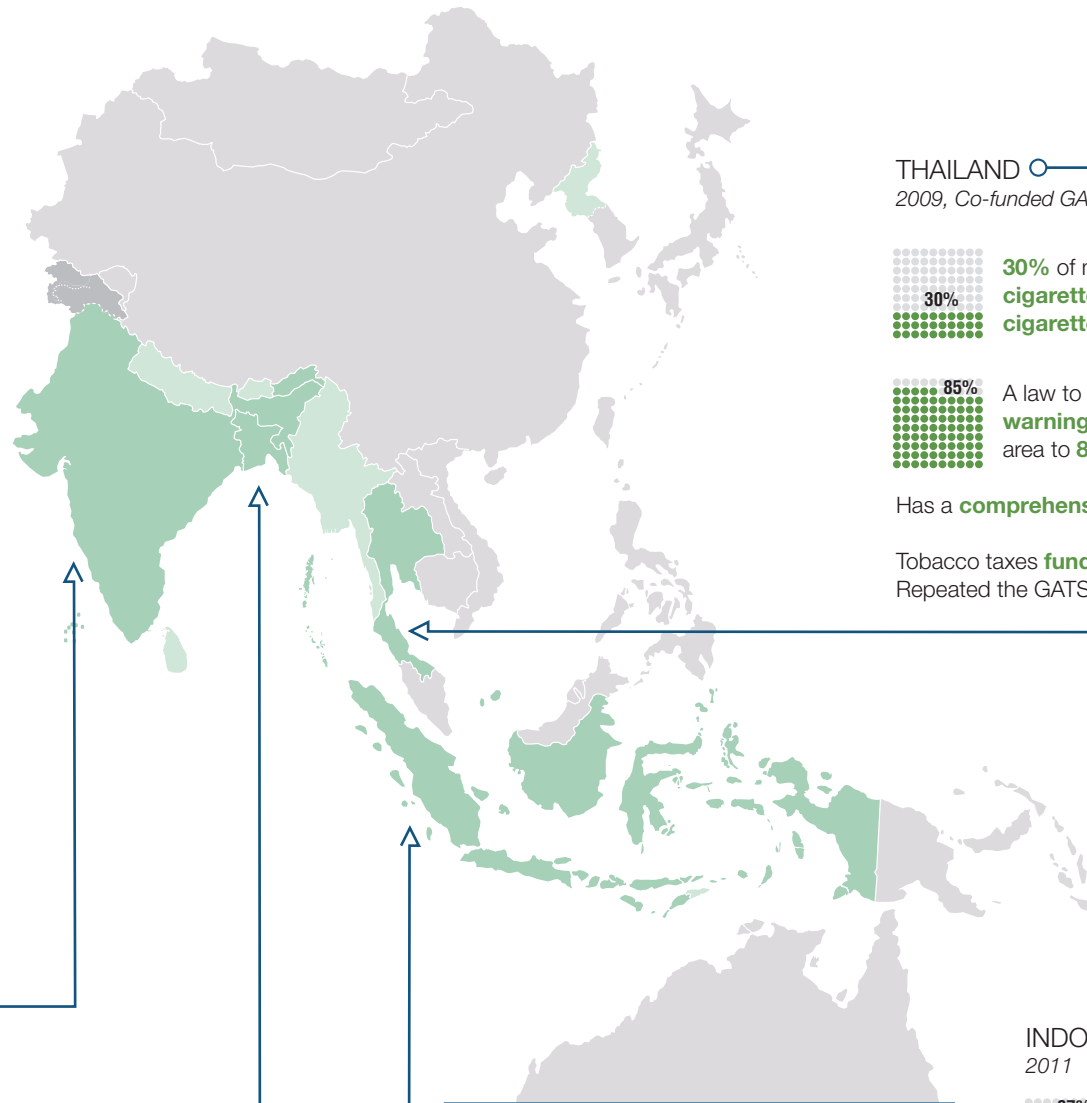


▲ Survey interview in progress in India.



▲ Survey interview in progress in Bangladesh.

➤ FROM JUNE 2014, **GRAPHIC HEALTH WARNINGS ARE REQUIRED TO COVER 40% OF CIGARETTE PACKAGING**



THAILAND 2009, Co-funded GATS repeat survey, 2011

30% of men smoke **manufactured cigarettes** and 27% smoke **hand-rolled cigarettes**

85% A law to **increase the size of the health warning** on the front of packaging from 50% of area to **85%** was passed in 2014

Has a **comprehensive tobacco control law** in place

Tobacco taxes **fund** the tobacco control programs
Repeated the GATS survey in 2011

- WHO South-East Asia Region
- country has completed GATS
- other region
- not applicable

INDONESIA 2011

67% **Highest male smoking** prevalence among 22 GATS countries

78% **Highest percentage of adults exposed to secondhand smoke** at home

Highest percentage of adults noticing cigarette company sponsorship of sporting events and cigarette advertisements on TV, billboards and in stores

Since GATS, the 2012 legislation has **restricted outdoor tobacco advertising** and sponsorship

Not yet a party to the WHO FCTC



▲ Survey interview in progress in Indonesia.

38 Regional Highlights: Western Pacific

CHINA 2010

Largest number of tobacco users in the world (301 million)

Largest number of adults exposed to **secondhand smoke at work** (246 million) and **home** (717 million)

64% **Lowest** percentage among 22 GATS countries of adults aware of the **harms of secondhand smoke**

REGULATIONS REQUIRE ALL HEALTHCARE FACILITIES, PRIMARY, MIDDLE AND HIGH SCHOOLS, AND ENCLOSED PUBLIC PLACES TO BE SMOKE FREE. HOWEVER, ENFORCEMENT IS A CHALLENGE

A NATIONAL TOBACCO CONTROL LAW FOCUSING ON PUBLIC PLACES AND A REVISION OF NATIONAL ADVERTISEMENT LAW ARE BEING DRAFTED AS OF JUNE 2014



▲ Survey interview in progress in China.

VIET NAM 2010

13% **Highest percentage** of men who **smoke waterpipe** among 22 GATS countries

85% **85%** of adults are exposed to **secondhand smoke** in **restaurants**

86% **Highest** percentage of adults **noticing anti-cigarette** information **on TV**

55% **Highest** percentage of smokers who **attempted to quit**

THE 2012 COMPREHENSIVE TOBACCO CONTROL LAW BANS ALL FORMS OF DIRECT AND INDIRECT TOBACCO ADVERTISING AND MANDATES GRAPHIC HEALTH WARNINGS TO COVER 50% OF CIGARETTE PACKAGING

PHILIPPINES 2009, Will fund GATS repeat survey

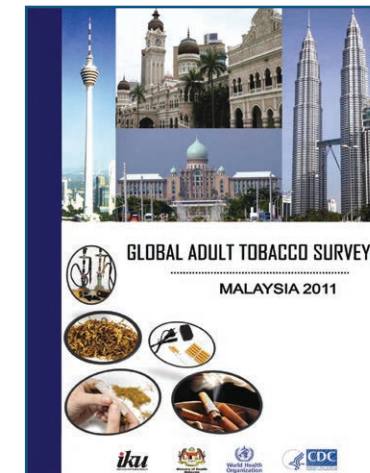
9% **Highest tobacco smoking** prevalence among **women** in the region

71% **71%** of adults are exposed to **cigarette advertising**

54% **54%** of adults notice **advertising in stores** where cigarettes are sold

The 2012 **Sin Tax Reform Act** significantly **increased tobacco taxes**

- WHO Western Pacific region
- country has completed GATS
- other region
- not applicable



MALAYSIA 2011

Highest percentages among 22 GATS countries of adults **noticing anti-cigarette information** on the radio, billboards and in newspapers/magazines

Lowest percentage of **female tobacco users** who use tobacco **within 30 minutes of waking up**

83% **Highest quit intention** among **women**

Comprehensive ban on tobacco advertising, promotion and sponsorship

Part Ten

DISSEMINATION



Quotes from Country Partners

“ GATS assists countries to not only monitor, but accurately monitor, tobacco control policies ”
Argentina

“ GATS has been a useful instrument in furthering the activities on Tobacco Control ”
Bangladesh

“ GATS data were instrumental to the national tobacco control policy ”
Mexico

“ Nigeria aims to use the findings to strengthen our national tobacco control plan and for the eventual elimination of tobacco as a public health risk factor ”
Nigeria

“ Without GATS data we were shooting in the dark. We can now invest our resources where most needed for saving lives ”
Philippines

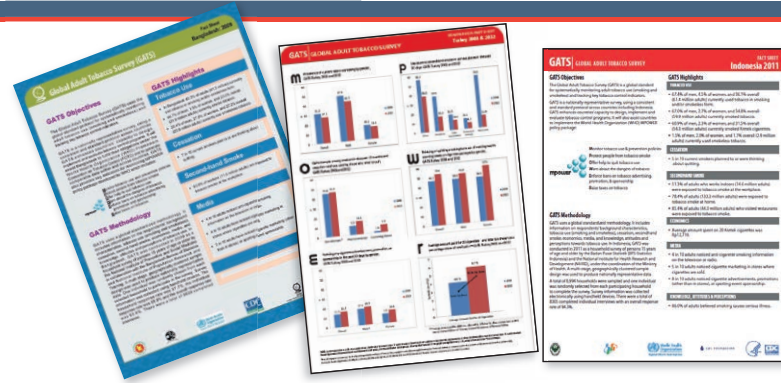
“ The information from GATS continues to increase the effectiveness of health policies and to reduce the smoking epidemic, thereby promoting the health of Poles ”
Poland

“ GATS findings were instrumental in justifying the adoption of a new strong law on tobacco control, protecting people from exposure to tobacco smoke and the consequences of tobacco consumption ”
Russian Federation

39 Data Dissemination

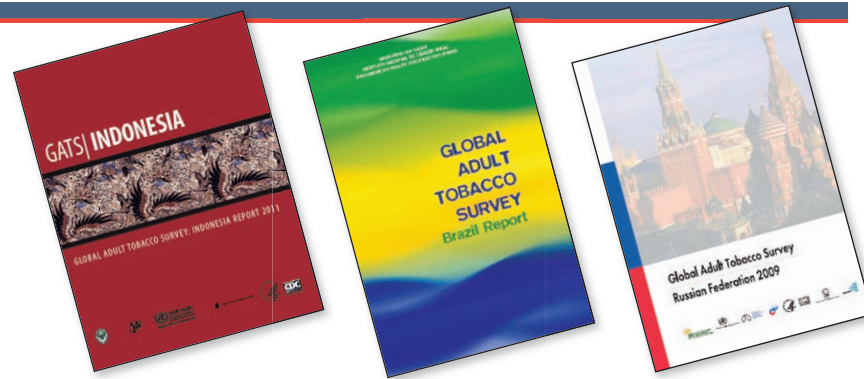
FACT SHEETS

Fact sheets provide data highlights and key messages from the survey results.



COUNTRY REPORTS

Country reports document in detail the survey methodology, results, policy context, and recommendations.

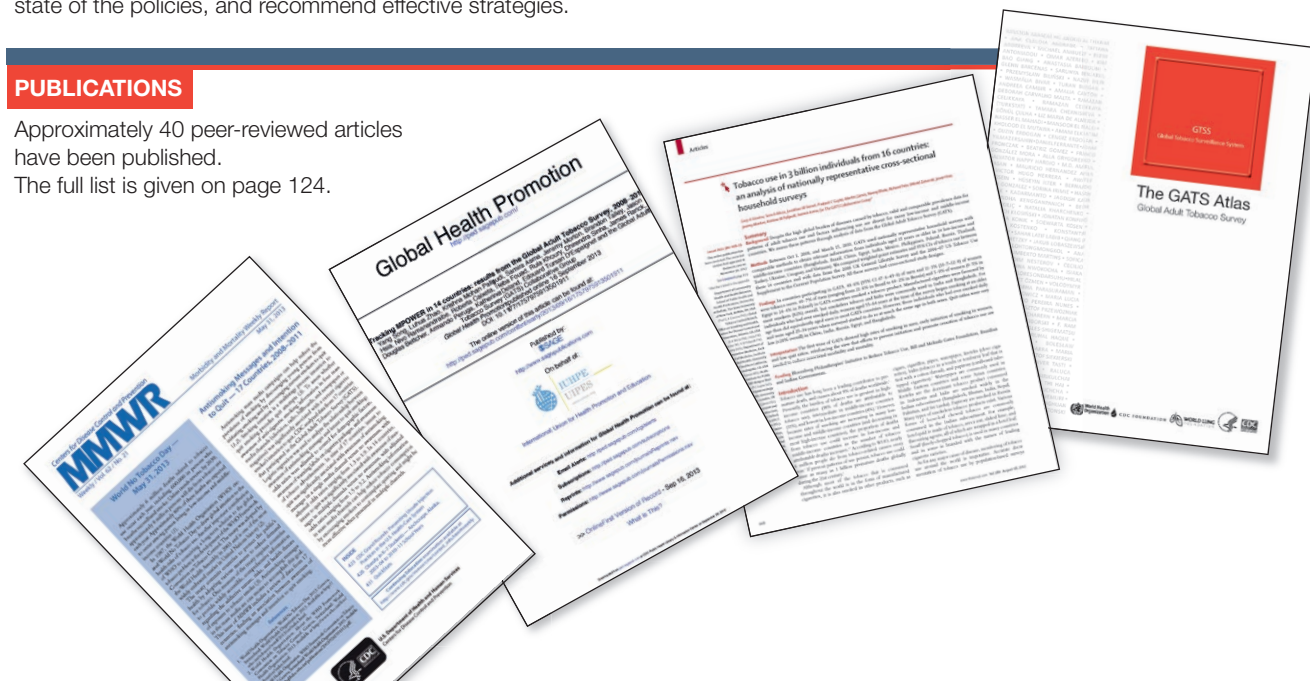


COUNTRY OWNERSHIP AND RELEASES

The national governments provide leadership and coordination for data releases. The data belong to the country, and the health ministries disseminate the results to the press, public, policy makers, and advocates. The country releases aim to focus attention on the current state of the policies, and recommend effective strategies.

PUBLICATIONS

Approximately 40 peer-reviewed articles have been published. The full list is given on page 124.



DATA COORDINATING CENTER

► Function

CDC is the designated Data Coordinating Center (DCC) and depository of the GTSS data, including GATS at an international level. The DCC provides data management, quality assurance, standardization, and data repository functions, as well as data sharing, release, and dissemination.

► GATS Comprehensive Standard Protocol

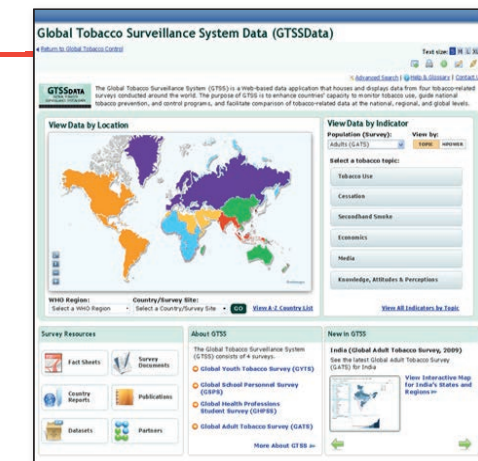
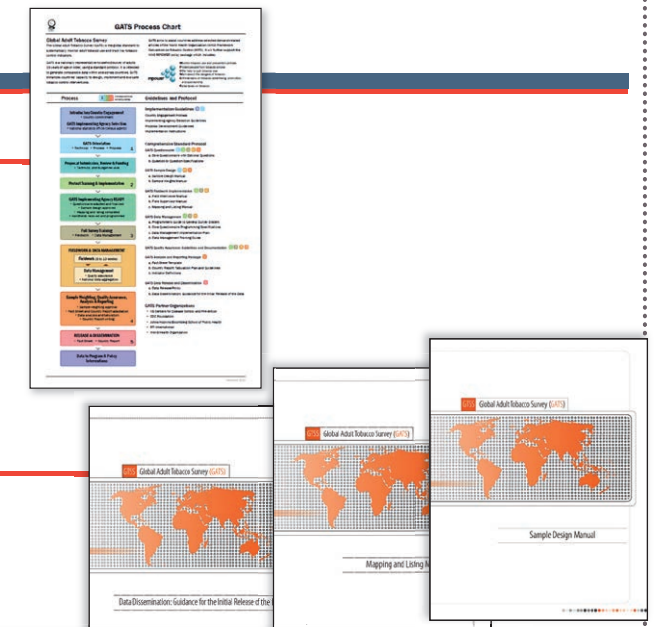
The standard guidelines, manuals, and technical assistance are available to countries to ensure systematic GATS implementation.

► Public Use Datasets

All GATS data, with the exception of any confidential information, are publicly available, along with the codebook, one year after the release of the country report by the national government.

► Interactive Web Application

Data can be accessed from various GTSS surveys. Data can be tracked by country, region, and MPOWER indicators at <http://apps.nccd.cdc.gov/gtssdata>

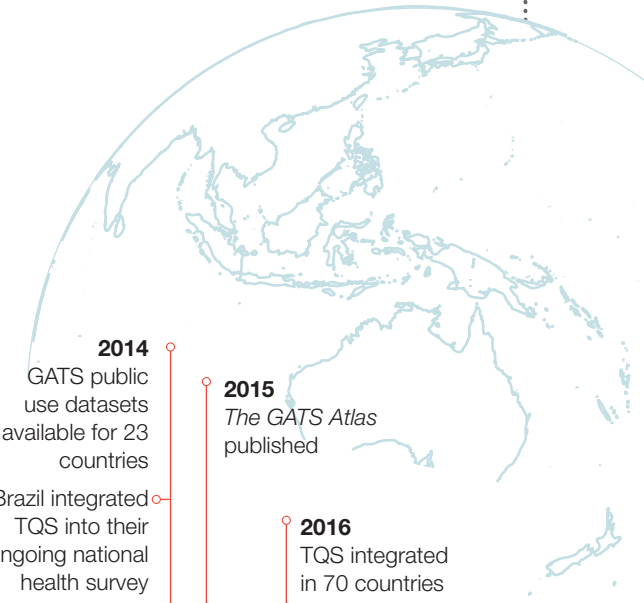
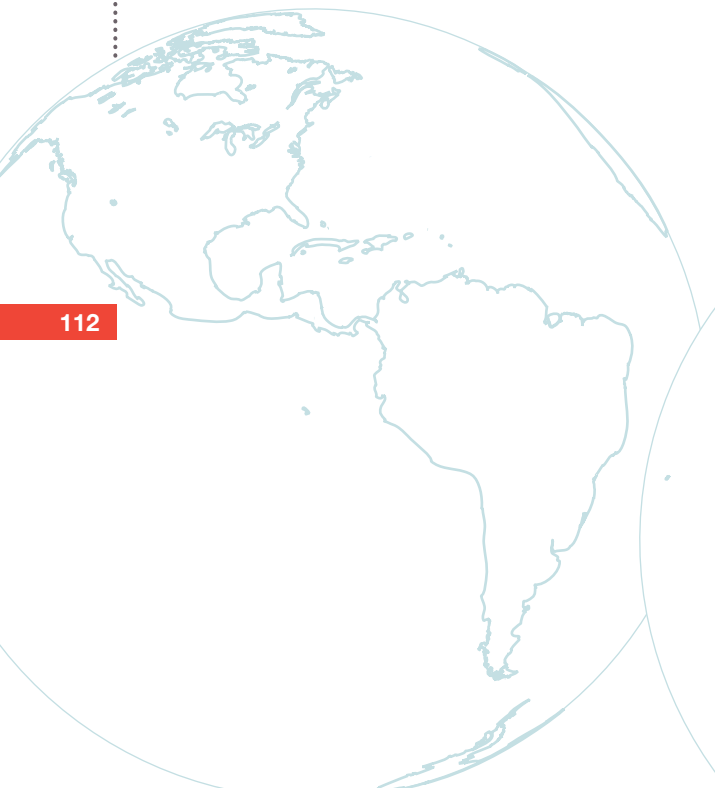
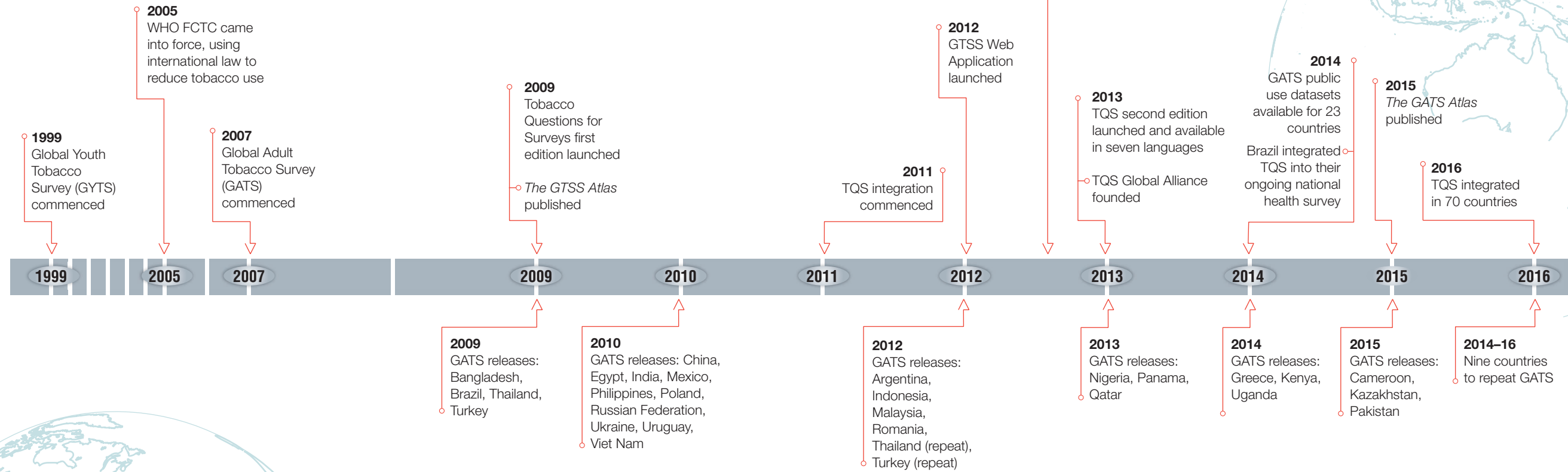


WEBSITES

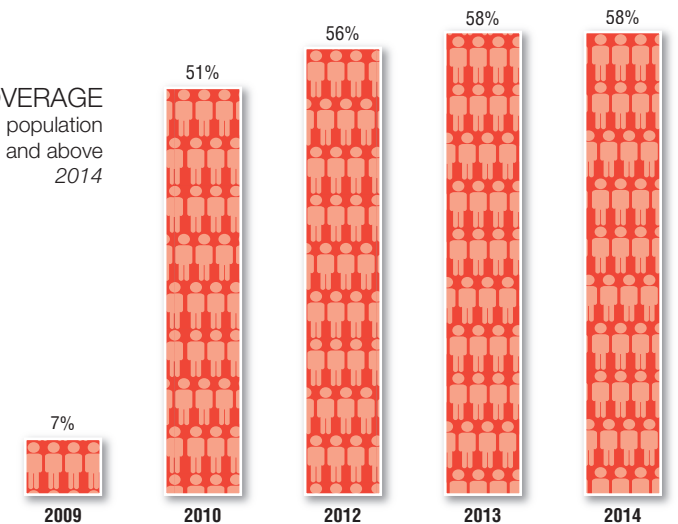
GATS comprehensive standard protocol, fact sheets, country reports and datasets are available at www.who.int and www.cdc.gov. Each WHO regional website also hosts respective country information.

40 Timeline

▶ The Global Adult Tobacco Survey started in 2007, as part of the Global Tobacco Surveillance System. As of 2014, data are available covering 58% of the world's population in 22 countries.



GATS TOTAL COVERAGE
As percentage of world population age 15 and above 2014



GATS Data

Country (survey year)	GATS overview					Monitor use and policies								
	Number of interviews	Response rate (%)	Population of adults age 15 and above (in millions)			Prevalence of current tobacco use (%)			Number of tobacco users (in millions)			Prevalence of daily tobacco use (%)		
			overall	male	female	overall	male	female	overall	male	female	overall	male	female
Argentina (2012)	6,645	74.3	27.6	13.1	14.5	22.2	29.4	15.6	6.1	3.9	2.3	17.1	21.9	12.7
Bangladesh (2009)	9,629	93.6	95.4	47.4	48.0	43.3	58.0	28.7	41.3	27.5	13.8	40.0	52.8	27.3
Brazil (2008)	39,425	94.0	143.0	68.5	74.5	17.5	22.0	13.3	25.0	15.1	9.9	15.3	19.2	11.7
China (2010)	13,354	96.0	1,068.8	544.5	524.3	28.1	52.9	2.4	300.8	288.1	12.7	24.1	45.4	2.0
Egypt (2009)	20,924	97.2	49.7	25.3	24.3	19.7	38.1	0.6	9.8	9.6	0.2	18.8	36.3	0.6
Greece (2013)	4,359	69.6	9.3	4.6	4.7	38.2	51.2	25.7	3.5	2.3	1.2	36.6	49.7	23.9
India (2010)	69,296	91.8	795.5	411.1	384.4	34.6	47.9	20.3	274.9	197.0	77.9	29.1	40.8	16.7
Indonesia (2011)	8,305	94.3	172.1	85.9	86.2	35.7	67.1	4.4	61.4	57.6	3.8	29.8	56.8	3.0
Malaysia (2011)	4,250	85.3	20.5	10.6	10.0	23.4	44.0	1.6	4.8	4.6	0.2	21.1	39.9	1.2
Mexico (2009)	13,617	82.5	68.8	32.8	36.0	16.0	25.0	7.9	11.0	8.2	2.9	7.6	11.9	3.7
Nigeria (2012)	9,765	89.1	81.7	40.9	40.8	5.5	9.9	1.1	4.5	4.1	0.5	4.2	7.6	0.8
Panama (2013)	16,962	88.4	2.7	1.3	1.3	6.3	9.6	3.0	0.2	0.1	0.04	2.9	4.5	1.3
Philippines (2009)	9,701	94.7	61.3	30.6	30.7	29.5	49.2	10.0	18.1	15.0	3.1	23.7	39.7	7.8
Poland (2010)	7,840	65.1	32.3	15.4	16.9	30.5	37.3	24.4	9.9	5.8	4.1	27.0	33.6	21.0
Qatar (2013)	8,398	98.5	0.4	0.2	0.2	12.5	21.0	3.1	0.1	0.05	0.01	9.8	17.2	1.7
Romania (2011)	4,517	89.1	18.2	8.8	9.4	26.7	37.4	16.7	4.8	3.3	1.6	24.3	34.9	14.5
Russian Federation (2009)	11,406	97.7	112.2	50.8	61.4	39.3	60.6	21.7	44.2	30.8	13.3	33.9	55.1	16.3
Thailand (2009)	20,566	94.2	52.6	25.6	27.0	27.2	46.4	9.1	14.3	11.9	2.5	23.6	39.9	8.1
Thailand (2011)*	20,606	96.3	54.2	26.3	27.9	26.9	47.2	7.6	14.6	12.4	2.1	24.3	42.6	6.9
Turkey (2008)	9,030	90.9	51.2	25.1	26.1	31.2	47.9	15.2	16.0	12.0	4.0	27.4	43.8	11.6
Turkey (2012)*	9,851	90.1	54.5	26.9	27.7	27.1	41.5	13.1	14.8	11.1	3.6	23.8	37.3	10.7
Ukraine (2010)	8,158	76.1	40.0	18.2	21.8	28.9	50.1	11.3	11.6	9.1	2.5	25.5	45.5	8.9
Uruguay (2009)	5,581	95.2	2.5	1.2	1.3	25.0	30.7	19.8	0.6	0.4	0.3	20.4	24.8	16.4
Viet Nam (2010)	9,925	92.7	64.3	31.3	33.1	25.0	47.6	3.6	16.1	14.9	1.2	20.4	38.8	3.0

—: Data not available.

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

For precision, the number of decimal places may vary, depending on the indicator and country.

Country (survey year)	Monitor use and policies											
	Percentage distribution of current tobacco use by age group (%)					Number of current tobacco smokers (In millions)	Prevalence of current tobacco smoking (%)			Prevalence of current daily tobacco smoking (%)		
	15 – 17	18 – 24	25 – 44	45 – 64	65+		overall	male	female	overall	male	female
Argentina (2012)	8.6	25.4	27.1	24.0	8.8	6.1	22.1	29.4	15.6	17.1	21.9	12.7
Bangladesh (2009)	8.2	20.4	44.8	68.8	70.8	21.9	23.0	44.7	1.5	20.9	40.7	1.3
Brazil (2008)	4.1	13.7	18.4	23.1	14.5	24.6	17.2	21.6	13.1	15.1	18.9	11.5
China (2010)	4.0	22.1	31.0	33.6	22.7	300.7	28.1	52.9	2.4	24.1	45.4	2.0
Egypt (2009)	4.1	13.7	23.3	25.8	20.5	9.7	19.4	37.6	0.5	18.5	35.8	0.5
Greece (2013)	6.8	38.4	50.7	43.2	15.3	3.5	38.2	51.2	25.7	36.6	49.7	23.9
India (2010)	9.6	21.4	37.3	47.1	47.8	111.2	14.0	24.3	2.9	10.7	18.3	2.4
Indonesia (2011)	15.4	31.6	38.0	40.5	37.5	59.9	34.8	67.0	2.7	29.2	56.7	1.8
Malaysia (2011)	7.2	20.7	29.4	23.1	16.1	4.7	23.1	43.9	1.0	20.9	39.9	0.7
Mexico (2009)	10.2	20.2	17.1	15.8	8.1	10.9	15.9	24.8	7.8	7.6	11.8	3.7
Nigeria (2012)	1.0	1.8	6.0	10.4	12.3	3.1	3.9	7.3	0.4	2.9	5.6	0.3
Panama (2013)	2.8	4.6	7.2	7.4	5.0	0.2	6.1	9.4	2.8	2.8	4.4	1.2
Philippines (2009)	12.3	25.7	32.9	33.5	32.0	17.3	28.2	47.6	9.0	22.5	38.2	6.9
Poland (2010)	11.2	28.5	35.2	37.8	11.8	9.8	30.3	36.9	24.4	27.0	33.5	21.0
Qatar (2013)	2.4	8.4	14.3	15.0	8.4	0.1	12.1	20.2	3.1	9.5	16.5	1.7
Romania (2011)	14.4	25.5	36.3	28.0	7.6	4.8	26.7	37.4	16.7	24.3	34.9	14.5
Russian Federation (2009)	18.9	48.6	49.7	38.2	14.9	43.9	39.1	60.2	21.7	33.8	55.0	16.3
Thailand (2009)	8.0	23.8	26.9	28.7	39.8	12.5	23.7	45.6	3.1	20.3	39.2	2.4
Thailand (2011)*	15.9	24.3	26.7	28.6	31.8	13.0	24.0	46.6	2.6	21.5	42.0	2.1
Turkey (2008)	13.0	29.3	39.9	29.5	10.3	16.0	31.2	47.9	15.2	27.4	43.8	11.6
Turkey (2012)*	9.7	25.2	35.7	25.9	8.8	14.8	27.1	41.5	13.1	23.8	37.3	10.7
Ukraine (2010)	17.6	34.1	40.1	27.0	8.5	11.5	28.9	50.0	11.3	25.5	45.5	8.9
Uruguay (2009)	14.0	29.5	30.4	28.6	8.1	0.6	25.0	30.7	19.8	20.4	24.8	16.4
Viet Nam (2010)	2.8	17.8	29.0	30.8	24.5	15.3	23.8	47.4	1.4	19.5	38.7	1.2

—: Data not available.

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

For precision, the number of decimal places may vary, depending on the indicator and country.

Country (survey year)	Monitor use and policies											
	Prevalence of current smokeless tobacco use (%)			Pattern of tobacco use among current users (%)								
				Smoked only			Smokeless only			Dual use		
	overall	male	female	overall	male	female	overall	male	female	overall	male	female
Argentina (2012)	0.2	0.1	0.2	99.3	99.7	98.7	0.2	0.1	0.5	0.4	0.2	0.8
Bangladesh (2009)	27.2	26.4	27.9	37.3	54.6	2.7	46.9	23.0	94.7	15.8	22.5	2.5
Brazil (2008)	0.4	0.6	0.3	97.5	97.2	98.0	1.9	2.0	1.7	0.6	0.8	0.4
China (2010)	0.4	0.7	0.0	98.6	98.6	98.3	0.0	0.0	0.5	1.4	1.4	1.2
Egypt (2009)	2.2	4.1	0.3	88.8	89.3	56.0	1.5	1.2	18.9	9.7	9.5	25.1
Greece (2013)	0.2	0.2	0.2	99.5	99.6	99.4	0.0	0.0	0.0	0.5	0.4	0.6
India (2010)	25.9	32.9	18.4	25.1	31.3	9.2	59.5	49.3	85.5	15.4	19.4	5.3
Indonesia (2011)	1.7	1.5	1.9	95.2	97.8	56.6	2.5	0.1	39.8	2.2	2.1	3.7
Malaysia (2011)	0.7	0.9	0.6	96.9	98.0	64.7	1.3	0.2	35.3	1.7	1.8	0.0
Mexico (2009)	0.3	0.3	0.3	98.0	98.8	95.8	0.9	0.6	1.7	1.1	0.6	2.5
Nigeria (2012)	1.9	2.9	0.9	65.4	70.4	21.9	30.5	26.1	68.9	4.1	3.5	9.2
Panama (2013)	0.8	1.0	0.5	87.8	89.3	83.0	3.7	2.4	7.6	8.5	8.2	9.3
Philippines (2009)	1.9	2.7	1.2	93.4	94.4	88.4	4.3	3.1	10.3	2.3	2.5	1.3
Poland (2010)	0.5	1.0	0.1	98.3	97.2	99.7	0.6	1.0	0.0	1.1	1.7	0.3
Qatar (2013)	0.7	1.3	0.0	94.4	93.7	100.0	3.5	4.0	0.0	2.0	2.3	0.0
Romania (2011)	0.3	0.4	0.2	98.9	99.0	98.8	0.0	0.1	0.0	1.0	1.0	1.2
Russian Federation (2009)	0.6	1.0	0.2	98.5	98.3	99.1	0.5	0.7	0.2	1.0	1.0	0.7
Thailand (2009)	3.9	1.3	6.3	85.7	97.1	30.8	12.9	1.8	66.0	1.4	1.0	3.3
Thailand (2011)*	3.2	1.1	5.2	88.0	97.7	31.4	10.8	1.4	65.8	1.2	0.9	2.8
Turkey (2008)	–	–	–	–	–	–	–	–	–	–	–	–
Turkey (2012)*	–	–	–	–	–	–	–	–	–	–	–	–
Ukraine (2010)	0.2	0.5	0.0	99.3	99.1	99.9	0.2	0.2	0.0	0.6	0.7	0.1
Uruguay (2009)	0.0	0.0	0.0	100.0	100.0	100.0	0.00	0.00	0.00	0.02	0.04	0.00
Viet Nam (2010)	1.3	0.3	2.3	94.7	99.4	36.6	4.8	0.4	59.8	0.5	0.2	3.5

–: Data not available.

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

For precision, the number of decimal places may vary, depending on the indicator and country.

Country (survey year)	Monitor use and policies								
	Average age of daily smoking initiation among ever daily smokers age 20 – 34			Percentage of former daily smokers among ever daily smokers (%)			Average number of cigarettes smoked per day among current daily smokers		
	overall	male	female	overall	male	female	overall	male	female
Argentina (2012)	16.3	16.5	16.1	39.5	37.5	42.5	15.2	16.6	13.0
Bangladesh (2009)	17.4	17.4	~	17.8	16.6	41.3	8.6	8.7	~
Brazil (2008)	17.2	17.1	17.3	46.9	46.4	47.7	13.8	14.7	12.4
China (2010)	19.5	19.5	~	12.8	12.6	16.8	16.5	16.6	12.8
Egypt (2009)	17.1	17.1	~	16.6	16.5	21.2	19.3	19.4	~
Greece (2013)	17.7	17.5	18.1	24.0	24.5	23.1	19.8	21.3	16.8
India (2010)	18.3	18.3	17.2	12.6	12.1	16.2	6.2	6.1	7.0
Indonesia (2011)	17.6	17.6	~	9.5	9.0	23.2	12.8	13.0	8.1
Malaysia (2011)	17.2	17.2	~	9.5	9.4	10.0	13.9	14.0	~
Mexico (2009)	16.6	16.5	17.1	32.0	31.6	33.1	9.4	9.7	8.4
Nigeria (2012)	18.2	18.3	~	36.2	35.2	53.8	8.3	8.0	~
Panama (2013)	16.9	16.7	17.4	37.0	30.6	52.3	14.8	16.3	10.1
Philippines (2009)	17.7	17.6	19.2	21.5	20.9	25.0	10.6	11.3	6.9
Poland (2010)	17.7	17.6	18.0	36.5	38.3	33.7	17.2	18.3	15.5
Qatar (2013)	18.1	18.1	18.0	27.3	27.6	24.7	17.2	17.6	10.9
Romania (2011)	17.1	16.7	18.0	28.0	28.2	27.5	16.6	17.7	14.1
Russian Federation (2009)	16.7	16.6	17.1	18.3	18.8	17.1	17.0	18.5	12.7
Thailand (2009)	17.6	17.6	18.4	28.8	28.4	34.4	12.6	12.9	8.6
Thailand (2011)*	17.4	17.3	19.0	27.2	26.8	33.8	12.5	12.6	9.3
Turkey (2008)	17.1	16.7	17.9	26.5	27.2	23.9	17.7	19.3	12.2
Turkey (2012)*	17.2	16.9	18.1	27.2	26.9	28.3	19.2	20.3	15.3
Ukraine (2010)	17.3	16.9	18.4	25.9	26.1	25.0	16.9	18.1	11.8
Uruguay (2009)	16.5	16.3	16.7	42.0	42.8	41.0	15.4	17.6	12.5
Viet Nam (2010)	19.0	19.1	~	23.5	23.3	28.6	13.5	13.6	10.9

–: Data not available.

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For precision, the number of decimal places may vary, depending on the indicator and country.

Monitor use and policies									
Percentage distribution of cigarettes smoked per day among current daily smokers (%)									
Country (survey year)	1 – 10			11 – 19			20 or more		
	overall	male	female	overall	male	female	overall	male	female
	Argentina (2012)	45.0	34.1	62.0	9.5	11.3	6.8	45.5	54.7
Bangladesh (2009)	78.3	78.2	~	10.7	10.8	~	11.1	11.1	~
Brazil (2008)	52.2	48.6	57.8	12.4	12.8	11.8	35.3	38.6	30.3
China (2010)	39.9	39.1	58.4	13.0	13.1	11.3	47.1	47.8	30.3
Egypt (2009)	11.8	11.5	~	2.2	2.2	~	86.0	86.2	~
Greece (2013)	21.2	15.9	32.0	21.3	19.8	24.4	57.5	64.3	43.5
India (2010)	88.4	88.9	82.1	6.7	6.3	12.0	4.9	4.8	6.0
Indonesia (2011)	37.5	36.4	72.9	46.9	47.7	20.4	15.6	15.9	6.7
Malaysia (2011)	48.6	48.0	~	17.9	18.1	~	33.6	33.9	~
Mexico (2009)	77.1	75.4	81.9	6.0	6.8	3.8	16.9	17.8	14.3
Nigeria (2012)	76.5	77.4	~	12.4	12.9	~	11.0	9.7	~
Panama (2013)	49.7	44.0	66.9	13.3	10.1	23.0	37.0	45.9	10.2
Philippines (2009)	69.0	65.9	86.4	8.5	9.2	4.1	22.5	24.9	9.5
Poland (2010)	29.4	25.2	35.5	19.2	16.7	22.7	51.4	58.0	41.8
Qatar (2013)	32.5	29.9	66.1	14.1	14.6	7.5	53.4	55.5	26.5
Romania (2011)	34.2	27.5	49.4	14.6	14.3	15.3	51.1	58.2	35.3
Russian Federation (2009)	33.8	25.1	58.0	15.6	15.9	14.9	50.6	59.0	27.1
Thailand (2009)	55.8	54.5	78.1	20.1	20.7	9.4	24.1	24.8	12.5
Thailand (2011)*	57.9	57.0	76.3	18.0	18.4	9.3	24.1	24.6	14.4
Turkey (2008)	33.9	26.0	62.5	12.1	13.1	8.4	54.0	60.9	29.2
Turkey (2012)*	29.6	23.7	49.5	12.2	12.3	11.7	58.2	64.0	38.8
Ukraine (2010)	32.8	25.5	63.9	16.1	17.6	9.9	51.1	57.0	26.2
Uruguay (2009)	47.6	38.8	59.3	15.5	15.2	15.9	36.9	46.0	24.7
Viet Nam (2010)	60.2	59.8	72.3	10.5	10.7	5.2	29.3	29.5	22.5

—: Data not available.

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For precision, the number of decimal places may vary, depending on the indicator and country.

Protect from secondhand smoke									
Country (survey year)	Percentage of adults exposed to smoke in public places (%)				Number of adults exposed to smoke in public places** (in millions)	Exposure to smoke at workplace (in millions)		Exposure to smoke in the home (in millions)	
	government buildings	healthcare facilities	restaurants	public transportation		total workforce	total exposed	total at home	total exposed
	overall	overall	overall	overall	overall	overall	overall	overall	
	Argentina (2012)	24.5	8.8	23.2	16.6	6.8	10.7	3.4	27.5
Bangladesh (2009)	43.3	23.8	79.7	53.6	42.8	16.5	10.2	93.3	51.2
Brazil (2008)	18.0	10.1	31.7	9.5	25.8	49.7	11.6	143.0	39.9
China (2010)	58.4	37.9	88.5	34.1	599.7	388.0	245.7	1,065.8	716.9
Egypt (2009)	72.7	49.2	72.7	79.6	34.4	9.2	5.5	48.5	30.3
Greece (2013)	18.2	6.8	72.2	6.9	3.8	3.0	1.6	9.2	6.0
India (2010)	26.2	16.8	47.8	33.9	228.4	125.0	37.3	782.4	313.0
Indonesia (2011)	63.4	17.9	85.4	70.0	78.7	28.4	14.6	170.0	133.3
Malaysia (2011)	20.0	8.7	71.0	28.2	9.6	5.8	2.3	19.9	7.6
Mexico (2009)	17.0	4.3	29.6	24.2	15.9	15.5	2.9	68.6	11.9
Nigeria (2012)	16.7	5.3	29.3	9.4	13.1	15.8	2.7	78.9	5.2
Panama (2013)	8.6	7.3	12.4	8.2	0.4	0.7	0.04	2.7	0.1
Philippines (2009)	25.5	7.6	33.6	55.3	33.7	13.7	4.5	60.4	32.9
Poland (2010)	10.0	4.6	52.0	8.4	6.7	12.9	4.3	31.8	14.1
Qatar (2013)	7.8	4.3	25.9	14.0	0.1	0.2	0.03	0.4	0.1
Romania (2011)	20.7	10.4	86.6	8.9	5.9	5.8	2.0	18.1	6.4
Russian Federation (2009)	17.0	10.2	78.6	24.9	39.3	62.9	21.9	111.6	38.7
Thailand (2009)	13.0	4.8	34.4	21.6	9.2	12.1	3.3	52.4	17.4
Thailand (2011)*	14.7	7.3	46.9	25.6	16.5	13.8	4.2	54.2	19.5
Turkey (2008)	11.3	6.0	55.9	16.5	16.1	14.2	5.3	50.5	28.5
Turkey (2012)*	6.5	3.8	12.9	10.4	7.5	15.6	2.4	54.4	20.8
Ukraine (2010)	10.1	6.6	64.1	17.5	11.9	15.7	5.2	39.8	9.4
Uruguay (2009)	6.9	3.8	4.4	5.4	0.2	1.0	0.2	2.5	0.8
Viet Nam (2010)	38.7	23.6	84.9	34.4	20.9	14.3	8.0	64.0	46.8

—: Data not available.

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For precision, the number of decimal places may vary, depending on the indicator and country.

Country (survey year)	Offer help to quit											
	Percentage of first tobacco use within 30 minutes after waking (%)			Percentage of current smokers intending to quit (%)			Percentage of smokers using cessation aid in past 12 months (%)		Percentage of smokers attempting to quit in past 12 months (%)			Number of smokers attempting to quit in past 12 months (in millions)
	overall	male	female	overall	male	female	pharmacology	counselling/ advice	overall	male	female	
Argentina (2012)	28.5	26.1	32.3	73.6	74.9	71.3	4.1	2.5	48.6	47.9	49.6	3.3
Bangladesh (2009)	41.7	42.3	40.3	68.0	69.1	36.9	–	14.9	47.3	47.8	31.5	10.7
Brazil (2008)	60.0	62.8	55.8	–	–	–	6.7	15.2	45.6	43.0	49.5	12.1
China (2010)	50.3	50.3	50.3	41.2	41.6	33.8	3.3	3.0	14.4	14.2	18.6	44.6
Egypt (2009)	35.2	35.1	44.7	42.2	42.3	35.3	2.0	4.0	41.1	41.1	44.4	4.1
Greece (2013)	72.2	76.2	64.2	53.0	50.3	58.1	15.1	2.7	18.9	16.9	22.7	0.7
India (2010)	60.1	62.1	55.1	46.6	47.3	40.6	4.0	9.2	38.4	38.3	38.9	43.8
Indonesia (2011)	38.3	38.6	30.0	48.8	48.9	45.8	25.7	7.0	30.4	29.8	44.6	18.5
Malaysia (2011)	47.5	48.1	16.8	70.7	70.4	82.8	9.0	4.4	48.6	48.7	45.7	2.3
Mexico (2009)	27.4	25.7	32.6	72.1	71.0	75.5	6.2	2.9	49.9	47.2	57.4	6.1
Nigeria (2012)	55.3	54.4	63.8	66.3	68.2	–	5.2	15.0	45.4	45.8	–	1.5
Panama (2013)	43.7	47.3	31.8	64.4	62.1	71.8	6.2	12.0	45.2	44.4	48.2	0.1
Philippines (2009)	56.6	59.7	39.4	60.4	60.3	60.5	5.9	12.3	47.9	46.7	53.9	8.7
Poland (2010)	60.0	62.2	56.7	50.2	48.0	53.1	24.9	3.5	35.1	34.7	35.5	3.7
Qatar (2013)	43.3	41.9	59.2	66.8	68.6	53.5	21.6	15.9	38.2	37.7	41.3	0.02
Romania (2011)	69.5	72.0	63.7	62.8	62.5	63.3	8.9	1.7	37.8	36.1	41.2	1.9
Russian Federation (2009)	59.0	63.6	45.8	60.3	55.8	70.7	20.1	5.7	32.1	29.4	38.1	14.6
Thailand (2009)	58.8	60.7	50.0	60.0	60.5	52.9	10.6	5.8	49.8	49.9	47.4	6.4
Thailand (2011)*	56.2	57.6	47.9	54.0	53.9	56.4	7.6	4.8	36.7	36.5	39.4	4.9
Turkey (2008)	41.1	42.6	35.5	53.0	53.6	51.1	9.3	1.8	44.8	44.1	46.9	7.7
Turkey (2012)*	42.1	42.7	39.8	55.2	53.8	59.3	13.6	8.0	46.0	45.1	48.8	7.2
Ukraine (2010)	61.7	64.1	51.5	68.0	66.3	74.0	1.9	2.7	40.5	39.1	45.6	5.0
Uruguay (2009)	35.5	38.2	31.7	75.7	76.7	74.3	18.2	12.4	48.6	48.4	48.9	0.3
Viet Nam (2010)	66.2	66.4	60.2	67.5	68.4	36.8	24.5	3.0	55.3	55.6	44.4	8.9

–: Data not available.

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*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

For precision, the number of decimal places may vary, depending on the indicator and country.

Country (survey year)	Offer help to quit						Warn of danger				
	Percentage of current smokers and recent quitters						Percentage of adults believing smoking causes (%)			Percentage of adults believing secondhand smoke causes serious illness among non-smokers (%)	Number of current smokers considering quitting because health warnings on cigarette packaging (in millions)
	asked about smoking by healthcare providers in past 12 months (%)			advised to quit by healthcare providers in past 12 months (%)			stroke	heart attack	lung cancer		
overall	male	female	overall	male	female	overall	overall	overall	overall	overall	
Argentina (2012)	80.1	82.2	77.3	60.5	60.7	60.4	73.6	91.0	98.6	92.6	2.0
Bangladesh (2009)	56.0	55.9	64.6	52.9	52.7	61.6	81.6	85.9	91.5	93.4	12.6
Brazil (2008)	71.0	70.2	71.8	57.1	55.7	58.5	74.3	87.0	96.2	91.4	16.0
China (2010)	40.8	41.7	25.5	33.9	34.5	23.1	27.2	38.7	77.5	64.3	94.5
Egypt (2009)	74.1	75.3	35.8	67.0	68.4	23.4	88.6	95.0	96.2	96.3	4.2
Greece (2013)	83.8	88.9	77.8	72.2	78.7	64.8	76.6	91.2	96.3	84.9	0.5
India (2010)	53.0	54.0	45.5	46.3	47.3	38.9	49.4	63.9	84.9	82.9	31.6
Indonesia (2011)	40.5	41.6	17.9	34.6	35.7	13.0	45.5	81.5	84.7	73.7	16.2
Malaysia (2011)	67.6	67.3	~	52.6	52.2	~	80.7	88.8	93.7	85.8	2.1
Mexico (2009)	64.7	64.3	65.6	17.3	17.9	16.1	60.4	79.7	96.7	95.6	3.6
Nigeria (2012)	69.7	71.3	~	61.2	62.4	~	51.4	76.8	73.0	74.5	0.8
Panama (2013)	73.6	71.0	79.5	60.4	63.7	53.0	73.5	83.5	97.0	87.5	0.1
Philippines (2009)	67.5	71.6	53.4	51.6	53.2	46.2	73.3	78.9	92.8	91.6	6.5
Poland (2010)	57.2	58.9	55.4	41.8	41.2	42.5	61.8	79.9	92.6	81.4	1.7
Qatar (2013)	77.4	78.8	68.8	71.3	72.9	61.6	79.5	93.7	96.4	95.1	0.03
Romania (2011)	82.1	85.1	77.6	67.3	68.8	65.0	89.2	90.0	98.3	94.2	1.5
Russian Federation (2009)	45.4	47.7	41.3	31.8	34.2	27.5	67.3	71.0	91.2	81.9	13.9
Thailand (2009)	60.2	59.9	63.9	51.9	52.3	48.7	79.6	75.7	97.5	94.9	8.4
Thailand (2011)*	65.3	65.0	68.2	55.8	55.9	54.5	81.0	77.3	97.8	94.2	8.1
Turkey (2008)	49.0	49.1	48.8	40.7	42.2	38.0	82.1	93.6	96.1	95.5	7.4
Turkey (2012)*	51.4	49.1	56.3	42.9	41.3	46.4	84.8	95.5	97.7	96.2	7.8
Ukraine (2010)	41.7	43.1	38.2	30.8	32.4	26.9	77.9	79.3	91.2	86.3	6.6
Uruguay (2009)	76.6	75.1	77.9	54.5	56.7	52.3	76.5	92.0	96.8	93.8	0.3
Viet Nam (2010)	34.9	35.3	25.6	29.7	30.2	20.3	70.3	62.7	95.6	87.0	10.2

–: Data not available.

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Country (survey year)	Warn of danger							Enforce market bans				
	Percentage of current smokers considering quitting because of health warnings on cigarette packaging (%)			Percentage of adults noticing anti-cigarette information (%)				Number of adults noticing cigarette advertising (in millions)	Percentage of adults noticing cigarette advertising (%)			
	overall	male	female	newspaper/magazine	billboard	television	radio		newspaper/magazine	billboard	television	store
								overall				
Argentina (2012)	32.9	33.9	31.3	42.9	28.6	58.3	32.4	16.2	18.0	20.6	24.7	41.9
Bangladesh (2009)	58.5	60.1	7.4	9.7	16.4	36.5	10.9	38.8	1.9	6.1	5.4	33.2
Brazil (2008)	65.0	63.5	67.2	39.4	19.5	63.9	30.3	43.5	–	–	–	30.4
China (2010)	31.5	32.0	21.4	21.8	20.5	45.4	6.0	150.4	2.4	4.3	7.4	4.1
Egypt (2009)	43.3	43.2	55.4	13.7	27.5	51.9	18.9	4.7	0.5	0.9	0.7	8.0
Greece (2013)	15.3	13.9	17.9	9.7	6.3	25.7	3.8	3.3	2.7	10.0	1.9	28.4
India (2010)	28.6	31.2	5.2	25.1	21.5	36.0	15.1	181.4	4.7	7.2	6.2	10.7
Indonesia (2011)	27.1	27.5	17.0	10.6	30.4	39.7	5.0	138.8	10.1	39.6	66.3	45.6
Malaysia (2011)	45.8	45.7	51.7	68.9	72.0	85.2	47.8	6.0	13.4	14.4	14.5	18.9
Mexico (2009)	32.9	31.2	37.8	44.9	30.7	80.3	45.5	33.9	17.4	16.8	–	36.5
Nigeria (2012)	26.7	27.1	~	14.2	8.8	15.9	32.6	10.9	2.8	3.0	2.8	6.5
Panama (2013)	41.0	39.0	47.7	46.8	27.2	49.7	37.2	0.7	8.8	6.0	10.5	16.4
Philippines (2009)	37.4	37.9	34.6	30.9	26.0	59.8	38.7	42.8	12.5	13.7	24.4	53.7
Poland (2010)	17.7	15.2	21.2	39.0	24.8	59.3	27.9	5.0	2.0	–	2.8	13.9
Qatar (2013)	51.4	52.4	43.7	40.6	39.7	34.1	28.9	0.1	10.8	–	–	10.3
Romania (2011)	30.6	28.6	34.7	35.1	25.8	76.7	25.3	5.2	–	–	–	26.7
Russian Federation (2009)	31.7	31.6	31.9	33.7	24.8	38.6	10.8	63.9	33.3	–	11.5	43.6
Thailand (2009)	67.0	67.8	55.5	27.4	39.0	74.4	33.5	4.2	0.4	0.2	0.8	6.7
Thailand (2011)*	62.6	62.9	59.0	20.2	32.6	68.1	28.7	10.3	0.1	0.2	0.6	18.2
Turkey (2008)	46.3	46.4	46.3	46.3	36.0	85.5	23.0	3.1	0.6	0.3	3.4	2.7
Turkey (2012)*	53.0	51.6	57.5	41.1	29.9	91.4	25.2	5.2	1.8	1.1	6.3	3.6
Ukraine (2010)	57.6	56.6	61.5	28.0	24.7	46.3	14.0	14.0	11.0	14.9	9.8	20.5
Uruguay (2009)	42.9	40.5	46.2	37.4	52.1	67.4	42.5	0.9	6.9	13.1	13.1	20.9
Viet Nam (2010)	66.7	67.6	38.1	30.8	42.8	85.9	28.0	7.0	0.7	0.7	2.1	8.6

–: Data not available.

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

For precision, the number of decimal places may vary, depending on the indicator and country.

Country (survey year)	Enforce market bans			Raise prices**			
	Percentage of adults noticing various types of cigarette promotion (%)			Average cost of 20 manufactured cigarettes (international \$)	Average cost of 2,000 manufactured cigarettes as % of GDP per capita (%)	Average monthly expenditure on manufactured cigarettes (international \$)	Average monthly expenditure on manufactured cigarettes as % of monthly GDP per capita (%)
	branded clothing	free cigarette samples	sponsored sports events				
	overall	overall	overall	overall	overall	overall	overall
Argentina (2012)	8.4	1.2	3.9	2.75	1.5	52.1	3.4
Bangladesh (2009)	4.8	6.9	1.2	1.19	7.1	13.9	10.1
Brazil (2008)	1.8	0.7	6.1	1.71	1.6	33.7	3.8
China (2010)	1.3	0.5	3.5	1.84	2.5	39.6	6.3
Egypt (2009)	2.1	0.4	2.1	1.72	2.8	47.8	9.3
Greece (2013)	10.7	4.3	3.7	4.84	2.0	146.2	7.4
India (2010)	3.0	1.0	–	2.89	9.4	16.8	6.5
Indonesia (2011)	29.6	5.6	32.1	1.76	3.8	34.2	8.8
Malaysia (2011)	7.8	2.7	–	4.19	2.6	74.4	5.5
Mexico (2009)	11.0	2.8	6.2	3.51	2.6	28.8	2.6
Nigeria (2012)	7.8	1.1	1.1	2.53	9.3	22.7	10.0
Panama (2013)	2.3	1.2	1.5	3.80	2.2	56.9	4.0
Philippines (2009)	18.3	8.3	2.8	0.83	2.3	11.2	3.7
Poland (2010)	6.3	0.8	–	4.29	2.4	95.1	6.5
Qatar (2013)	7.4	1.0	4.9	2.41	0.2	57.0	0.6
Romania (2011)	5.2	4.4	5.0	4.95	4.0	116.2	11.3
Russian Federation (2009)	20.9	13.0	6.6	1.32	0.9	30.1	2.4
Thailand (2009)	6.6	0.3	1.1	2.66	3.1	34.3	4.9
Thailand (2011)*	3.9	0.2	1.3	2.98	3.2	39.9	5.1
Turkey (2008)	2.8	2.5	3.3	3.27	2.4	80.6	7.2
Turkey (2012)*	2.0	3.1	1.9	4.36	3.0	111.1	9.1
Ukraine (2010)	9.6	2.0	2.2	1.60	2.4	37.5	6.7
Uruguay (2009)	5.4	1.6	5.2	3.34	2.6	55.7	5.2
Viet Nam (2010)	3.2	0.8	0.9	1.11	3.5	18.9	7.2

–: Data not available.

~: Indicates estimate based on less than 25 unweighted cases and has been suppressed.

*: Thailand 2011 and Turkey 2012 data are only used for spreads 30 and 31.

** : Estimates are calculated with outliers removed.

For precision, the number of decimal places may vary, depending on the indicator and country.

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Guidelines

Country Engagement Process
Implementing Agency Selection Guidelines
Proposal Development Guidelines
Implementation Instructions

Comprehensive Standard Protocol

Core Questionnaire with Optional Questions
Question by Question Specifications
Sample Design Manual
Sample Weights Manual
Field Interviewer Manual

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Field Supervisor Manual
Mapping and Listing Manual
Programmer's Guide to General Survey System
Core Questionnaire Programming Specifications
Data Management Implementation Plan
Data Management Training Guide
Quality Assurance: Guidelines and Documentation
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