

"The WHO Report on the Global Tobacco Epidemic, 2008 gives countries a roadmap that builds on the WHO Framework Convention to turn this global consensus into a global reality through MPOWER, a package of six effective tobacco control policies." – Dr Margaret Chan

Tobacco is a major preventable cause of premature death and disease worldwide, and its control requires efficient and standardized monitoring. The Global Tobacco Surveillance System (GTSS) is an ambitious undertaking by the Centers for Disease Control and Prevention and the World Health Organization to monitor trends in prevalence, consumption, attitudes, and actions through the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), the Global Health Professions Student Survey (GHPSS), and the Global Adult Tobacco Survey (GATS).

To mark the 10th anniversary of the GTSS, this seminal atlas illustrates its findings as well as key data from WHO's Framework Convention on Tobacco Control and MPOWER. Vivid maps and graphics give shape and meaning to the statistics, and compare and contrast survey results between countries and regions, boys, girls, teachers, and health professions students.

**Uruguay (Age-Adjusted Global Youth Tobacco Survey)**  
**FACT SHEET**

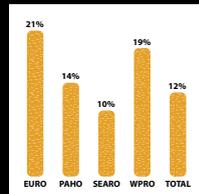
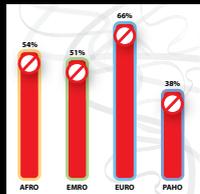
The Uruguay GYTS and other tobacco use as well as determinants of tobacco use, exposure to secondhand smoke, advertising, and school curricula components Uruguay could implement tobacco control program.

The Uruguay GYTS was conducted in grades 1 CB – 3 CB and 6 CB.

**Prevalence**  
48.9% of students had ever used tobacco  
23.2% currently use any tobacco  
20.2% currently smoke cigarettes  
7.9% currently use other tobacco products

Topics include:

- tobacco use among boys and girls
- tobacco use by teachers
- tobacco use among dental, medical, nursing, and pharmacy students
- second-hand smoke • quitting
- tobacco promotion • tobacco tax
- bans and enforcement • smoking in schools
- training and counseling



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Research Co-ordinators attending an Eastern Mediterranean GYTS Analysis workshop: Nathan Jones / CDC  
Cairo Tobacco-Free Sports group, Egypt  
Student anti-smoking demonstration, Thailand: AFP / Getty Images  
GTSS t-shirts signed by Research Co-ordinators around the world: Nathan Jones / CDC

GLOBAL TOBACCO SURVEILLANCE SYSTEM

Warren, Asma, Lee, Lea, Mackay

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## The GTSS Atlas

Charles W Warren  
Samira Asma  
Juliette Lee  
Veronica Lea  
Judith Mackay





GLOBAL TOBACCO  
SURVEILLANCE SYSTEM



# The **GTSS** Atlas





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Samira Asma  
Juliette Lee  
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In this world of such rich diversity, of unique places and people, there are also innumerable things we share in common. Sadly, one of them is chronic disease. Chronic diseases, such as heart disease, stroke, cancer, chronic respiratory diseases and diabetes, are by far the leading cause of mortality in the world, representing 60 percent of all deaths.

80 percent of chronic disease deaths occur in low- and middle-income countries and the effects of chronic disease increase poverty and reduce potential progress towards economic development. The major risk factors for chronic disease are an unhealthy diet, physical inactivity, and tobacco use. In the global crisis in chronic disease, tobacco is a central driver.

The GTSS Atlas is a key resource for helping us “see and sell” the need for worldwide tobacco control. The pictures and maps you will find here are worth many thousands of words. The facts and the data speak eloquently and we must use them to carry out our work, which brings us closer to our vision of a world free of tobacco use and of the devastation of chronic disease.

**Janet Collins PhD**

Director, National Center for Chronic Disease Prevention and Health Promotion  
US Centers for Disease Control and Prevention



Tobacco kills up to half of those who use it. Today, the global patterns of use of this lethal product result in more than 5 million deaths each year. However, tobacco use is becoming more widespread throughout the world due to low prices, aggressive and widespread marketing, lack of awareness about its dangers, and inconsistent public policies against its use. This means that if the current trends continue, the toll will increase to about 8 million deaths by 2030, with over a billion lives lost in this century.

Based on our belief that you have to know the epidemic to fight the epidemic, the Global Tobacco Surveillance System (GTSS) has been monitoring worldwide tobacco use and issues for more than 10 years. And thanks to WHO and others, we now have the MPOWER strategy, which further underscores the importance of surveillance and monitoring as primary elements in global tobacco control.

The GTSS monitoring system was first built around youth tobacco use and more recently includes adults. For the first time, we are compiling youth and adult survey results into a graphic atlas that shows the stark facts in a strongly visual way. The GTSS Atlas can help us see the epidemic in its global scale and allows us to compare situations in countries and regions at a glance.

In combating the global tobacco epidemic, we need as many useful and effective tools as we can possibly get. We hope that many will find this GTSS Atlas a welcome addition.

**Matthew McKenna MD, MPH**

Director, National Center for Chronic Disease Prevention and Health Promotion  
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Surveillance is the ongoing, systematic collection, analysis, and interpretation of health-related data essential to the planning, implementation and evaluation of public health practice. It is closely integrated with the timely dissemination of data to those responsible for prevention and control.

The atlas visualizes a decade of work in establishing the Global Tobacco Surveillance System (GTSS), which has become the largest public health surveillance system ever developed and maintained.

The atlas documents the components of the GTSS, which include the monitoring of tobacco use and tobacco control measures among youth, school personnel, health professions students and adults. It maps the coverage of the surveys and provides data on the various elements of a comprehensive tobacco control strategy as outlined in the WHO- FCTC and MPOWER policy. It illustrates the importance of enhancing country capacity to develop, implement and evaluate tobacco control programs through partnerships and a systematic framework.

This resource will be invaluable to policy makers, public health practitioners, scholars and students interested in tobacco control.

This atlas is also available online at [www.cdc.gov/tobacco/global/atlas](http://www.cdc.gov/tobacco/global/atlas)

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CDC	Centers for Disease Control and Prevention
RC	Research Co-ordinator
GTSS	Global Tobacco Surveillance System
GYTS	Global Youth Tobacco Survey
GSPS	Global School Personnel Survey
GHPSS	Global Health Professions Student Survey
GATS	Global Adult Tobacco Survey
WHO	World Health Organization
RO	Regional Offices, WHO
AFR	African Region
AMR	Region of the Americas
EMR	Eastern Mediterranean Region
EUR	European Region
SEAR	South-East Asian Region
WPR	Western Pacific Region
CPHA	Canadian Public Health Association
FCTC	Framework Convention on Tobacco Control, WHO
MPOWER	2008 WHO publication with six key strategies <b>M</b> onitor tobacco use and prevention policies <b>P</b> rotect people from tobacco smoke <b>O</b> ffer help to quit tobacco use <b>W</b> arn about the dangers of tobacco <b>E</b> nforce bans on tobacco advertising, promotion and sponsorship <b>R</b> aise taxes on tobacco
SHS	Second-hand smoke
SFA	Smoke-free areas



# Introduction



**WHO FRAMEWORK CONVENTION ON TOBACCO CONTROL (FCTC)**

as of February 2009

- ratified or acceded
- signed only
- neither signed nor ratified



**WHO Framework Convention on Tobacco Control**

**Main provisions**

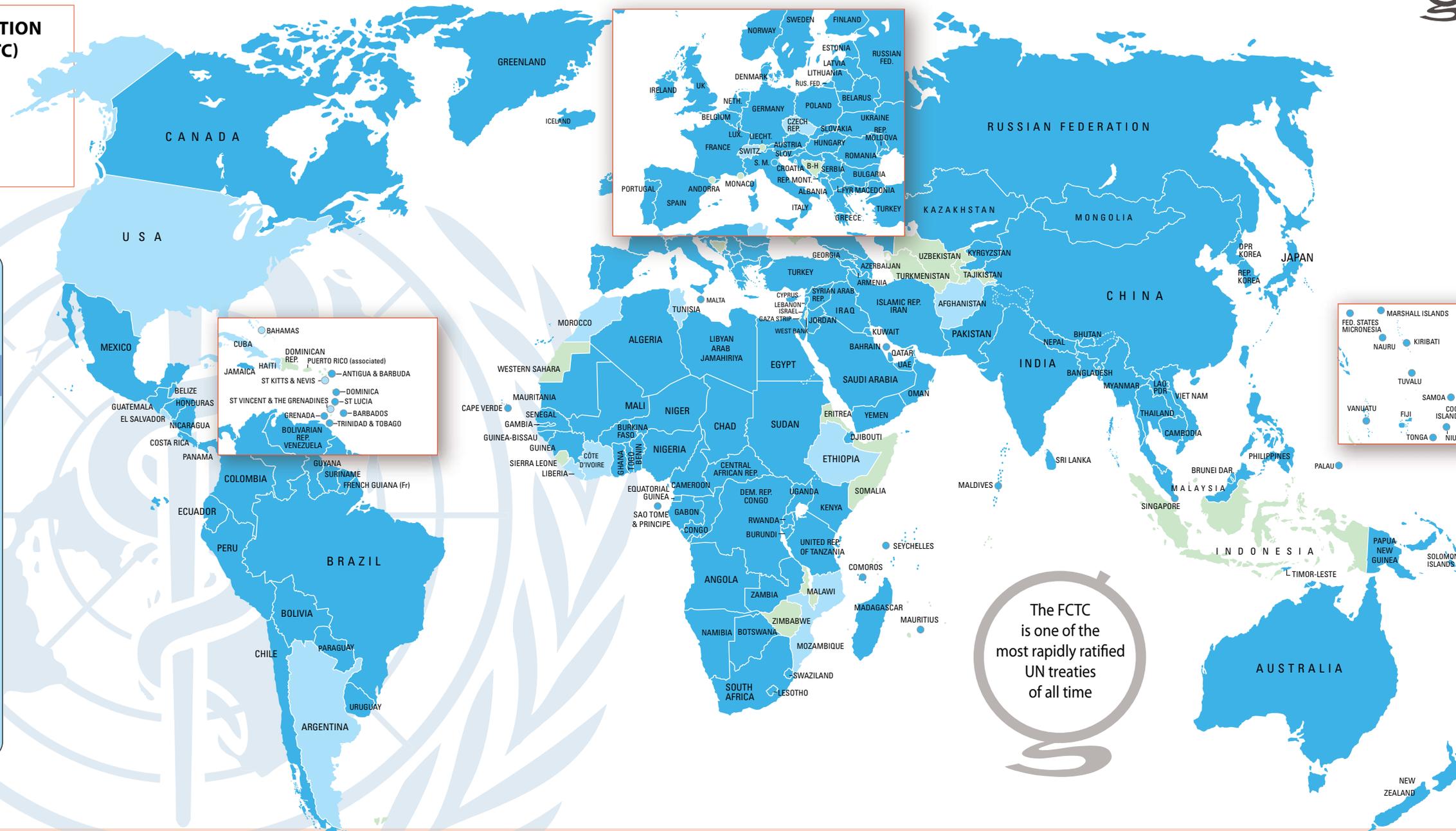
**Regulation of:**

- 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

**Protection of the environment and health of tobacco workers**



The FCTC is one of the most rapidly ratified UN treaties of all time

Over 160 World Health Organization (WHO) member states and the European Community are already parties to the 2005 WHO Framework Convention on Tobacco Control (FCTC). The Conference of Parties Secretariat has been established to develop protocols and guidelines. Article 20 states that parties shall progressively establish and maintain updated data from national surveillance programs.

The WHO Report on the Global Tobacco Epidemic, 2008 recommends:

“that proven tobacco policies and interventions be implemented, that they be informed by data from systematic surveys designed to target and refine implementation, and that rigorous monitoring is done to evaluate their impact.”

The Global Tobacco Surveillance System (GTSS) data is used as a source in monitoring and evaluation as it relates to WHO FCTC and to the MPOWER strategies described in the report (see pages 22–23).

In 1998, WHO, the Centers for Disease Control and Prevention (CDC) and the Canadian Public Health Association (CPHA) initiated the GTSS to assist countries in establishing tobacco control surveillance and monitoring programs. GTSS collects data via two

survey mechanisms – school-based and household. Both types of survey are multi-partner projects representing global, regional and national partners.

The CDC is a WHO Collaborating Center, and is primarily responsible for survey design and sample selection, training, fieldwork implementation procedures, data management and processing, and initial tabulation of the data.

"I call on governments around the world to take urgent action to implement the policies outlined in the MPOWER package."

**Dr Margaret Chan**  
Director-General,  
World Health  
Organization, 2008

## OBJECTIVES

- M**onitor tobacco use  
Objective – Obtain nationally representative and population-based periodic data on key indicators of tobacco use for youth and adults
- P**rotect people from tobacco smoke  
Objective – Completely smoke-free environments in all indoor public spaces and workplaces, including restaurants and bars
- O**ffer help to quit tobacco use  
Objective – Easily accessible services to manage tobacco dependence clinically at 100 percent of primary health-care facilities and through community resources
- W**arn about the dangers of tobacco  
Objective – High levels of awareness of the health risks of tobacco use across age groups, sexes and places of residence, so that all people understand that the result of tobacco use is suffering, disfigurement and early death
- E**nforce bans on tobacco advertising, promotion and sponsorship  
Objective – Complete absence of tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco products  
Objective – Progressively less affordable tobacco products

## COVERAGE

Share of the world's population covered by comprehensive tobacco control policies  
*end December 2007*

smoke-free environment  
5%

cessation programmes  
5%

health warnings  
4%

advertising bans  
5%

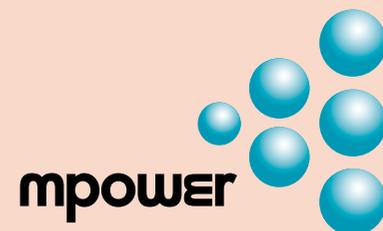
taxation  
2%

48% of countries met the minimum requirements for recent and representative adult and youth data.

## INTERVENTIONS

- P**rotect people from tobacco smoke  
Intervention – Enact and enforce completely smoke-free environments in health-care and educational facilities and in all indoor public places including workplaces, restaurants and bars
- O**ffer help to quit tobacco use  
Intervention – Strengthen health systems so they can make tobacco cessation advice available as part of primary health care. Support quit lines and other community initiatives in conjunction with easily accessible, low-cost pharmacological treatment where appropriate
- W**arn about the dangers of tobacco  
Intervention – Require effective package warning labels  
Intervention – Implement counter-tobacco advertising  
Intervention – Obtain free media coverage of anti-tobacco activities
- E**nforce bans on tobacco advertising, promotion and sponsorship  
Intervention – Enact and enforce effective legislation that comprehensively bans any form of direct tobacco advertising, promotion and sponsorship  
Intervention – Enact and enforce effective legislation to ban indirect tobacco advertising, promotion and sponsorship
- R**aise taxes on tobacco products  
Intervention – Increase tax rates for tobacco products and ensure that they are adjusted periodically to keep pace with inflation and rise faster than consumer purchasing power  
Intervention – Strengthen tax administration to reduce the illicit trade in tobacco products

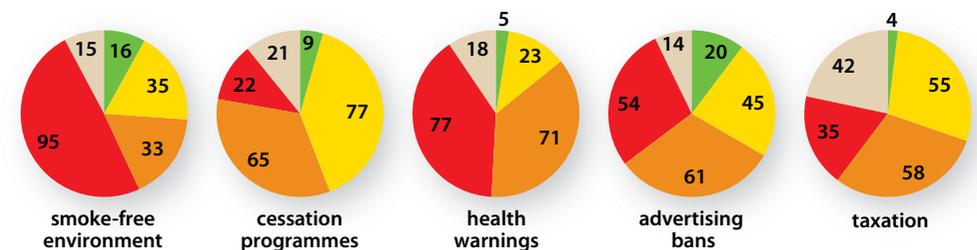
In 2008 the World Health Organization (WHO) developed the MPOWER package. This technical assistance package is intended to help countries meet their commitments agreed upon in the articles of the WHO Framework Convention on Tobacco Control. The package contains the six most effective tobacco-control strategies proven to reduce and reverse the tobacco epidemic of tobacco-related disease and death.



## THE STATE OF TOBACCO CONTROL POLICIES

Number of countries  
*end December 2007*

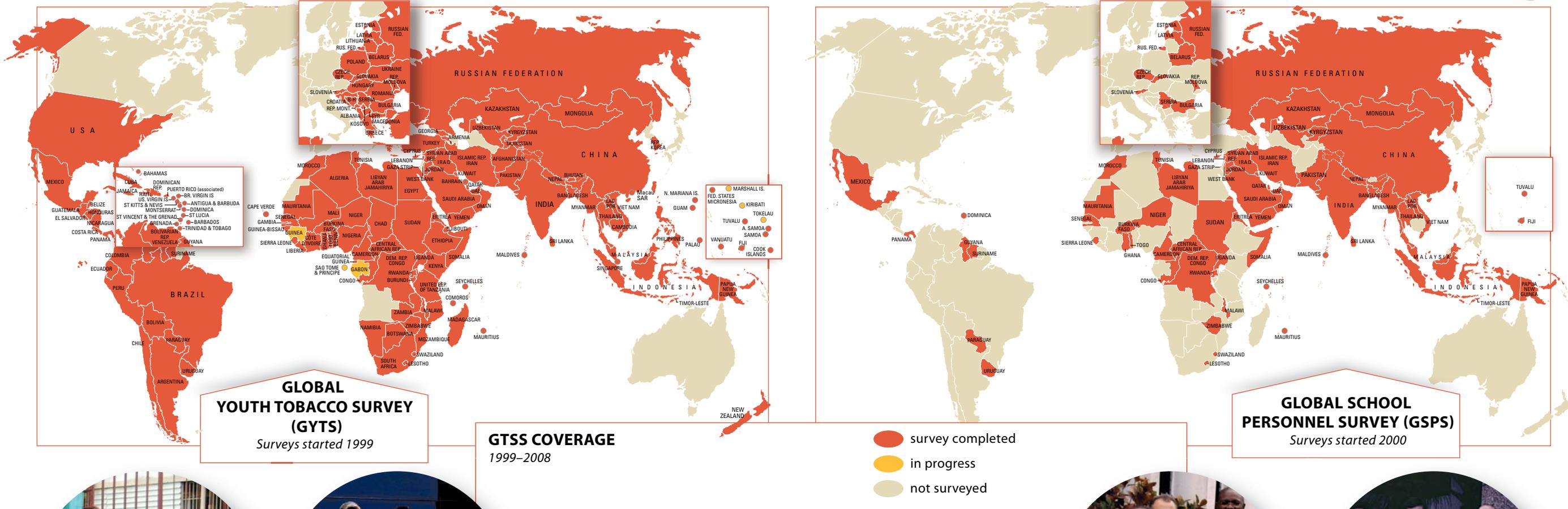
- complete policies
- moderate policies
- minimal policies
- no policy
- no data



**PART  
TWO**

# Global Tobacco Surveillance System





**GLOBAL YOUTH TOBACCO SURVEY (GYTS)**  
Surveys started 1999

**GTSS COVERAGE**  
1999–2008

- survey completed
- in progress
- not surveyed

**GLOBAL SCHOOL PERSONNEL SURVEY (GSPS)**  
Surveys started 2000



GTSS includes both school- and household-based surveys. School-based include: the Global Youth Tobacco Survey (GYTS), the Global School Personnel Survey (GSPS), and the Global Health Professions Student Survey (GHPSS). Household-based include the Global Adult Tobacco Survey (GATS).

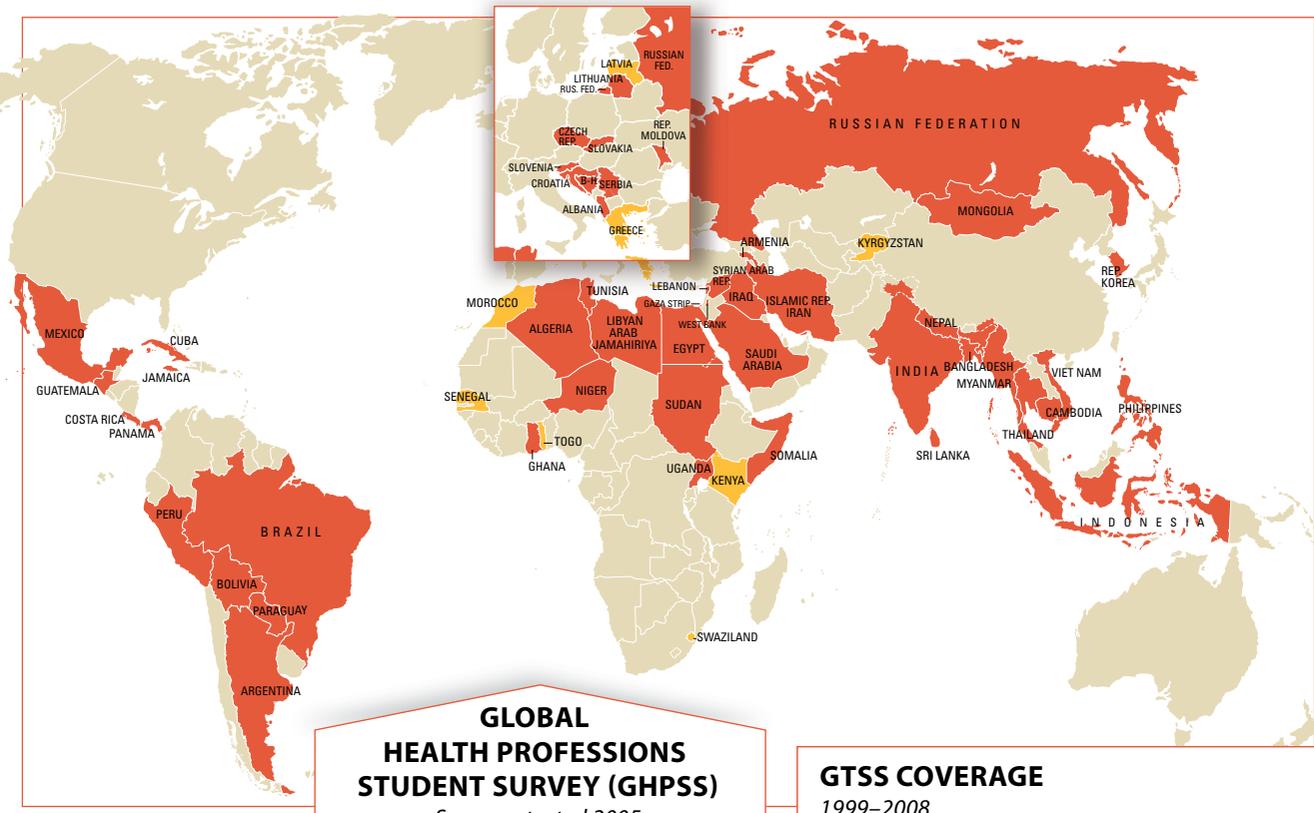
The GTSS Plan consists of three phases of workshops, conducted on a global, regional or country basis.

Phase I is the **Survey Workshop**, attended by country representatives, appointed by their health ministries. Sessions cover the questionnaire content, sample design, field procedures, and general data management. Participants leave this workshop with a plan for conducting their survey, including: sample design, questionnaire, timeline, and budget. From 1999 through 2008 there have been 65 GYTS and GSPS workshops, and six GHPSS workshops.

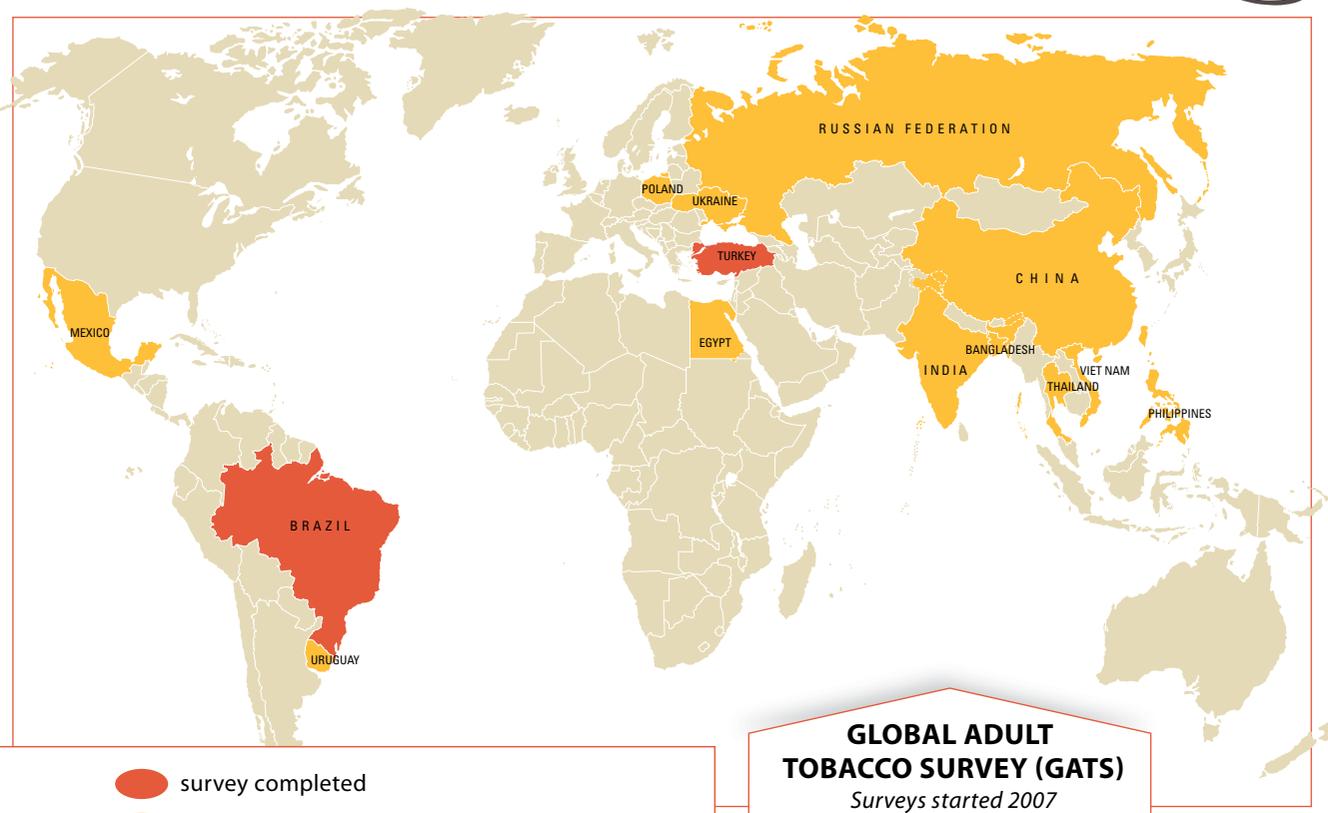
Phase II is the **Analysis Workshop**, attended by country representatives who have completed their survey. Country representatives leave these workshops with a draft of their country report, a timeline for completion of the report, and a plan for dissemination of their data. There have been 41 GYTS and GSPS, and four GHPSS workshops since 1999.

Phase III is the **Program/Policy Workshop**, attended by country representatives and country Ministry of

Health tobacco focal points. Sessions are held on each tobacco-control program topic: taxation; second-hand smoke; media, advertising, and promotion; access and availability; and school and community. The emphasis is on “linking” the school-based GTSS data to the program/policy effort within each country. Workshops have been held in the regions of the Americas, the Eastern Mediterranean, South-East Asia, and Western Pacific regions for GYTS, GSPS, and GHPSS.



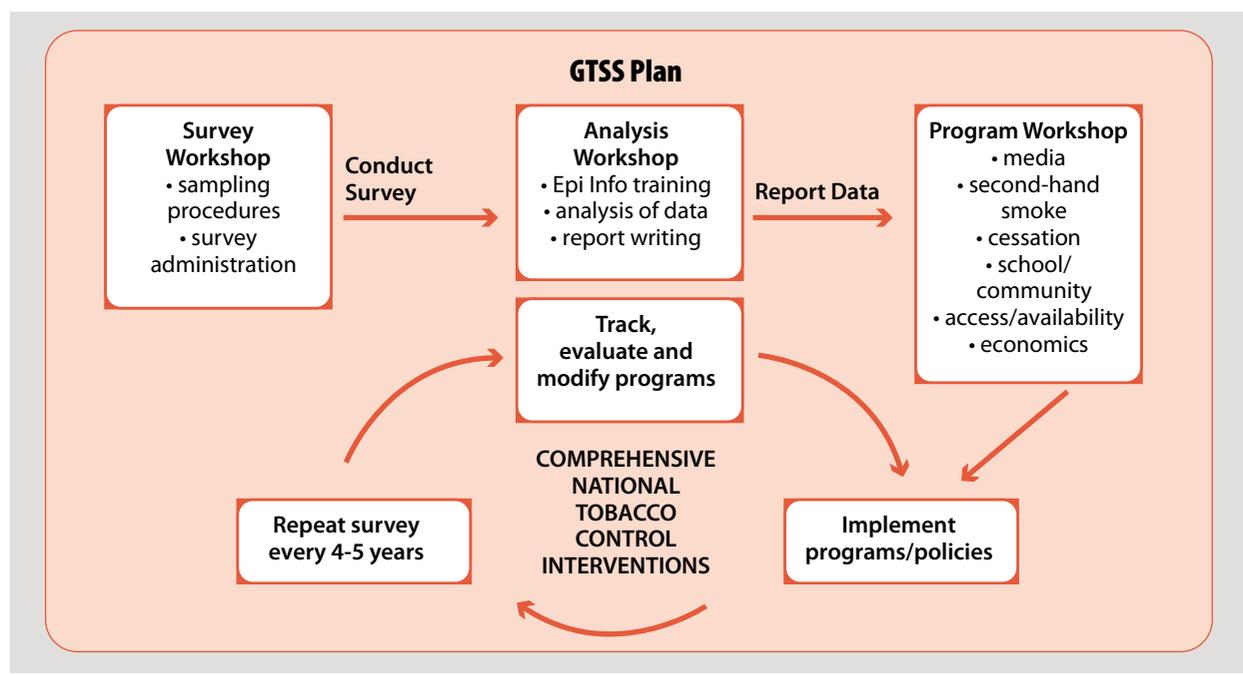
**GLOBAL HEALTH PROFESSIONS STUDENT SURVEY (GHPSS)**  
Surveys started 2005



**GLOBAL ADULT TOBACCO SURVEY (GATS)**  
Surveys started 2007

**GTSS COVERAGE**  
1999–2008

- survey completed
- in progress
- not surveyed



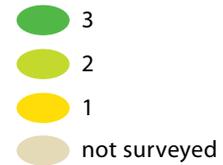
**PART  
THREE**

# Global Youth Tobacco Survey



## GYTS SURVEYS

Number per country  
1999–2008



## GYTS Topics

1. Prevalence of tobacco use
2. Knowledge and attitudes regarding tobacco
3. Second-hand smoke exposure
4. Pro- and anti-tobacco media and advertising exposure
5. Desire for smoking cessation
6. Access to and availability of tobacco
7. School curricula addressing tobacco use and its health effects
8. Demographics

The purpose of the Global Youth Tobacco Survey (GYTS) is to enhance countries' capacity to monitor youth tobacco use, guide national tobacco prevention and control programs, and facilitate comparison of tobacco-related data at the national, regional, and global levels.

GYTS began in 1998 with a meeting between WHO and CDC, which concluded that there was a need for surveillance of tobacco use among adolescents, as

few countries had reliable data. The surveillance effort should include all WHO member states, and use a standardized methodology among students aged 13–15 years. A "core" questionnaire would be developed. CDC would provide technical assistance to the project and would serve as the Data Coordinating Center.

The core 2008 GYTS questionnaire includes 54 questions covering eight topics or categories;

country representatives can add their own questions. The questionnaires are translated into local languages, and tested in focus groups.

The quality of the GYTS data has been very high. Consistency failures or out-of-range responses rarely exceed 5 percent per question. The GYTS is administered during one class period, and administration procedures are designed to protect students' privacy by assuring that their participation

is anonymous and voluntary.

The GYTS is subject to at least four limitations. First, the GYTS is limited to students attending school. Second, these data apply only to youths who were in school the day of the survey. Third, GYTS has not been completed in many high-income countries. Finally, data were based on the self-report of students.

## CIGARETTE SMOKING

Percentage of boys aged 13–15 years who currently smoke cigarettes  
National or sub-national data latest available 1999–2008

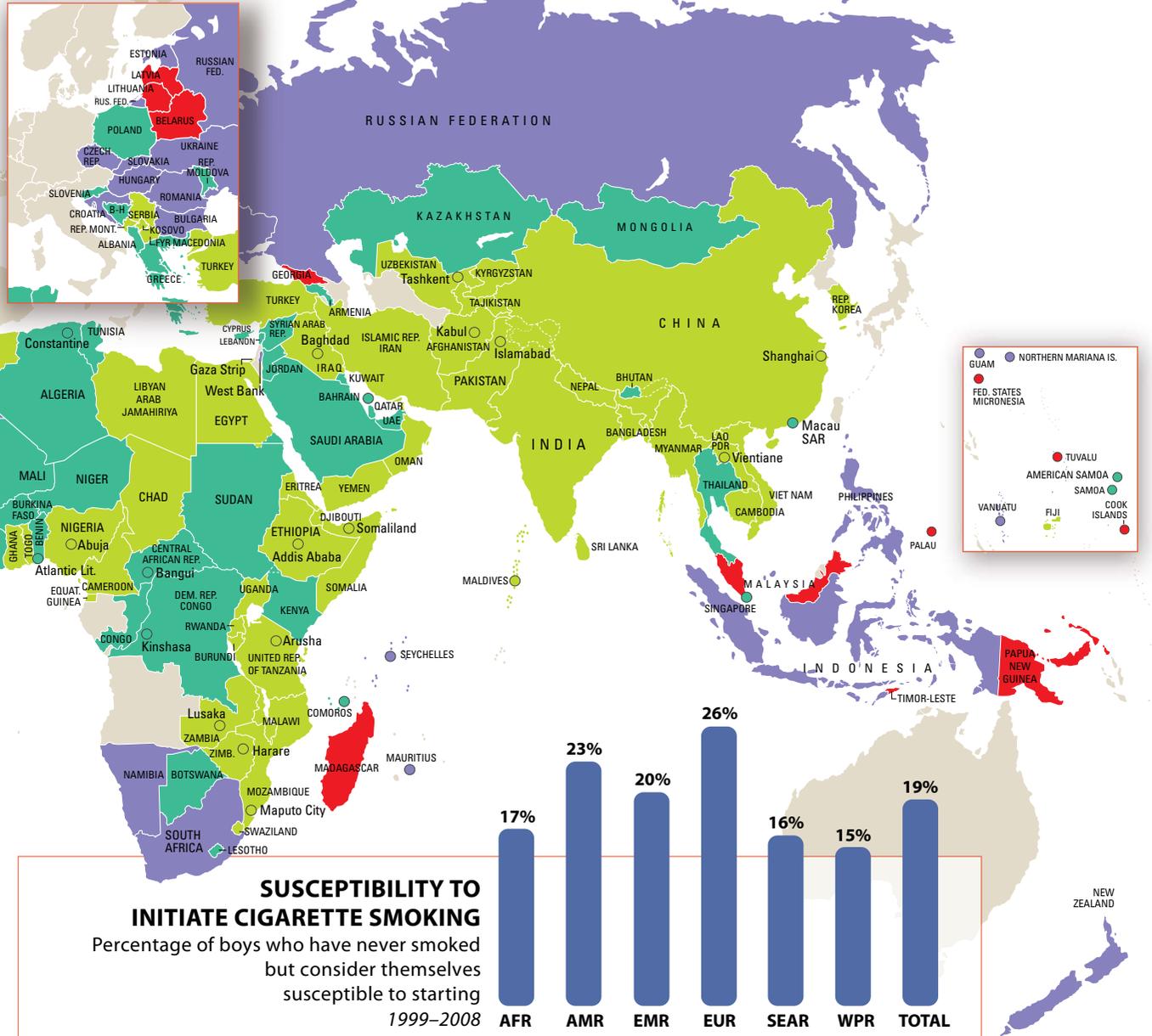
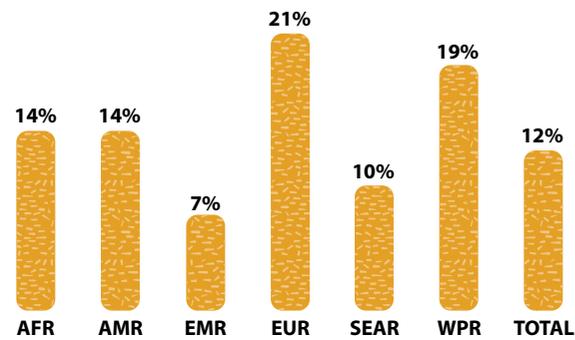
- 30.0% or more
- 20.0% – 29.9%
- 10.0% – 19.9%
- fewer than 10.0%
- no data
- sub-national data site



**No difference** was observed in cigarette smoking prevalence between boys and girls in **58%** of the countries. **Boys had higher rates than girls in 39%** of the countries. **Girls had higher rates than boys in 3%** of the countries.

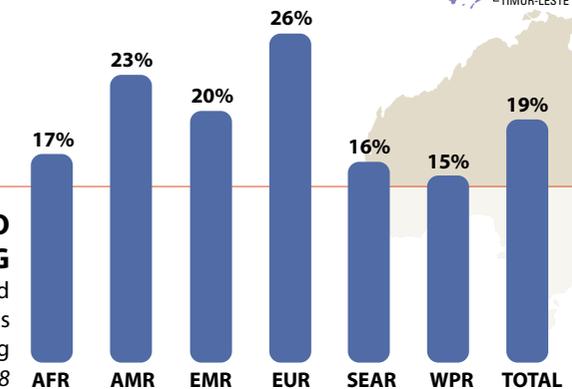
## CIGARETTES

Percentage of boys who currently smoke cigarettes 1999–2008



## SUSCEPTIBILITY TO INITIATE CIGARETTE SMOKING

Percentage of boys who have never smoked but consider themselves susceptible to starting 1999–2008



Overall, 12 percent of boys currently smoke cigarettes. The rates are highest in the regions of Europe and Western Pacific, and lowest in those of Eastern Mediterranean and South-East Asia.

Cigarette smoking prevalence for boys varies substantially between regions, from less than 8 percent in Eastern Mediterranean to 21 percent in Europe.

Among the 165 sites surveyed, in 12 countries prevalence was greater than 30 percent; in 65 countries prevalence was less than 10 percent.

Boys are much more likely than girls to smoke cigarettes in the regions of Africa, Eastern Mediterranean, South-East Asia, and Western Pacific. No significant gender differences were observed in the Americas and Europe.

Susceptibility to initiate cigarette smoking is higher than current smoking rates in all regions except the Western Pacific.

Among students who had never smoked, 19 percent said that they were susceptible to starting to smoke within the next year, and overall there was no difference between boys and girls in this respect.

## CIGARETTE SMOKING

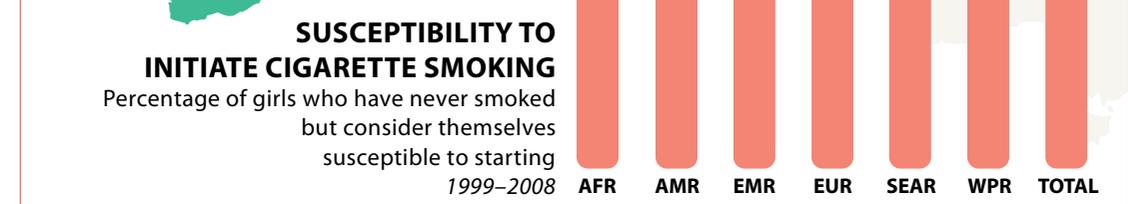
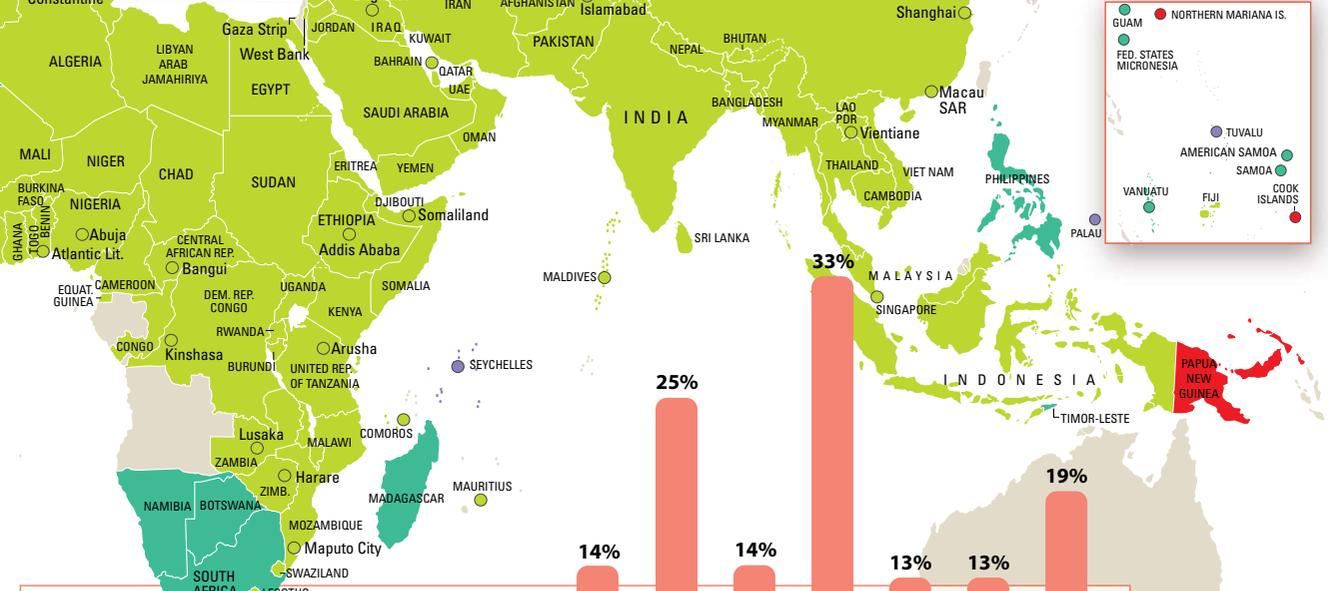
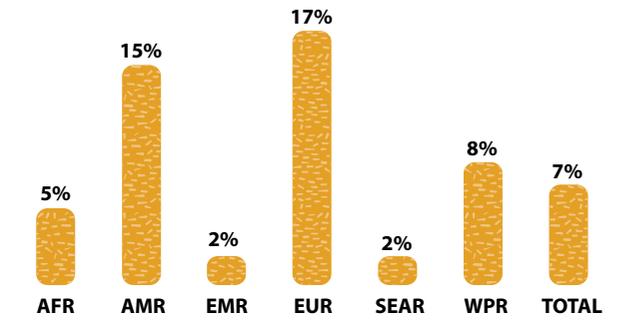
Percentage of girls aged 13–15 years who currently smoke cigarettes  
National or sub-national data latest available 1999–2008

- 30.0% or more
- 20.0% – 29.9%
- 10.0% – 19.9%
- fewer than 10.0%
- no data
- sub-national data site



## CIGARETTES

Percentage of girls who currently smoke cigarettes 1999–2008



Overall, nearly 7 percent of female students currently smoke cigarettes. The rates are highest in the regions of Europe and the Americas, and lowest in those of Eastern Mediterranean and South-East Asia.

Cigarette smoking prevalence for girls varies between regions, from 2 percent in Eastern Mediterranean and South-East Asia to 17 percent in Europe.

Among the 165 sites surveyed, in 7 countries prevalence was greater than 30 percent; in 112 countries prevalence was less than 10 percent.

Girls are much less likely to smoke cigarettes than boys in the regions of Africa, Eastern Mediterranean, South-East Asia, and Western Pacific; yet in the Americas girls are more likely than boys to smoke cigarettes. No significant gender differences were

observed in the Americas and Europe.

Among girl students who had never smoked, susceptibility to initiate smoking is higher than current smoking rates in all regions. Nineteen percent of girls who had never smoked said that they were susceptible to initiate smoking within the next year, and overall there was no difference between boys and girls in this respect.

## OTHER TOBACCO USE

Percentage of boys aged 13–15 years who currently use tobacco products other than cigarettes  
National or sub-national data latest available 1999–2008

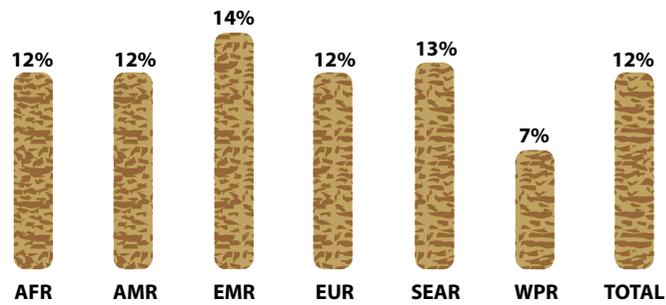
- 30.0% or more
- 20.0% – 29.9%
- 10.0% – 19.9%
- fewer than 10.0%
- no data
- sub-national data site

**12%**  
of boys  
aged 13–15 years  
use tobacco products  
other than cigarettes  
overall



## TOBACCO USE

Percentage of boys currently using tobacco products other than cigarettes 1999–2008



Overall, 12 percent of boys use other tobacco besides cigarettes, and 12 percent smoke cigarettes. Rates are highest in the Eastern Mediterranean and lowest in the Western Pacific. Boys are more likely than girls to use other tobacco products.

Rates of other tobacco use (such as pipes, water pipes, cigars, smokeless tobacco, and bidis) are more

uniform between the regions than is the case with cigarette smoking. In South-East Asia, other tobacco use mainly takes the form of bidis, and in the Eastern Mediterranean, the shisha (waterpipe) is the most prevalent form. Emerging use of the waterpipe is also found in several European countries.

Among the 165 sites surveyed, 8 countries reported a prevalence greater than or equal to 30 percent; in

58 countries prevalence was less than 10 percent.

Use of other tobacco products is greater than cigarette use in the regions of Eastern Mediterranean and South-East Asia.

## OTHER TOBACCO USE

Percentage of girls aged 13–15 years who currently use tobacco products other than cigarettes  
National or sub-national data latest available 1999–2008

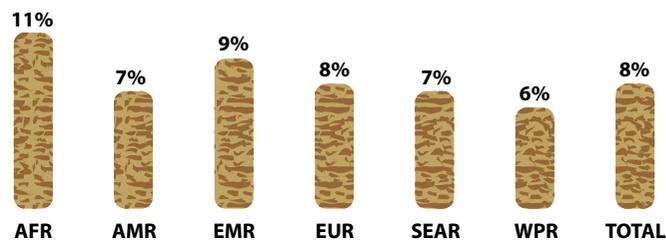
- 30.0% or more
- 20.0% – 29.9%
- 10.0% – 19.9%
- fewer than 10.0%
- no data
- sub-national data site

8% of girls aged 13–15 years use tobacco products other than cigarettes overall



## TOBACCO USE

Percentage of girls currently using tobacco products other than cigarettes 1999–2008



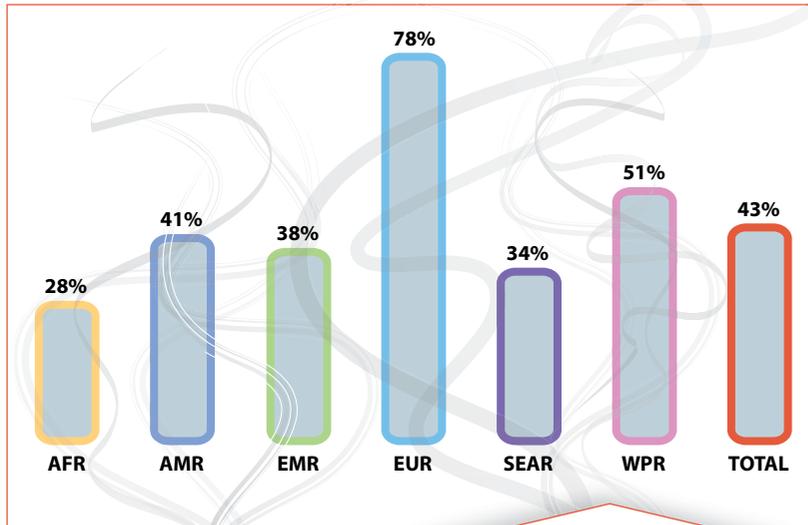
Overall, 8 percent of girls use other tobacco besides cigarettes, compared to 7 percent who smoke cigarettes.

Among girls aged 13 to 15 years, use of other tobacco products is greater than cigarette use in the African, Eastern Mediterranean and South-East Asia regions, while cigarettes are used by girls more than other forms of tobacco in Europe, the Americas, and the Western Pacific regions.

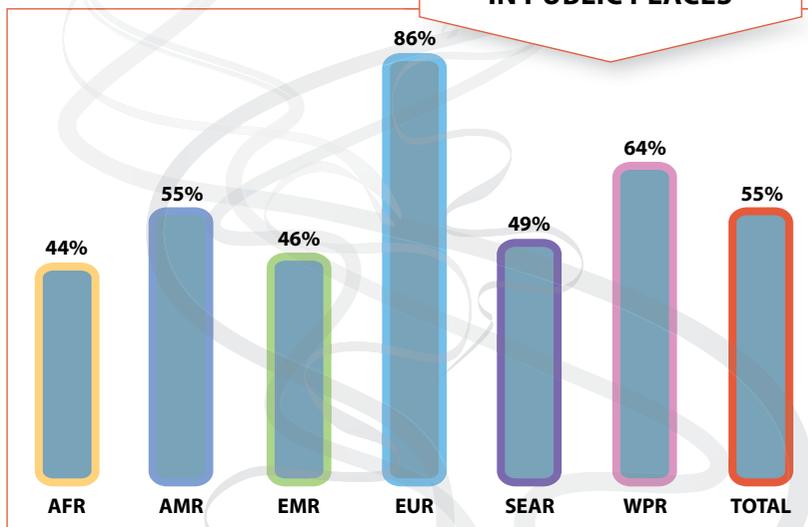
The rates of other tobacco use (such as pipes, water pipes, smokeless tobacco, and bidis) are fairly uniform between the regions. Other forms of tobacco use in South-East Asia mainly take the form of bidis, and in the Eastern Mediterranean the shisha (waterpipe). Emerging use of the waterpipe is also found in several European countries.

Among the 165 sites surveyed, 6 countries reported a prevalence greater than or equal to 30 percent; in 103 countries prevalence was less than 10 percent.



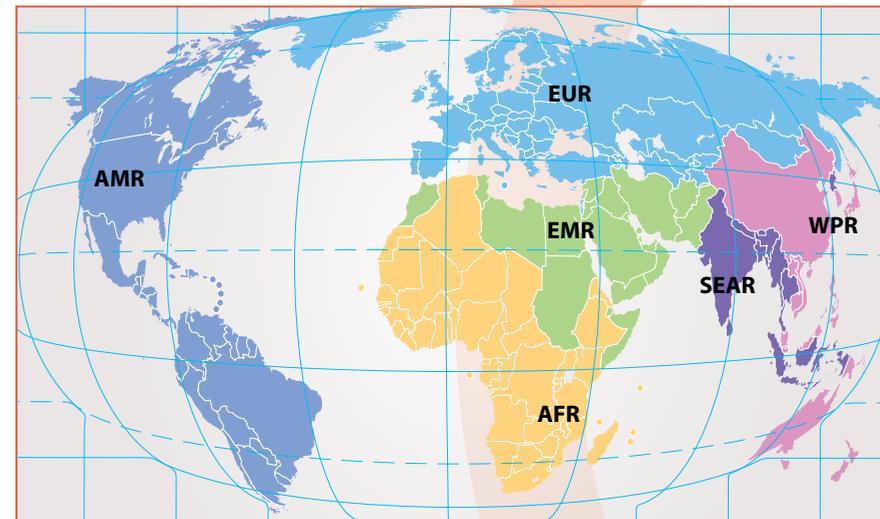


**SECOND-HAND SMOKE**  
Percentage of students exposed  
1999–2008

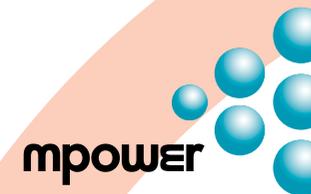


AT HOME

IN PUBLIC PLACES



Worldwide, **fewer than 5%** of people are protected by **comprehensive smoke-free laws**:  
 9% in high-income  
 4% in middle-income  
 3% in low-income countries



**PROTECT PEOPLE FROM TOBACCO SMOKE**

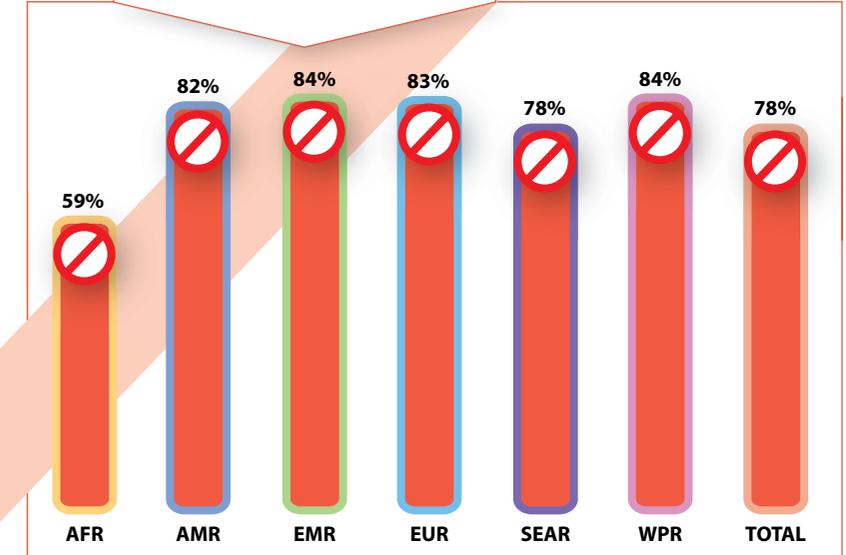
- In:
- health-care facilities
  - education facilities
  - university facilities
  - government facilities
  - indoor offices
  - restaurants
  - pubs and bars
  - other indoor workplaces

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.

**SMOKING BAN**  
Percentage of students who favor a ban in public places  
1999–2008



Second-hand smoke, also known as passive smoking or environmental tobacco smoke, is a mixture of “sidestream” smoke from the burning tip of a cigarette and “mainstream” smoke exhaled by a smoker. It contains at least 50 cancer-producing chemicals.

According to the United States Department of Health and Human Services 2006 Surgeon General’s Report, there is no safe level of second-hand smoke exposure.

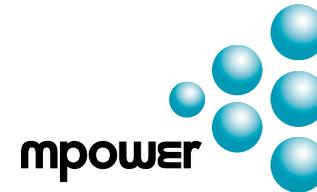
Children and youth are especially vulnerable to second-hand smoke exposure. There is firm evidence that it causes middle-ear disease, respiratory symptoms such as coughing and wheezing, impaired lung function, sudden infant death syndrome (SIDS), and lower respiratory illness, including infections. There is suggestive evidence that it might lead to some cancers, and asthma.

The GYTS data indicate that second-hand smoke

exposure is alarmingly high, and is a worldwide public-health priority. Over half of the students surveyed reported that they had been exposed to second-hand smoke in public places during the week preceding the survey; four in 10 were exposed to smoke in their home.

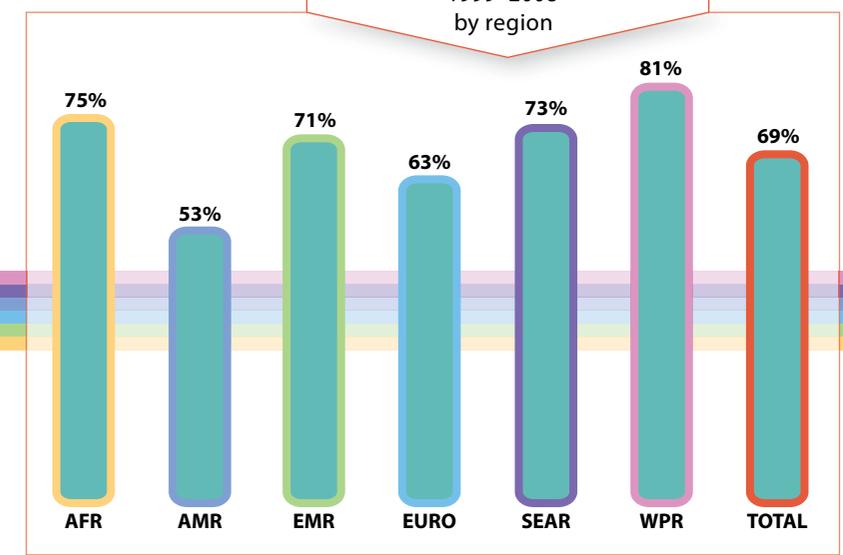
Eight in 10 students favor a ban on smoking in public places. More than half of countries worldwide still allow smoking in government offices, work spaces,

and other indoor settings. Even in countries with smoke-free laws, only one-third have moderate levels of enforcement.

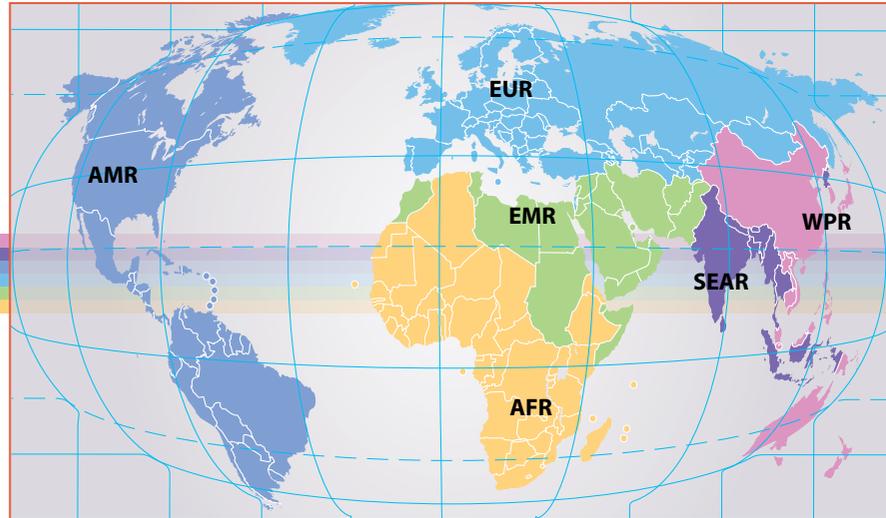


69%  
of students  
who currently smoke  
want to stop

**QUITTING**  
Percentage of students  
wanting to quit smoking  
1999–2008  
by region



  
WHO Framework Convention  
on Tobacco Control  
**Article 14 on Cessation**  
Each Party shall endeavour to  
design and implement  
effective programmes aimed at  
promoting the cessation of  
tobacco use, in such locations  
as educational institutions,  
health-care facilities,  
workplaces and sporting  
environments.



The GYTS asks students who currently smoke cigarettes if they would like to stop smoking now. Results indicate 69 percent of current smokers would like to do so.

There is a wide range of effective cessation services, including brief routine advice from health-care workers, quit lines, and medications. Tobacco taxes can be used to fund cessation treatment.

The WHO Report on the Global Tobacco Epidemic, 2008 urges countries to: “establish programmes providing low-cost, effective treatment for tobacco users who want to escape their addiction.” Yet only nine high-income or middle-income countries, covering only 5 percent of the world’s population, offer complete cessation services to adults or youth. This leaves 95 percent of people without access to comprehensive treatment for tobacco dependence.

There are even fewer services specifically aimed at helping youth quit.

The problem facing most countries is summarized in the report *Youth Tobacco Cessation: A Guide for Making Informed Decisions*:

“...a literature review of 66 published studies on youth tobacco-use cessation and reduction ... concluded that most of the studies lacked the

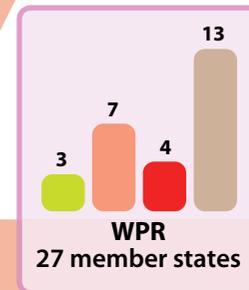
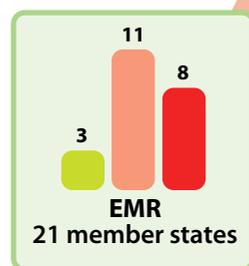
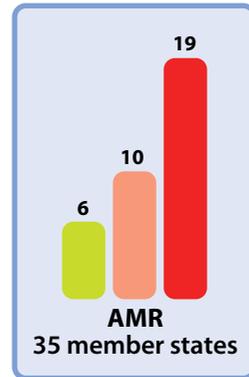
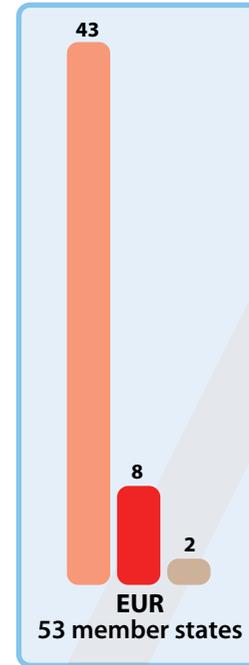
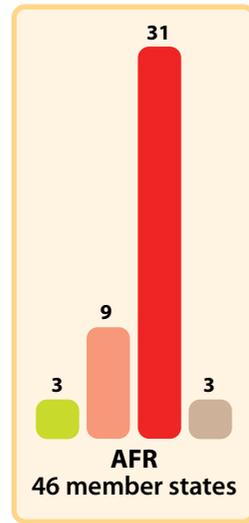
quality and consistency of findings to allow conclusive recommendations about effective practices.”

More research is therefore needed to evaluate and identify effective youth tobacco-cessation programs.

## WARNING LABELS

Number of countries in each WHO region complying with obligation under Article 11 of FCTC to make health warnings on tobacco product packaging mandatory 2008

- warning mandatory on 50% or more of front and back of packet
- warning mandatory on less than 50% of front and back of packet
- warning not mandatory
- no data available



**mpower**

Only 66 countries have laws that ban the use of deceptive industry marketing terms such as "light" and "low-tar". 9% of all WHO member states have package warning labels greater than or equal to 50% of the principal display area.

WHO Framework Convention on Tobacco Control

**Article 11: Packaging and labelling of tobacco products**

Adopt and implement, in accordance with its national law, effective measures to ensure that tobacco product packaging and labelling do not promote a tobacco product by any means that are false, misleading, deceptive. Warnings and messages should be 50% or more of the principal display areas but shall be no less than 30% of the principal display areas.



**Warning labels on tobacco packs are a cost-effective method of advertising about the dangers of tobacco use.**

Many tobacco users cannot name specific diseases caused by smoking, other than lung cancer, and do not know that smoking causes heart disease, stroke, and other types of cancer.

Health warnings on tobacco packaging increase

smokers' awareness of their risk. Use of pictures with graphic depictions of disease and other negative images has greater impact than words alone, and is critical in reaching the large number of people worldwide who are illiterate. Pictures are also effective in conveying messages to children.

Packet warnings can also convey information on second-hand smoke, the costs to the consumer, and information and advice on how to quit smoking.

Policies mandating health warnings on tobacco packaging cost governments nothing to implement and have overwhelming public support. Countries can easily improve their policies by increasing warning sizes, strengthening the words of the warning, and including pictures, all at no cost.

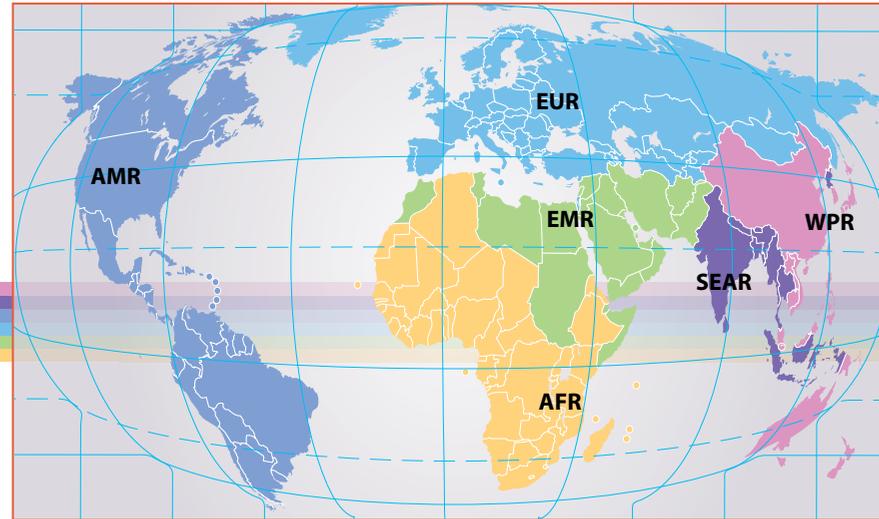
The next step is to implement plain packaging, with no industry logo, motifs or colors, and with a large pictorial health warning dominating the packet.

According to MPOWER, the South-East Asia region has the highest percentage, 18 percent, of member states complying with WHO's health warning label recommendation, while the European region has no member states in compliance.

**mpower**



- Enforce bans on tobacco advertising & sponsorship
- prohibitions on advertising in all types of media
- restrictions on marketing activities by importers & retailers
- restrictions on promotional activities involving the sporting & entertainment industries

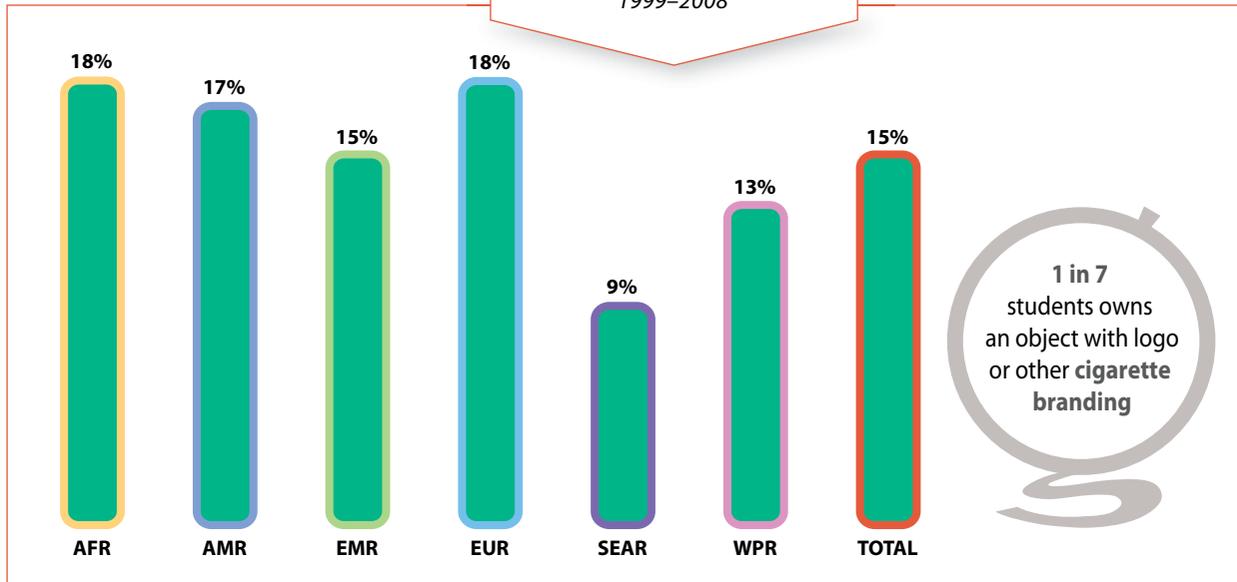


**Only 5%** of the world's population live in countries with **complete bans** on advertising, promotion and sponsorship.

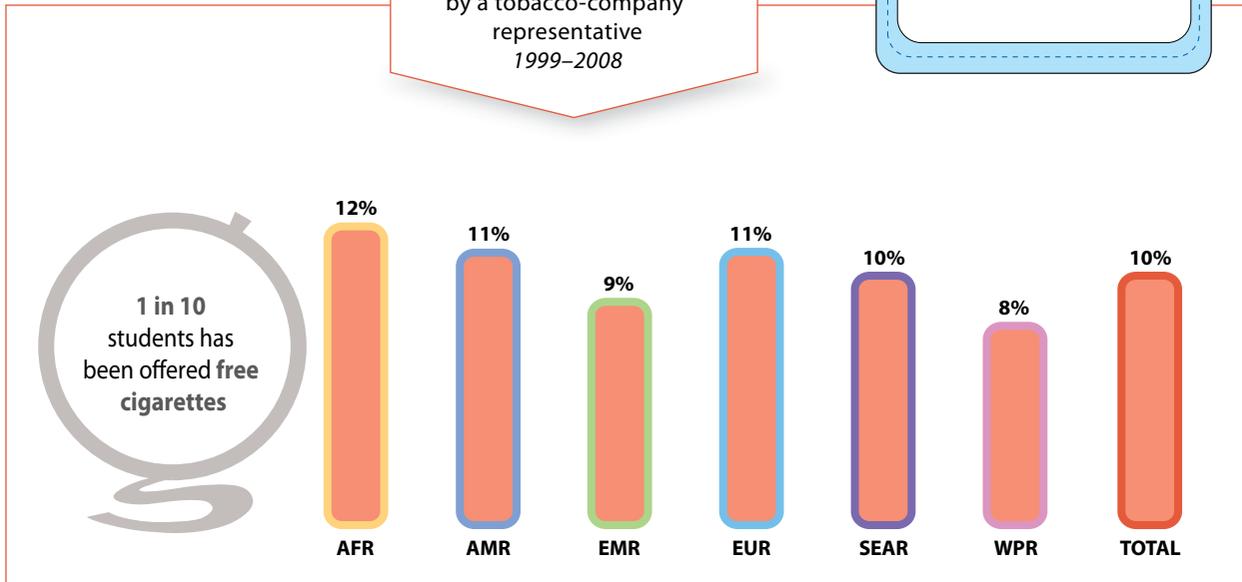
  
 WHO Framework Convention on Tobacco Control  
**Article 13: Tobacco Advertising, Promotion and Sponsorship**

Parties recognize that a comprehensive ban on advertising, promotion and sponsorship would reduce the consumption of tobacco products. Each Party shall ... undertake a comprehensive ban of all tobacco advertising, promotion and sponsorship. This shall include ... a comprehensive ban on [cross-border] advertising, promotion and sponsorship originating from its territory.

**BRAND MARKETING**  
Percentage of students who own an object with logo or other cigarette branding 1999–2008



**FREE CIGARETTES**  
Percentage of students who have ever been offered free cigarettes by a tobacco-company representative 1999–2008



Only 5 percent of the world's population live in a country with a complete ban on advertising and promotion. Many countries have weaker bans, but even these are often not well enforced. Tobacco companies are also adept at shifting to another form of promotion when one form is banned.

More and more countries are banning tobacco promotion. For example, in 2007, 27 countries had

banned direct advertising on the internet and 52 had banned point-of-sale advertising. And, despite extensive marketing by the tobacco industry, approximately seven in 10 students who currently smoke report that they want to stop doing so.

Overall, 15 percent of students own an object with a cigarette-brand logo on it, and 10 percent have been offered free cigarettes by a tobacco company

representative. GYTS results indicate that approximately seven in 10 students who smoke are not refused purchase from a store in the 30 days preceding the survey.

Tobacco promotion is still widespread: in the electronic and print media, on outdoor billboards, at point of sale, through free gifts and merchandise, by sponsorship – for example of sports, arts, and pop

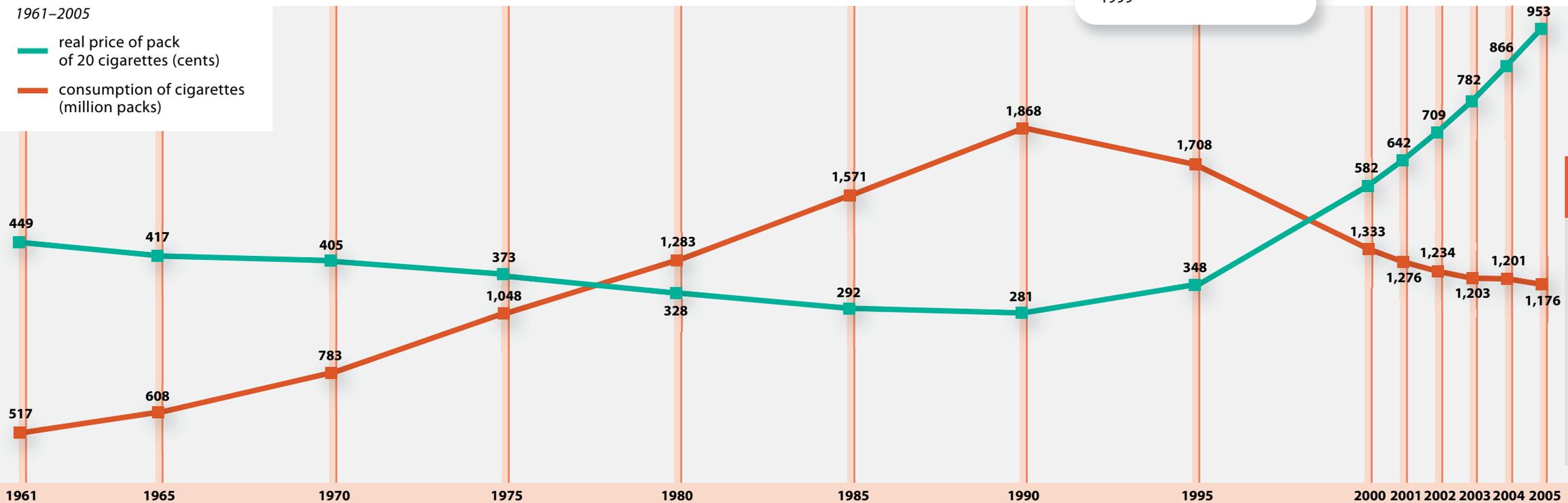
music – and by brand extension on non-tobacco products such as clothing. Newer modes of promotion are via the movies and the internet.

**mpower**  Tobacco tax increases are the most effective way to reduce tobacco use, and also have the benefit of increasing government revenues.

## PRICES UP SMOKING DOWN

Cigarette price and consumption in South Africa 1961–2005

— real price of pack of 20 cigarettes (cents)  
— consumption of cigarettes (million packs)



“Even modest price increases could have a striking impact on the prevalence of smoking and on the number of tobacco related premature deaths.” – The World Bank, 1999

Cigarette taxes range from near zero to more than 80%

  
WHO Framework Convention on Tobacco Control  
**Article 6: Price and tax measures to reduce the demand for tobacco**  
The Parties recognize that price and tax measures are an effective and important means of reducing tobacco consumption by various segments of the population, in particular young persons.

### Advantages of Raising Tobacco Tax

- reduces tobacco consumption, especially among the young
- increases government revenues
- lowers health-care costs
- helps households save money by reducing tobacco use
- can pay for tobacco control

Tobacco taxation is the single most effective measure to reduce smoking, especially among young. Yet, there are often misconceptions that education or banning sales alone to young people are more important.

GYTS data demonstrates that in the month preceding the survey about half of students who smoke usually purchase cigarettes in stores; more than 70 percent were not refused purchase because of their age.

The WHO FCTC calls upon governments to adopt tax and price policies that reduce tobacco consumption. The World Bank proposes that taxes should account for two-thirds to two-fourths of the retail price of cigarettes.

In fact, tobacco tax increases are often the only type of tax increase popular with a majority of the public. Tax increases are supported by nonsmokers and smokers as well.

It is important to consider taxing all types of tobacco products. Taxes on cheap tobacco products should be equivalent to products that are heavily taxed, such as cigarettes, to prevent substitution of other tobacco products.

**PART  
FOUR**

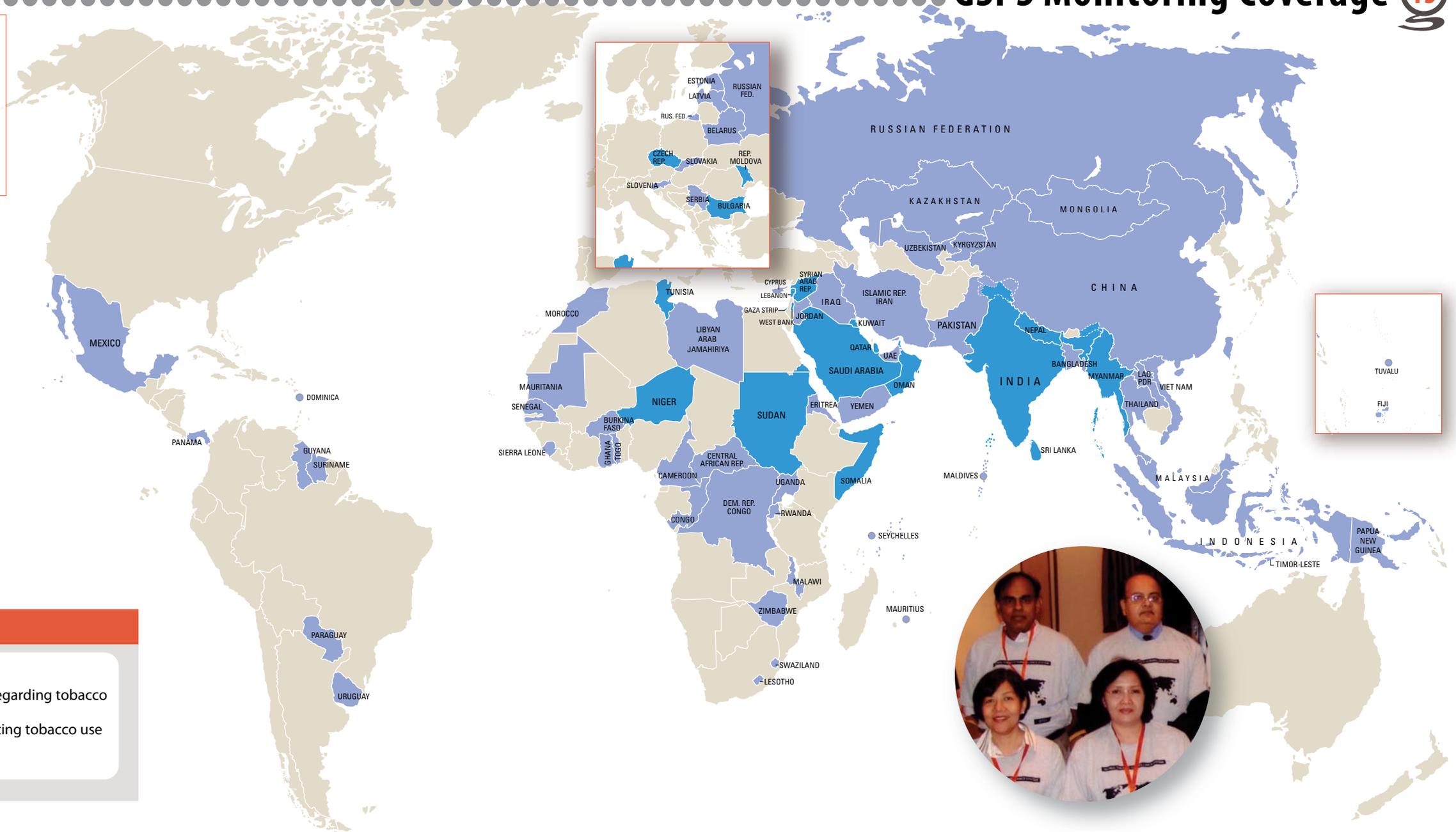
# Global School Personnel Survey



**GSPS**  
Number per country  
2000–08

- 2
- 1
- not surveyed

Since 2000, the GSPS has been completed in **77 countries**, with 19 completing the survey twice.



### GSPS Topics

1. Prevalence of tobacco use
2. Knowledge and attitudes regarding tobacco
3. School policy
4. School curricula on preventing tobacco use
5. Demographics

**The Global School Personnel Survey (GSPS) addresses several provisions of the WHO FCTC that relate to the role of school personnel in tobacco control.**

Health and education professionals can use the data from the survey to plan, implement, and revise programs to reduce tobacco-use among school personnel, improve the dissemination of tobacco-control information to students, and provide school

personnel with the resources they need to complement a comprehensive tobacco-control program.

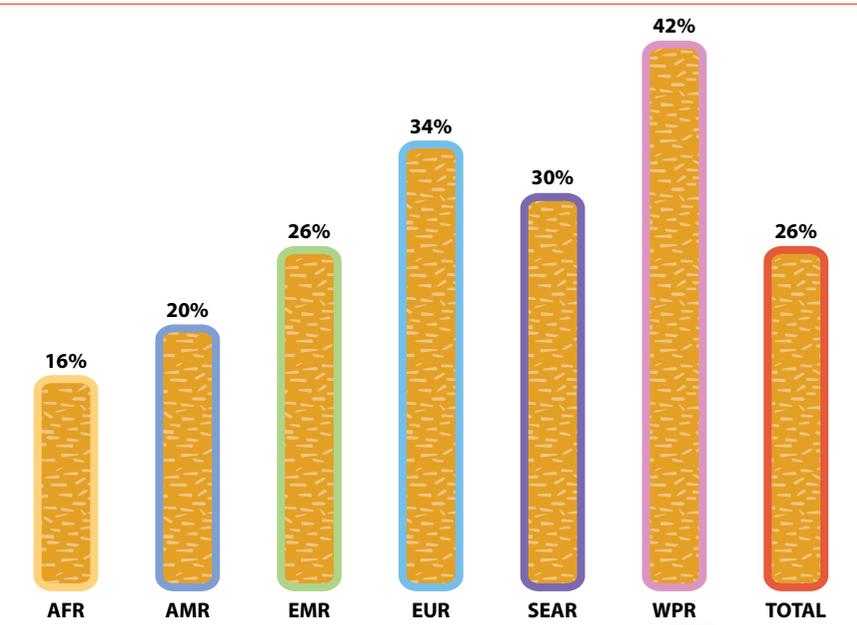
The GSPS is a survey of teachers and administrators working in schools selected to participate in the GYTS. It uses self-administered, anonymous data-collection procedures. Names of schools or personnel are not collected and participation is voluntary. Surveys are completed at schools,

generally at staff meetings or after school.

The 2008 core GSPS questionnaire includes 45 questions, covering five categories; countries can add their own questions. The questionnaires are translated into local languages, and tested in focus groups.

The GSPS was initiated in 2000, and has achieved limited global coverage when compared to the GYTS, with most of the surveys in the African and Eastern Mediterranean regions.

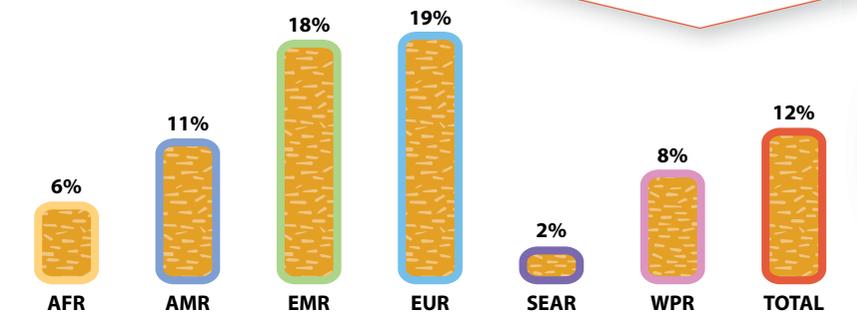
The GSPS is subject to at least three limitations. First, the GSPS sample design uses schools selected for the GYTS; thus GSPS is not an independent sample of schools and is dependent on the success of the GYTS. Second, participation of school personnel in GSPS is voluntary. Third, findings are based on self-reports from school personnel who may under- or over-report their behavior and their knowledge of school policies.



## CIGARETTES

Percentage of school teachers and administrators who currently smoke cigarettes 2000–08

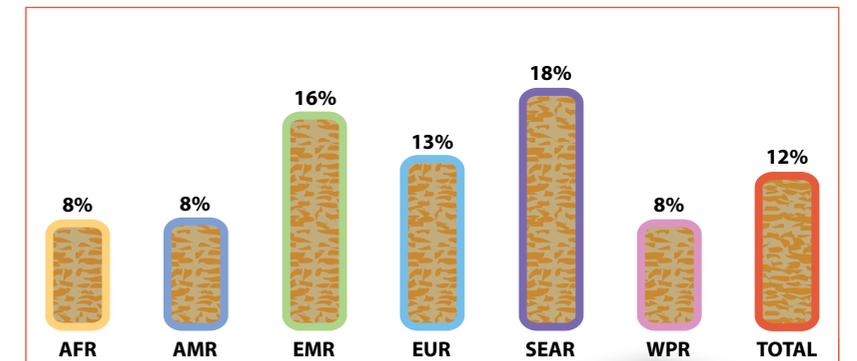
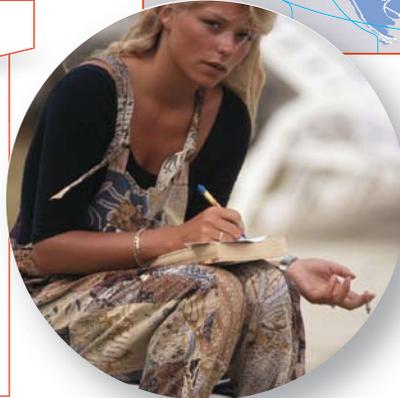
### MALES



### FEMALES

About **one-fifth** of school teachers and administrators currently smoke cigarettes

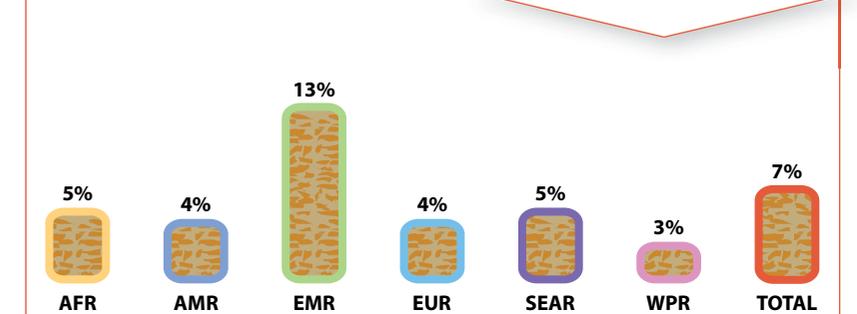
Twice as many **male teachers** as female teachers smoke cigarettes and use other tobacco products



## OTHER TOBACCO PRODUCTS

Percentage of school teachers and administrators who currently use other tobacco products 2000–08

### MALES



### FEMALES

Teachers and administrators are role models for students, conveyors of tobacco-prevention curricula, and key opinion leaders for school tobacco-control policies. School teachers and administrators have daily interaction with students and thus represent an influential group for tobacco control.

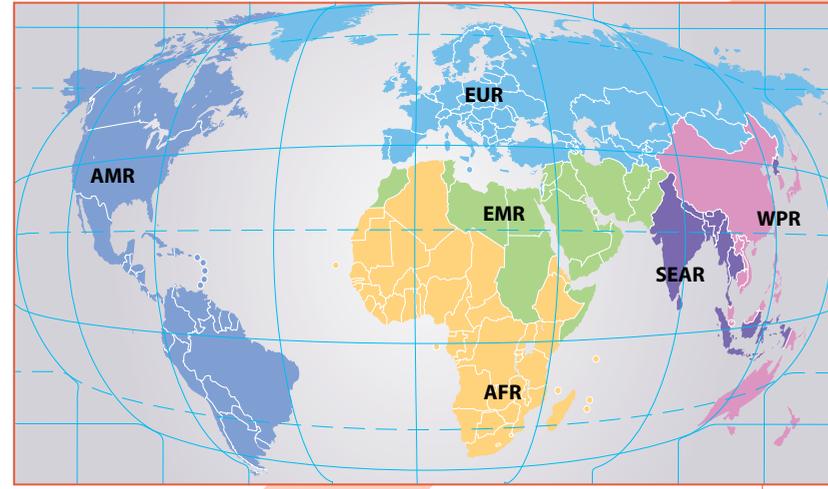
Data collected by the Global School Personnel Survey (GSPS) between 2000 and 2008 have shown that an

alarming proportion of school personnel smoke cigarettes and use other forms of tobacco.

The scarcity of tobacco-free schools and the high level of smoking on school grounds by school personnel reported in the GSPS indicate how seriously school practices and staff actions undermine the educational messages and other prevention efforts to reduce the prevalence of smoking among adolescents.

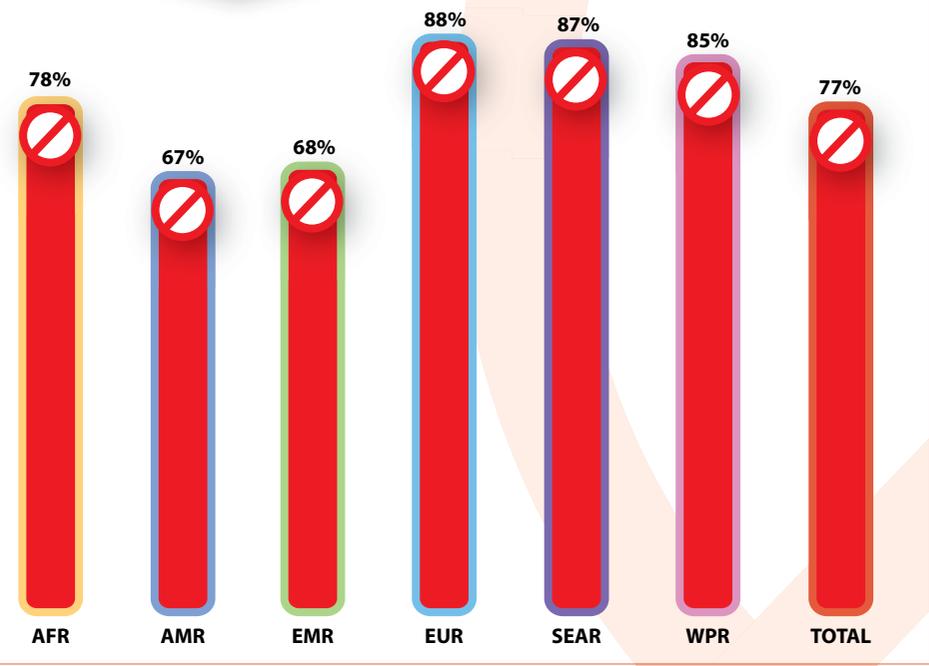
Cigarette use among male teachers was highest in the Western Pacific and lowest in the African region. Cigarette use among female teachers was highest in the European region and lowest in the South-East Asia region.

Other tobacco use varied by gender across the regions, with male teacher use highest in South-East Asia and female teacher use highest in the Eastern Mediterranean region.

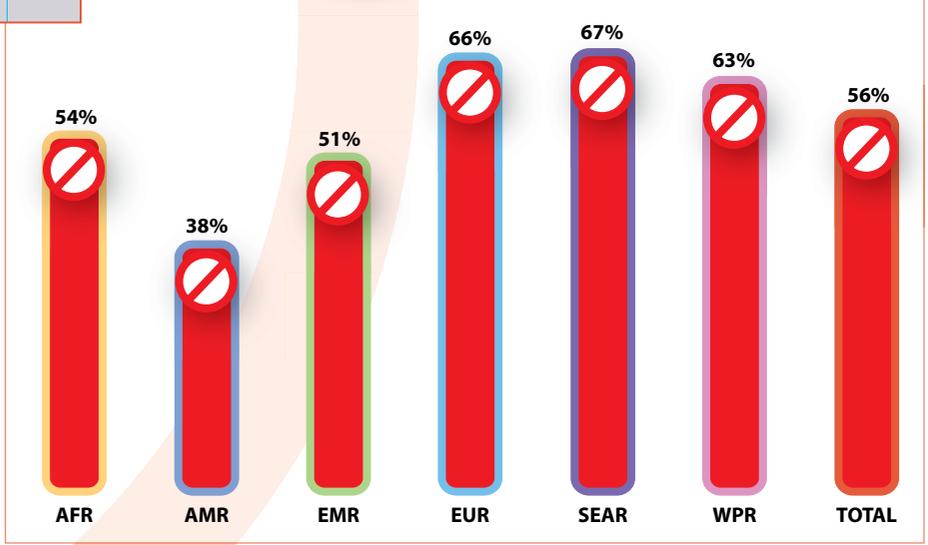


WHO Framework Convention on Tobacco Control  
**Article 8: Protection from exposure to tobacco smoke**  
 Each Party shall adopt and implement measures providing for protection from exposure to tobacco smoke.

**STUDENT BAN**  
 Percentage of schools with a ban on the use of tobacco products by students 2000–08



**STAFF BAN**  
 Percentage of schools with a ban on the use of tobacco products by teachers 2000–08



Overall, about three-quarters of schools ban smoking among students, yet slightly over half of schools ban smoking among the staff.

Teachers and administrators are role models for students. They have daily interaction with students and thus represent an influential group for tobacco control.

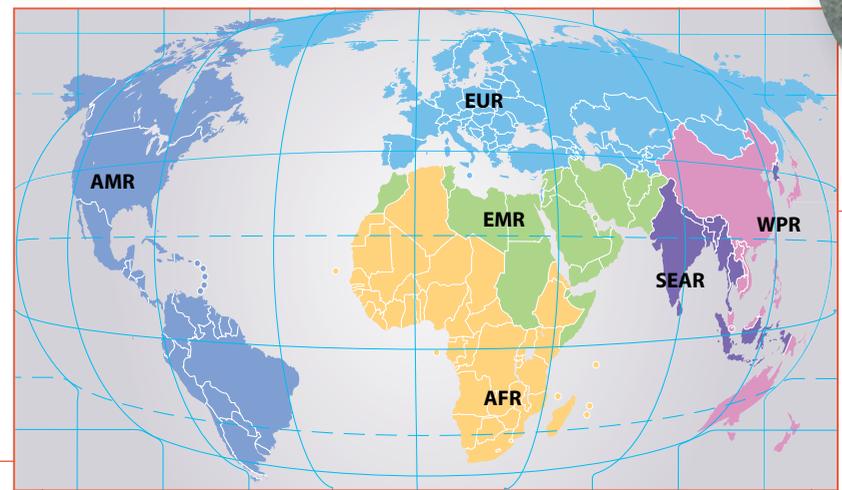
Across the regions, bans prohibiting tobacco use for students follow similar patterns to tobacco bans targeting school staff.

Given the objectives of the MPOWER package, protection from second-hand smoke exposure should include smoke-free educational facilities along with suitable enforcement of these policies. Effective

policies restricting smoking among school personnel must be applied to both students and staff, and to all indoor and outdoor areas of the school, because seeing adults smoking, including in outdoor areas, increases the likelihood of regular smoking among students.

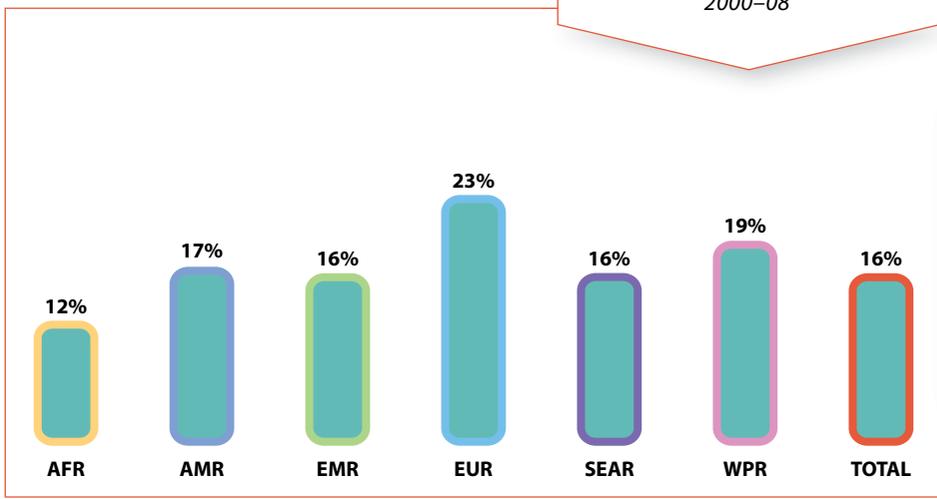
WHO Framework Convention on Tobacco Control  
**Article 12: Education, communication, training and public awareness**  
 Each Party shall promote and strengthen effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, **educators**, decision-makers, administrators and other concerned persons.

**mpower** Among smokers who are aware of the dangers of tobacco, three out of four want to quit.



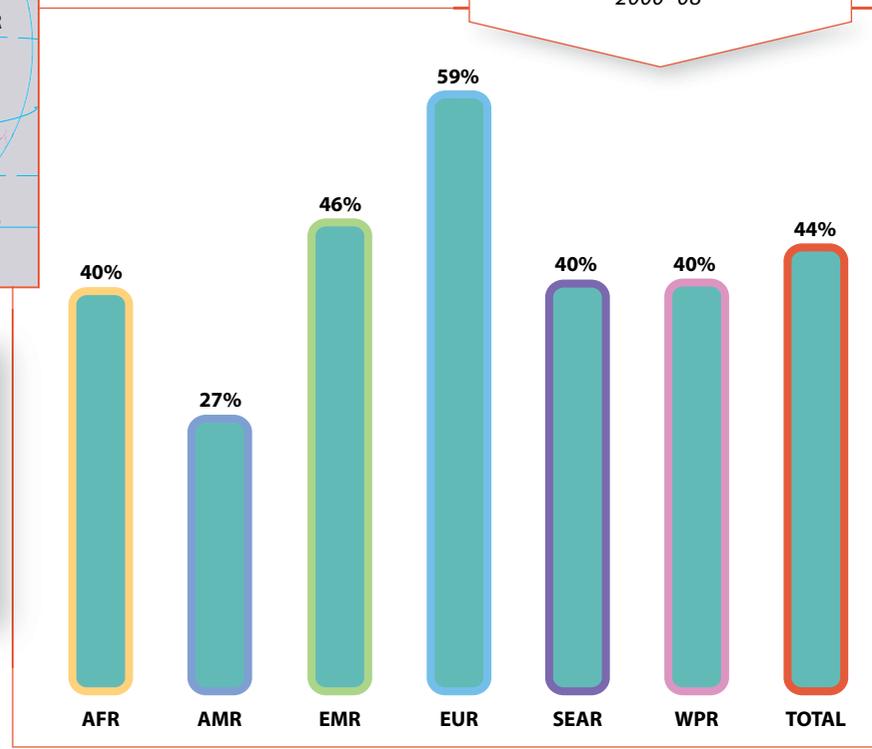
**MATERIALS**  
 Percentage of teachers with access to materials on how to prevent tobacco use among youth 2000-08

**TRAINING**  
 Percentage of teachers trained to prevent youth tobacco use 2000-08



The **majority** of GSPS school personnel have **not received specific training** to help students avoid or stop using tobacco, but **strongly agreed** that they should receive training.

**Most teachers** reported that they **do not have adequate teaching materials** to support prevention and reduction in tobacco use.



It is imperative that young smokers are offered quitting advice, not only to prevent long-term problems such as cancers and heart disease, but also to improve their overall health during their teenage years.

Many schools' programs focus on the harmful health effects of smoking and other tobacco use, such as cancer, heart disease, and stroke – afflictions that usually do not affect the smoker until middle- or even

old-age. This information may have little influence on the smoking behavior of youth, especially in the pre-teen or early teen years. Consequently, it is now thought more useful to teach young people about the tobacco industry's manipulation of them – for example, through the awareness and analysis of tobacco advertising and promotion. In addition, social programs may tackle peer-pressure issues – such as how to say no when a best friend offers a cigarette.

Teachers can play a vital role in helping students quit since the amount of time spent with them is second only to the time spent with family. However most teachers are not adequately trained or do not have access to materials to support student prevention.

Schools' programs work best in conjunction with mass-media campaigns and community initiatives, in particular with strong tobacco-control legislation, such as the initiation of smoke-free areas, bans on

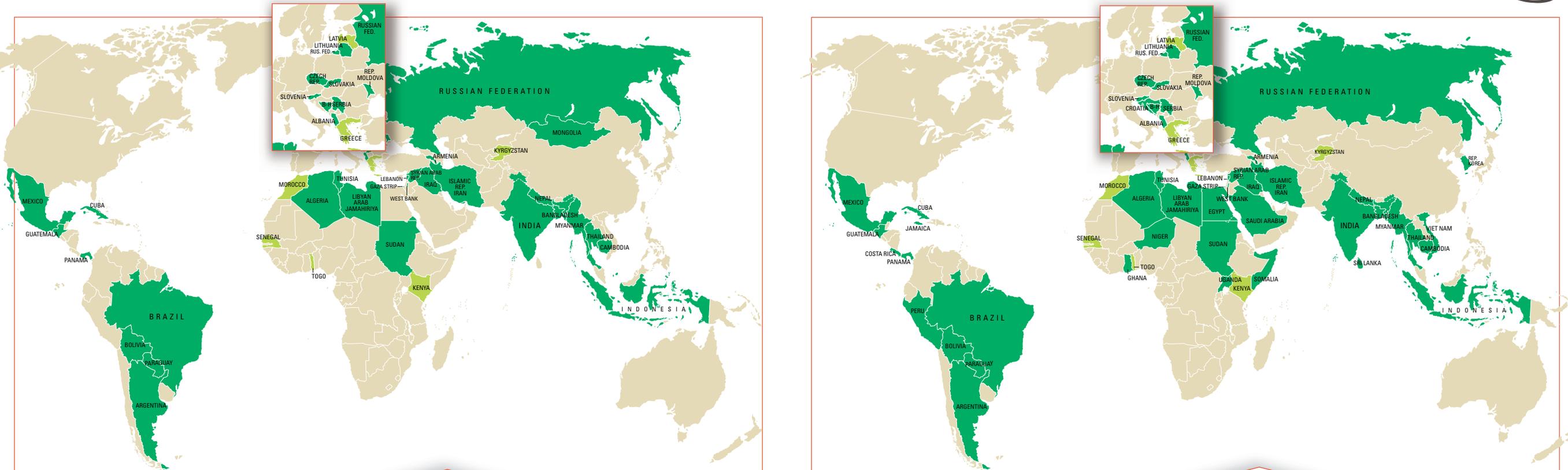
advertising and promotion, and increases in tobacco tax.

Prevention and cessation programs also need to address other tobacco products, in addition to cigarettes.

**PART  
FIVE**

# **Global Health Professions Student Survey**





- GHPSS topics**
1. Prevalence of tobacco use
  2. Knowledge and attitudes regarding tobacco use
  3. Second-hand smoke exposure
  4. Desire for smoking cessation
  5. Training received regarding patient counseling on smoking-cessation techniques
  6. Demographics

**DENTISTRY**

**GHPSS COVERAGE**  
By health profession  
2005–08

- survey completed
- survey in progress
- not surveyed

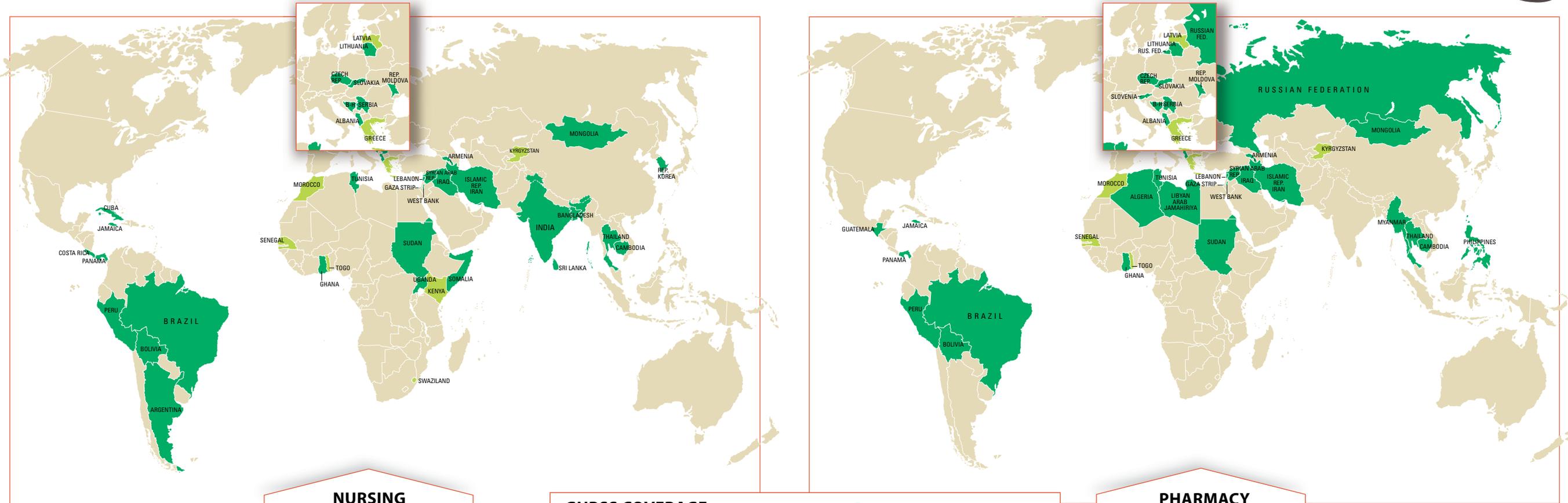
**MEDICINE**

Health professionals can play a critical role in reducing tobacco use. Even brief and simple advice from health professionals can substantially increase smoking-cessation rates. Therefore, one of the strategies to reduce the number of smoking-related deaths is to encourage the involvement of health professionals in tobacco-use prevention and cessation counseling.

Studies have collected information from health professions students in various countries about their tobacco use and training as cessation counselors. However, prior to 2005 no study had collected this information cross-nationally using a consistent survey methodology. WHO, CDC, and CPHA developed the GHPSS in 2005 to collect data on tobacco use and cessation counseling among health professions students in all WHO member states.

GHPSS has grown rapidly since its inception in 2005. It has been conducted in all six WHO regions including 49 WHO member states and one geographic region.





## NURSING

### GHPSS COVERAGE

By health profession  
2005–08

- survey completed
- survey in progress
- not surveyed

## PHARMACY

The GHPSS is the **first study** to collect standardized, cross-national information on health professions students' tobacco use and training as tobacco-cessation counselors.

GHPSS is a standardized school-based survey of third-year students pursuing advanced degrees in dentistry, medicine, nursing, or pharmacy. It is conducted in schools during regular class sessions. GHPSS follows an anonymous, self-administered format for data collection.

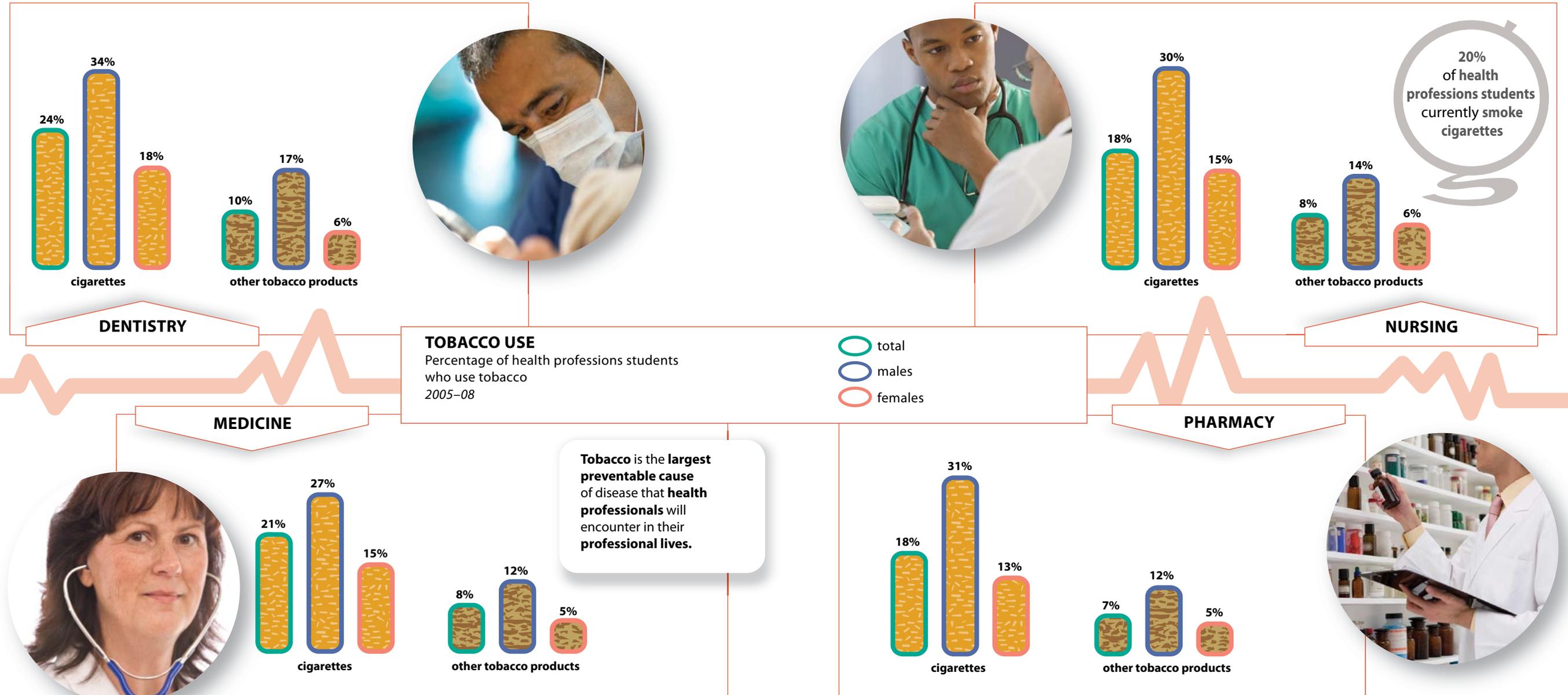
The core 2008 GHPSS questionnaire includes 42 questions covering six categories; research coordinators can add their own questions. The

questionnaires are translated into local languages, and tested in focus groups.

The GHPSS is subject to at least three limitations. First, because GHPSS respondents are third-year health professions students who have not had substantial interaction with patients, survey results should not be extrapolated to account for practicing health professionals in any of the countries. Second, the GHPSS did not survey students in all health

professions whose members could provide patients with cessation counseling (such as chiropractors, traditional healers, psychologists, and counselors). Third, because adult smoking rates across countries are not collected by using a standardized and consistent methodology, comparison of the prevalence in this report with the prevalence in the general adult populations is not possible.





Doctors and a wide range of health professionals have a vital role to play in combating smoking among youth.

Doctors are regarded as the most reliable source of advice and information on health issues, and are exemplars to the rest of the community. In this regard, it is difficult for doctors to advise patients not to smoke, if they smoke themselves.

However, the GHPSS data show that one in five health professions students smokes, with rates twice as high among males than females. Approximately one in 10 health professions students uses tobacco products other than cigarettes. Use of other tobacco products among males is twice as high as use among females.

If they continue to use tobacco after graduation, even

if they do not smoke in front of patients, young people, and others will usually be aware of it, simply by observing them in the community.

Doctors and other health-care professionals can create "smoke-free" offices, clinics, and facilities where health-promotion posters and pamphlets are displayed. They can advise the young regarding preventing initiation, and give quitting advice to all

patients. It is vital that tobacco issues are incorporated into the curricula of medical, nursing, and allied health schools. All of these are more difficult to do if the health professional is a smoker.

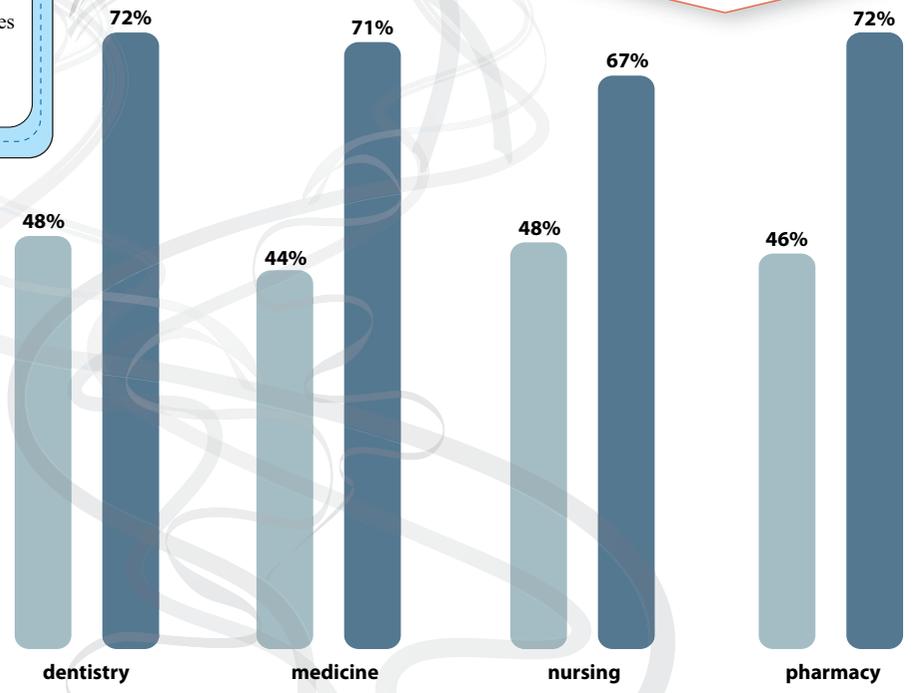
**WHO Framework Convention on Tobacco Control**  
**Article 8: Protection from exposure to tobacco smoke**  
 Each Party shall adopt and implement in areas of existing national jurisdiction as determined by national law and actively promote at other jurisdictional levels the adoption and implementation of effective legislative, executive, administrative and/or other measures, providing for protection from exposure to tobacco smoke in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

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

**SECOND-HAND SMOKE**  
 Percentage of health professions students reporting exposure to SHS 2005-08

- in place of residence
- in public place

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



There is no safe level of exposure to second-hand smoke. Complete prohibition of smoking in all indoor environments is the only intervention that effectively protects people from the harm of second-hand smoke. Full enforcement of smoke-free laws is critical to establishing their credibility, and it is particularly important that this enforcement is put in place as soon as they are enacted.

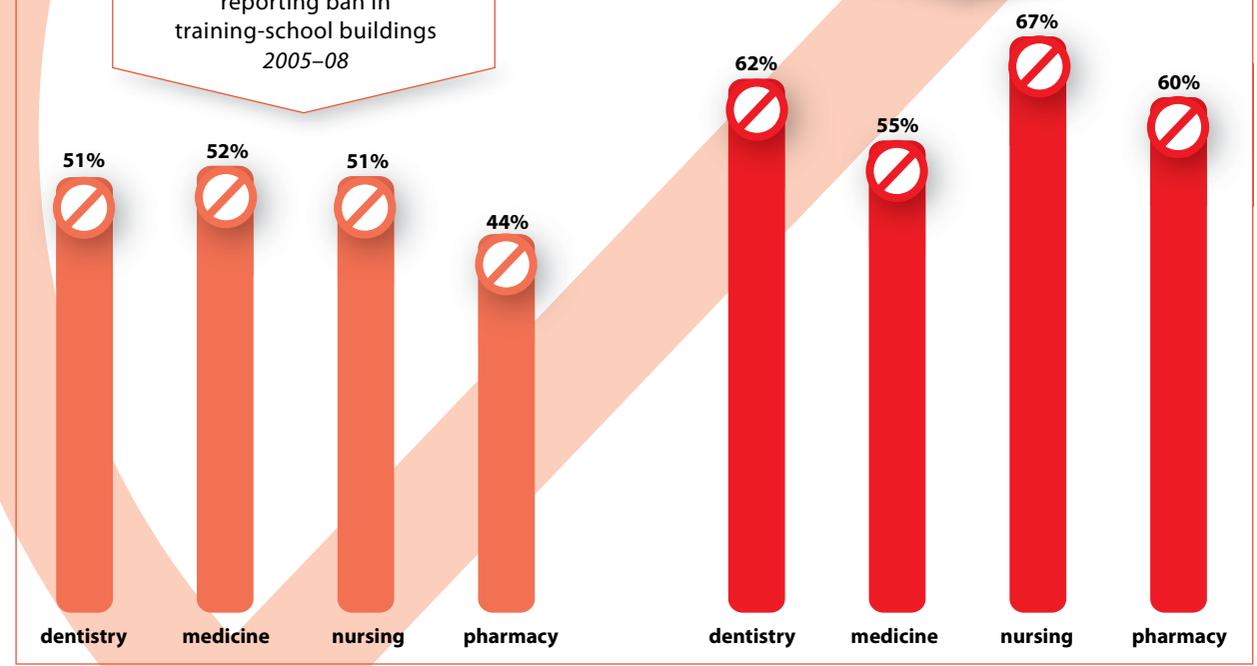
Diseases caused by second-hand smoke in adults include coronary heart disease and lung cancer, and reproductive effects in women; in children it is linked to middle-ear disease, respiratory symptoms such as coughing and wheezing, impaired lung function, sudden infant death syndrome (SIDS), and lower respiratory illness, including infections.



**mpower**  
 Only half of all students reported a ban on smoking in their school buildings

**SMOKING BAN**  
 Percentage of health professions students reporting ban in training-school buildings 2005-08

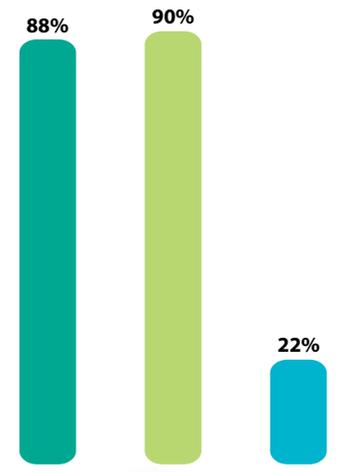
**SMOKING BAN ENFORCED**  
 Where smoking ban is in place in training-school buildings percentage of health professions students reporting that it was enforced 2005-08



The tobacco industry will say that smoke-free areas are too difficult to implement and enforce, that smoking rooms should be provided, and will claim that smoke-free areas infringe on smokers' rights, but no one has the right to harm others. It is the duty of governments, employers, and organizations to offer a safe and healthy environment, free of cancer-causing chemicals. Contrary to tobacco-industry predictions,

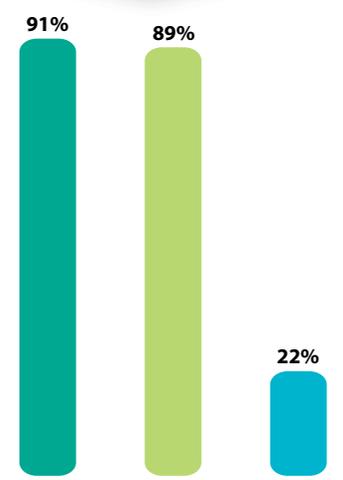
smoke-free environments are popular and easy to implement and enforce.

**WHO Framework Convention on Tobacco Control**  
**Article 12: Offer Counseling**  
 Education, communication, training and public awareness  
 Each Party shall adopt and implement effective legislative, executive, administrative or other measures to promote effective and appropriate training or sensitization and awareness programmes on tobacco control addressed to persons such as health workers, community workers, social workers, media professionals, educators, decision-makers, administrators and other concerned persons.



**DENTISTRY**

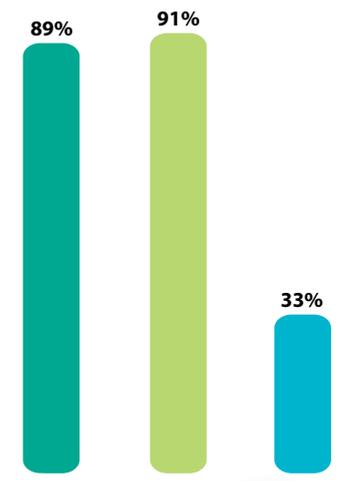
**MEDICINE**



Health professionals have a unique opportunity to **help** smokers **stop** smoking.

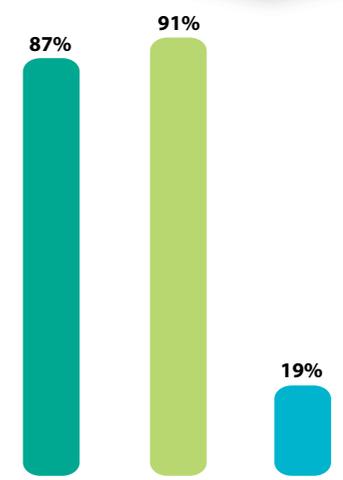
**COUNSELING**  
 Attitude of health professions students to counseling patients on tobacco use 2005-08

- believe they have a role in patient counseling
- believe they should receive formal training in patient counseling
- have received formal training in patient counseling



**NURSING**

**PHARMACY**



The GHPSS data clearly shows that the majority of health professionals believe that they have a duty and a role in helping patients quit, yet few have received any training in doing so.

A brief intervention by a doctor has been shown to increase the chances that a smoker will successfully stop smoking. Effective ways of trying to maximize the number of health professionals helping their patients to stop smoking have involved various

training options, service payments, more and less elaborate counseling sessions and materials, various cessation aids and group counseling sessions. Not all of these are appropriate in all countries.

In addition to tobacco-cessation advice to adults, health professionals can discuss the issue of smoking as early as possible with teenage patients. For many young patients, this may be the first time they have had a supportive discussion about health problems

(including tobacco), laying down the basis for an adult patient relationship with their doctor. This may help to prevent smoking uptake, aid cessation early on, or simply plant the first seeds of an intention among an important segment of the population not to smoke.

Over nine in 10 health professions students believe that they have a role in patient counseling, and believe that they should receive formal training to do

so. Despite their desire to receive formal training in patient counseling, fewer than one-third of the health professions students have received such training.

**PART  
SIX**

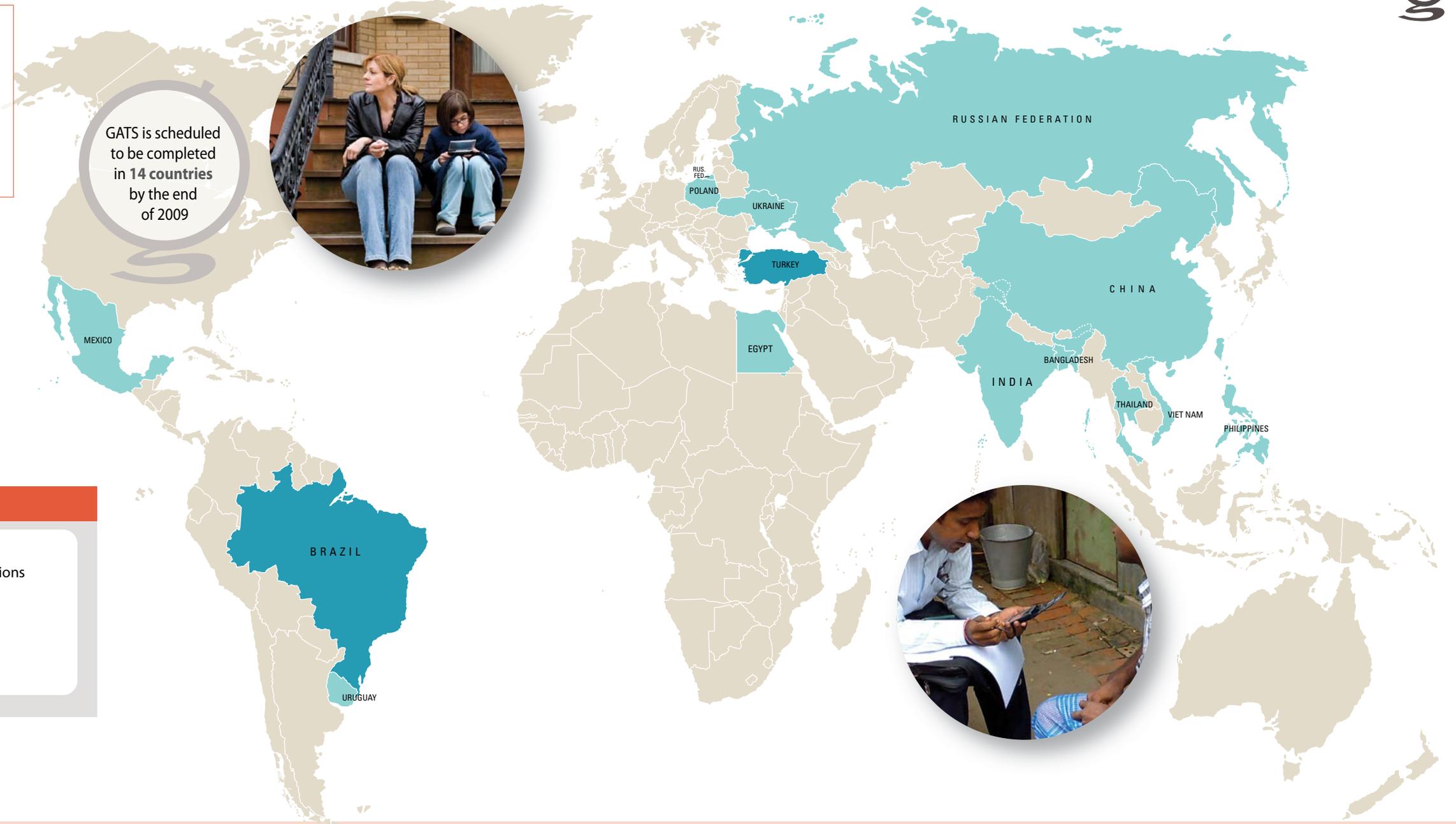
# **Global Adult Tobacco Survey**



**GATS**  
Countries where surveys conducted 2008

- survey completed
- survey in progress
- not surveyed

GATS is scheduled to be completed in 14 countries by the end of 2009



**GATS Topics**

1. Tobacco use
2. Knowledge attitudes and perceptions
3. Cessation
4. Second-hand smoke exposure
5. Economics
6. Media
7. Background characteristics



The Global Adult Tobacco Survey (GATS) was launched in 2007 as a new component of the ongoing GTSS. This survey is funded by the Bloomberg Initiative to Reduce Tobacco Use to fill the data gap for measuring adult tobacco use globally.

GATS is designed to produce national and sub-national estimates of tobacco use, exposure to second-hand smoking and frequency of quit

attempts. The goal is to implement GATS periodically to provide comparable longitudinal data across countries in order to monitor the change in these outcome indicators and indirectly measure the impact of various tobacco control and prevention initiatives at country level.

GATS is a nationally representative household survey of all non-institutionalized men and women age 15 years old and older, using a consistent core

questionnaire, field procedures and data management. Countries can include as many of the core questions as possible and add optional questions to reflect their unique situation. The adapted questionnaires are translated into local languages and pre-tested before the implementation.

Data for this survey are collected by means of a

face-to-face personal interview using electronic data collection procedures with the help of handheld machines, iPAQs.

A limitation of GATS is that the data are collected based on self-reported responses from a randomly selected respondent from each selected household who may under- or over-report their behavior and their knowledge of tobacco-control policies.

**PART  
SEVEN**

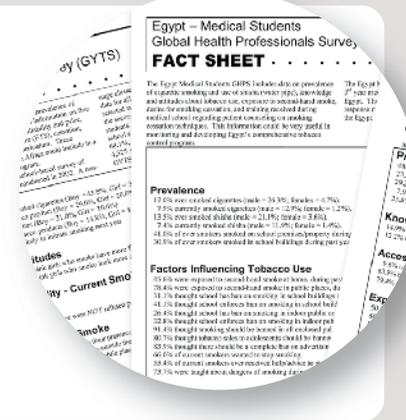
# Data Dissemination



## Fact Sheets

The purpose of the fact sheet is to provide a one-page document highlighting the country's survey results. It is produced when the processing of a GTSS data set is completed and sent to the country Research Coordinators (RCs) and to the respective Regional Office, along with the final data set, codebook, frequency tables,

and preferred tables. Country RCs are encouraged to use the fact sheet for quick dissemination of results to media within a country. All GTSS fact sheets are available on the following website: [www.cdc.gov/tobacco/global](http://www.cdc.gov/tobacco/global) along with individual Regional Office websites.



## Country Reports

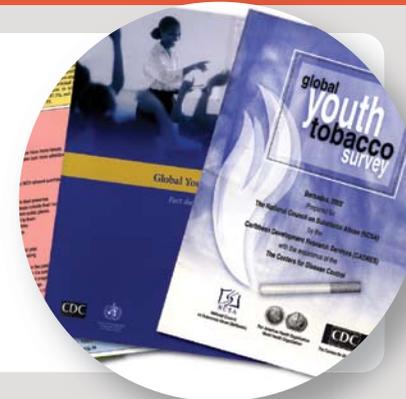
During the Analysis Workshops, country RCs produce draft country reports. Finalization of the country reports is the responsibility of the country RC and the Regional Office. The purpose of the country reports is to give the country RC a document to share with their country tobacco focal point and others in the Ministry of Health,

Ministry of Education, other agencies, and non-governmental organizations that have interest in tobacco control for advancing tobacco control policy action. Country reports are available at the following website: [www.cdc.gov/tobacco/global](http://www.cdc.gov/tobacco/global)



## Publications

In total, GTSS publications include: 86 articles in peer-reviewed journals and eight CDC Morbidity and Mortality Weekly Reports (MMWRs). A GTSS publication is released approximately every five weeks. The full list is given on page 106.



## Public-Use Datasets

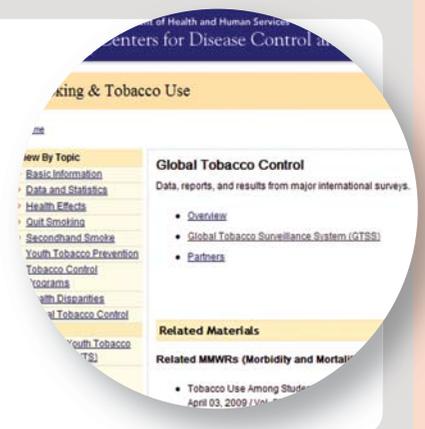
GYTS data have been made public use since 2004. In total over 400 data sets are available on the following website: [www.cdc.gov/tobacco/global](http://www.cdc.gov/tobacco/global) GSPS and GHPSS data are in process of being made public use and put on the website. By

the end of 2009, all GTSS data from 1999 through 2007 will be available for public use. GATS public-use data will follow as data become available. Details concerning the GTSS data-release policy are available on the website.



## Data Coordinating Center

CDC serves as the Data Coordinating Center for the GTSS data and operates as the data bank/repository. In this role, CDC provides technical assistance for survey design, sample selection, fieldwork procedures, and data processing and management of GTSS data.



## The GTSS Data Dissemination Tool

The GTSS Data Dissemination Tool is a web-based application that will be used as a framework for accessing global tobacco surveillance data online for the GTSS. Visitors to the site are able to generate data queries on key tobacco indicators and can

make comparisons across countries and regions.



**PART  
EIGHT**

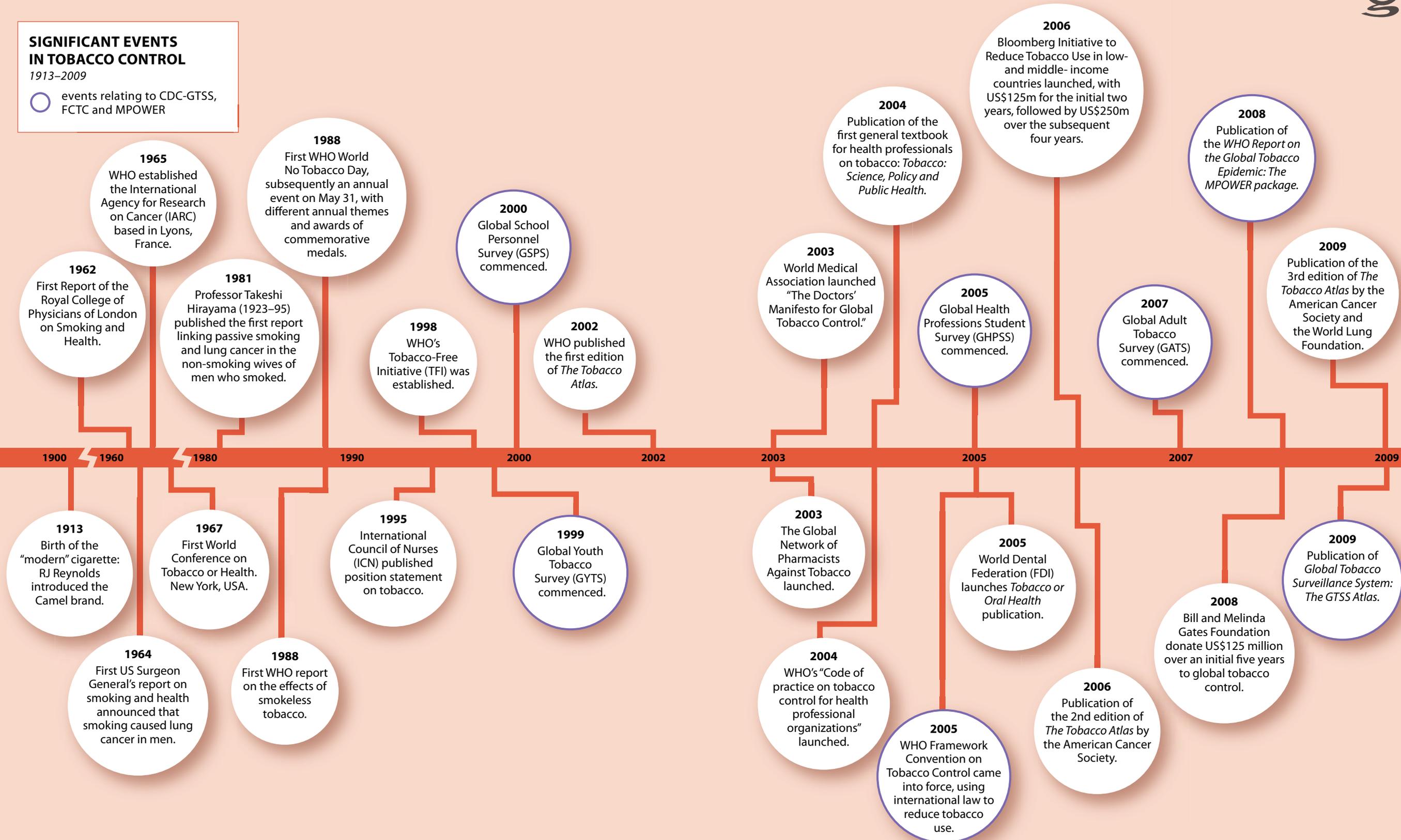
# Facts and Figures



## SIGNIFICANT EVENTS IN TOBACCO CONTROL

1913–2009

○ events relating to CDC-GTSS, FCTC and MPOWER



Country	WHO Region	GYTS							GSPS	GHPSS				WHO Region	Country		
		Percentage who currently smoked cigarettes		Percentage who currently used other tobacco products		Percentage exposed to smoke in public places during the week preceding the survey	Percentage who had an object with a cigarette or tobacco logo on it	Percentage ever offered a free cigarette by a tobacco company representative		Percentage of current cigarette smokers who desired to stop smoking	Percentage who currently smoked cigarettes						
		Boys %	Girls %	Boys %	Girls %	Total %	Total %	Total %		Total %	Total %	Dental	Medical			Nursing	Pharmacy
												Ages 13- 15 years only				Total %	Total %
Afghanistan	EMR	7.6	0.0	7.0	3.2	45.0	11.4	10.5	-	-	-	-	-	EMR	Afghanistan		
Albania	EUR	11.9	5.8	11.5	6.7	80.6	17.7	9.9	68.0	-	36.5	44.3	41.0	49.6	EUR	Albania	
Algeria	AFR	18.3	1.5	12.7	4.8	60.2	7.9	6.4	80.9	-	10.1	9.0	-	8.5	AFR	Algeria	
American Samoa	WPR	18.3	15.1	12.1	5.8	61.2	14.2	-	83.6	-	-	-	-	-	WPR	American Samoa	
Antigua and Barbuda	AMR	2.7	4.4	13.4	10.9	40.3	11.8	9.2	-	-	-	-	-	-	AMR	Antigua and Barbuda	
Argentina	AMR	21.1	27.3	11.6	6.5	68.6	12.1	10.0	50.2	-	38.3	37.1	36.4	-	AMR	Argentina	
Armenia	EUR	10.3	0.9	10.0	1.9	85.1	15.6	4.0	80.3	-	28.4	20.4	6.5	17.1	EUR	Armenia	
Bahamas	AMR	6.2	3.7	9.4	7.4	51.1	15.6	9.3	-	-	-	-	-	-	AMR	Bahamas	
Bahrain	EMR	17.5	3.9	19.9	10.5	45.3	23.3	8.7	64.3	-	-	-	-	-	EMR	Bahrain	
Bangladesh	SEAR	2.9	1.1	8.0	4.2	42.2	12.8	6.4	70.7	21.3	21.9	27.2	5.3	-	SEAR	Bangladesh	
Barbados	AMR	14.3	9.3	30.2	18.7	59.6	15.7	10.9	54.7	-	-	-	-	-	AMR	Barbados	
Belarus	EUR	31.2	21.7	15.2	10.4	-	13.5	5.3	72.1	18.9	-	-	-	-	EUR	Belarus	
Belize	AMR	11.7	4.4	14.5	12.1	50.4	9.6	12.4	74.7	-	-	-	-	-	AMR	Belize	
Benin	AFR	11.2	1.8	6.7	4.2	38.0	20.0	5.1	79.6	-	-	-	-	-	AFR	Benin	
Bhutan	SEAR	18.3	6.3	19.7	9.1	54.5	10.5	11.1	91.7	-	-	-	-	-	SEAR	Bhutan	
Bolivarian Rep. of Venezuela	AMR	6.0	8.4	10.5	6.8	47.8	14.9	10.2	69.8	-	-	-	-	-	AMR	Bolivarian Rep. of Venezuela	
Bolivia	AMR	20.3	12.0	9.5	6.9	52.9	15.3	13.0	60.7	-	38.7	41.1	21.3	23.5	AMR	Bolivia	
Bosnia and Herzegovina	EUR	14.3	9.4	9.3	5.8	84.0	18.9	7.5	52.4	-	40.0	46.8	33.1	29.5	EUR	Bosnia and Herzegovina	
Botswana	AFR	18.1	10.9	16.3	14.3	62.1	10.7	10.6	78.0	-	-	-	-	-	AFR	Botswana	
Brazil	AMR	9.1	12.9	10.0	3.3	50.0	5.8	7.4	39.2	-	20.0	16.9	12.5	5.4	AMR	Brazil	
British Virgin Islands	AMR	4.1	2.8	8.3	8.4	43.3	9.8	6.5	-	-	-	-	-	-	AMR	British Virgin Islands	
Bulgaria	EUR	24.4	31.6	10.5	6.8	70.1	16.4	10.2	49.1	41.2	-	-	-	-	EUR	Bulgaria	
Burkina Faso	AFR	16.5	2.7	8.9	4.8	48.6	23.6	9.3	91.6	14.5	-	-	-	-	AFR	Burkina Faso	
Burundi	AFR	5.8	3.2	17.1	14.3	49.3	15.3	12.8	-	-	-	-	-	-	AFR	Burundi	
Cambodia	WPR	4.6	0.2	3.3	3.0	58.5	39.7	10.3	-	-	2.1	6.4	4.3	7.3	WPR	Cambodia	
Cameroon	AFR	8.8	3.0	11.6	7.3	45.0	13.5	6.4	81.8	19.5	-	-	-	-	AFR	Cameroon	
Cape Verde	AFR	3.7	3.1	11.6	9.3	25.4	12.5	5.9	-	-	-	-	-	-	AFR	Cape Verde	
Central African Republic	AFR	10.4	4.3	24.0	31.3	52.4	24.3	7.7	84.9	13.8	-	-	-	-	AFR	Central African Republic	
Chad	AFR	8.4	4.3	16.5	11.6	55.1	30.3	16.1	73.9	-	-	-	-	-	AFR	Chad	
Chile	AMR	27.6	39.2	5.8	3.9	69.8	9.6	8.7	50.4	-	-	-	-	-	AMR	Chile	
China	WPR	2.7	0.8	4.5	3.4	35.2	9.5	5.5	-	24.3	-	-	-	-	WPR	China	
Colombia	AMR	25.4	26.6	6.7	3.6	56.1	11.0	19.2	64.7	-	-	-	-	-	AMR	Colombia	
Comoros	AFR	13.5	6.9	12.5	9.9	58.3	20.1	6.4	-	-	-	-	-	-	AFR	Comoros	
Congo	AFR	15.0	8.1	15.6	17.7	44.8	21.7	11.0	77.1	5.4	-	-	-	-	AFR	Congo	
Cook Islands	WPR	39.9	49.6	-	-	73.0	18.6	12.6	95.2	-	-	-	-	-	WPR	Cook Islands	
Costa Rica	AMR	9.4	9.7	9.3	5.9	41.5	9.3	5.7	57.5	-	-	32.8	24.0	-	AMR	Costa Rica	
Côte D'Ivoire	AFR	19.3	7.1	5.6	4.4	69.7	15.4	7.1	92.7	-	-	-	-	-	AFR	Côte D'Ivoire	
Croatia	EUR	21.7	25.6	14.6	13.0	82.5	14.3	10.5	41.2	-	-	36.6	-	-	EUR	Croatia	
Cuba	AMR	11.2	8.8	6.0	5.7	65.0	13.8	6.2	56.8	-	26.2	29.4	39.8	-	AMR	Cuba	
Cyprus	EUR	12.3	8.2	5.2	1.3	87.8	15.3	14.6	48.6	33.5	-	-	-	-	EUR	Cyprus	
Czech Republic	EUR	29.8	32.7	17.2	11.2	75.2	16.9	7.5	52.6	18.1	32.5	21.7	32.7	18.9	EUR	Czech Republic	
Dem. Rep. of the Congo	AFR	11.7	3.6	29.3	27.6	36.8	21.9	17.4	75.6	27.5	-	-	-	-	AFR	Dem. Rep. of the Congo	

Country	WHO Region	GYTS							GSPS		GHPSS				WHO Region	Country			
		Percentage who currently smoked cigarettes		Percentage who currently used other tobacco products		Percentage exposed to smoke in public places during the week preceding the survey	Percentage who had an object with a cigarette or tobacco logo on it	Percentage ever offered a free cigarette by a tobacco company representative	Percentage of current cigarette smokers who desired to stop smoking	Percentage who currently smoked cigarettes	Percentage who currently smoked cigarettes								
		Boys %	Girls %	Boys %	Girls %	Total %	Total %	Total %	Total %	Total %	Total %	Dental	Medical	Nursing			Pharmacy		
												Ages 13- 15 years only							
														Total %	Total %	Total %	Total %	Total %	Total %
Djibouti	EMR	8.6	2.6	12.3	9.6	43.2	25.5	14.9	70.8	-	-	-	-	-	EMR	Djibouti			
Dominica	AMR	11.8	9.6	12.0	6.3	60.2	16.0	11.2	58.6	5.1	-	-	-	-	AMR	Dominica			
Dominican Republic	AMR	7.3	5.8	12.9	7.4	41.9	10.7	8.6	50.9	-	-	-	-	-	AMR	Dominican Republic			
Ecuador	AMR	23.2	18.1	15.9	14.6	52.5	12.6	15.8	59.2	-	-	-	-	-	AMR	Ecuador			
Egypt	EMR	5.9	1.4	12.3	6.7	43.7	13.2	10.4	78.7	-	-	7.9	-	-	EMR	Egypt			
El Salvador	AMR	18.4	10.9	10.5	7.0	39.5	9.1	9.5	97.7	-	-	-	-	-	AMR	El Salvador			
Equatorial Guinea	AFR	9.9	3.4	19.5	14.8	61.7	10.6	7.0	-	-	-	-	-	-	AFR	Equatorial Guinea			
Eritrea	AFR	2.0	0.6	6.4	4.2	37.3	18.1	9.9	80.7	8.3	-	-	-	-	AFR	Eritrea			
Estonia	EUR	28.2	26.2	25.4	16.7	68.5	17.3	7.4	69.8	21.7	-	-	-	-	EUR	Estonia			
Ethiopia	AFR	2.5	0.7	8.4	4.4	41.2	12.6	-	-	-	-	-	-	-	AFR	Ethiopia			
Fiji	WPR	6.7	3.1	6.7	7.6	56.8	13.1	7.2	88.2	15.2	-	-	-	-	WPR	Fiji			
FYR Macedonia	EUR	8.5	6.8	4.3	3.0	-	31.8	9.7	63.5	-	-	-	-	-	EUR	FYR Macedonia			
Gambia	AFR	12.7	8.6	29.5	34.3	59.2	25.1	23.1	60.4	-	-	-	-	-	AFR	Gambia			
Gaza Strip	EMR	9.7	3.0	12.8	10.0	46.1	15.2	8.6	65.2	16.1	33.4	22.7	25.0	11.0	EMR	Gaza Strip			
Georgia	EUR	35.5	12.9	9.6	3.7	-	27.8	10.8	42.8	-	-	-	-	-	EUR	Georgia			
Ghana	AFR	2.8	2.3	10.1	10.1	31.6	12.5	11.1	80.2	3.9	-	4.3	0.8	0.9	AFR	Ghana			
Greece	EUR	11.3	9.0	11.8	8.9	-	19.6	16.7	37.6	-	-	-	-	-	EUR	Greece			
Grenada	AMR	10.9	9.5	11.6	9.3	61.8	11.6	13.4	64.8	-	-	-	-	-	AMR	Grenada			
Guam	WPR	25.3	19.7	17.7	10.1	71.5	21.8	-	75.7	-	-	-	-	-	WPR	Guam			
Guatemala	AMR	13.7	9.1	9.5	6.2	40.8	9.5	11.8	60.1	-	20.2	22.5	-	30.3	AMR	Guatemala			
Guinea-Bissau	AFR	7.2	3.0	4.5	7.8	35.3	19.5	4.4	81.0	-	-	-	-	-	AFR	Guinea-Bissau			
Guyana	AMR	11.0	5.4	9.1	7.7	61.1	13.0	12.5	-	7.5	-	-	-	-	AMR	Guyana			
Haiti	AMR	17.2	17.7	9.0	11.1	43.2	15.9	13.9	72.6	-	-	-	-	-	AMR	Haiti			
Honduras	AMR	14.4	14.1	12.1	8.0	42.2	12.8	11.8	58.8	-	-	-	-	-	AMR	Honduras			
Hungary	EUR	21.6	23.9	16.7	10.3	73.0	15.8	6.3	41.4	-	-	-	-	-	EUR	Hungary			
India	SEAR	5.4	1.6	14.3	8.5	40.3	-	9.3	70.3	19.6	9.1	11.6	3.3	-	SEAR	India			
Indonesia	SEAR	23.9	1.9	5.3	2.4	81.4	10.3	13.6	78.1	16.6	10.6	8.6	-	-	SEAR	Indonesia			
Iraq	EMR	3.3	2.7	15.7	13.6	29.2	13.2	7.3	-	23.1	11.1	17.5	18.7	10.7	EMR	Iraq			
Islamic Rep. Iran	EMR	5.1	0.9	31.9	19.5	44.8	9.3	4.9	-	8.8	10.3	5.6	4.4	8.5	EMR	Islamic Rep. Iran			
Jamaica	AMR	20.6	10.9	10.2	7.2	60.5	14.0	10.6	73.3	-	-	6.7	5.0	4.3	AMR	Jamaica			
Jordan	EMR	13.2	7.1	28.2	23.5	62.6	18.6	13.5	58.2	33.0	-	-	-	-	EMR	Jordan			
Kazakhstan	EUR	12.7	6.6	9.3	4.2	-	14.8	6.1	75.7	10.0	-	-	-	-	EUR	Kazakhstan			
Kenya	AFR	11.2	5.2	8.2	11.4	48.2	17.6	11.3	85.3	-	-	-	-	-	AFR	Kenya			
Kosovo	EUR	7.7	5.4	9.4	4.6	-	18.3	11.3	76.3	-	-	-	-	-	EUR	Kosovo			
Kuwait	EMR	17.7	4.5	17.4	11.7	56.2	16.0	9.9	65.7	19.4	-	-	-	-	EMR	Kuwait			
Kyrgyzstan	EUR	6.8	2.2	7.3	3.8	57.7	18.2	18.9	86.2	12.4	-	-	-	-	EUR	Kyrgyzstan			
Lao People's Dem. Rep.	WPR	4.9	1.3	3.3	2.7	55.4	15.0	8.5	-	17.8	-	-	-	-	WPR	Lao People's Dem. Rep.			
Latvia	EUR	36.3	30.2	42.0	33.6	72.7	27.8	6.9	71.5	15.3	-	-	-	-	EUR	Latvia			
Lebanon	EMR	11.8	5.6	44.7	35.7	74.4	19.5	10.4	54.0	36.7	31.6	28.2	26.9	14.9	EMR	Lebanon			
Lesotho	AFR	11.8	7.5	20.4	17.9	52.6	16.3	18.0	82.0	3.0	-	-	-	-	AFR	Lesotho			
Liberia	AFR	2.0	1.2	14.1	11.5	45.5	16.3	19.4	-	-	-	-	-	-	AFR	Liberia			

Country	WHO Region	GYTS							Percentage of current cigarette smokers who desired to stop smoking	GSPS	GHPSS				WHO Region	Country	
		Percentage who currently smoked cigarettes		Percentage who currently used other tobacco products		Percentage exposed to smoke in public places during the week preceding the survey	Percentage who had an object with a cigarette or tobacco logo on it	Percentage ever offered a free cigarette by a tobacco company representative			Percentage who currently smoked cigarettes	Percentage who currently smoked cigarettes					
		Boys %	Girls %	Boys %	Girls %	Total %	Total %	Total %				Dental	Medical	Nursing			Pharmacy
												Ages 13- 15 years only					
Total %	Total %	Total %	Total %	Total %	Total %	Total %	Total %	Total %	Total %	Total %	Total %						
Libyan Arab Jamahiriya	EMR	7.7	0.9	8.6	5.6	41.5	11.3	8.6	-	11.8	2.3	10.0	-	0.9	EMR	Libyan Arab Jamahiriya	
Lithuania	EUR	33.8	25.9	13.2	5.7	64.6	16.2	5.2	70.9	-	29.6	27.3	36.2	19.2	EUR	Lithuania	
Macau SAR	WPR	11.0	9.8	2.4	1.7	67.3	14.1	3.6	42.1	-	-	-	-	-	WPR	Macau SAR	
Madagascar	AFR	30.7	10.2	8.5	5.8	62.9	6.2	1.2	87.8	-	-	-	-	-	AFR	Madagascar	
Malawi	AFR	3.8	2.2	17.1	17.1	24.2	20.6	11.3	68.0	16.6	-	-	-	-	AFR	Malawi	
Malaysia	WPR	36.3	4.2	8.8	7.5	16.7	14.7	4.7	80.2	16.8	-	-	-	-	WPR	Malaysia	
Maldives	SEAR	0.9	6.6	2.7	4.3	68.0	8.1	7.1	65.0	12.4	-	-	-	-	SEAR	Maldives	
Mali	AFR	17.4	2.5	10.7	7.2	81.4	13.9	10.3	62.8	-	-	-	-	-	AFR	Mali	
Mauritania	AFR	20.3	18.3	18.4	17.3	53.6	27.8	23.3	73.7	17.9	-	-	-	-	AFR	Mauritania	
Mauritius	AFR	20.3	7.7	-	-	73.6	-	8.4	62.3	14.9	-	-	-	-	AFR	Mauritius	
Mexico	AMR	26.3	27.1	5.5	4.0	60.2	20.9	11.3	42.2	20.9	42.8	35.3	-	-	AMR	Mexico	
Micronesia (Fed. States of)	WPR	36.9	19.8	41.8	32.1	71.3	25.1	21.7	86.5	-	-	-	-	-	WPR	Micronesia (Fed. States of)	
Mongolia	WPR	11.0	3.3	17.9	12.9	55.5	9.9	11.2	88.6	16.6	33.3	-	19.9	22.9	WPR	Mongolia	
Montserrat	AMR	3.5	6.3	10.2	7.7	43.4	95.9	33.6	88.0	-	-	-	-	-	AMR	Montserrat	
Morocco	EMR	4.3	2.1	10.3	6.9	41.1	9.7	5.0	-	16.2	-	-	-	-	EMR	Morocco	
Mozambique	AFR	4.5	1.2	9.6	6.8	26.2	14.3	12.1	-	-	-	-	-	-	AFR	Mozambique	
Myanmar	SEAR	8.5	1.3	20.3	7.9	46.4	8.6	8.7	83.0	5.4	21.6	12.4	-	2.8	SEAR	Myanmar	
Namibia	AFR	21.9	16.1	15.1	14.0	58.5	16.0	19.8	73.4	-	-	-	-	-	AFR	Namibia	
Nepal	SEAR	5.7	1.9	11.1	4.4	47.3	10.7	7.9	92.0	16.9	17.3	23.5	-	-	SEAR	Nepal	
New Zealand	WPR	23.9	13.0	6.8	5.6	64.6	-	-	48.9	-	-	-	-	-	WPR	New Zealand	
Nicaragua	AMR	25.6	17.4	12.8	6.7	54.1	12.5	14.1	60.4	-	-	-	-	-	AMR	Nicaragua	
Niger	AFR	11.7	1.1	6.1	7.0	52.3	29.9	-	73.1	24.2	-	37.7	-	-	AFR	Niger	
Nigeria	AFR	5.6	1.3	16.9	10.7	39.7	16.1	11.3	-	-	-	-	-	-	AFR	Nigeria	
Northern Mariana Islands	WPR	26.6	31.5	52.3	38.3	72.9	-	-	79.4	-	-	-	-	-	WPR	Northern Mariana Islands	
Oman	EMR	3.5	1.2	16.9	10.6	27.4	12.4	6.7	-	9.7	-	-	-	-	EMR	Oman	
Pakistan	EMR	2.3	0.6	11.2	7.3	33.9	7.9	14.8	-	18.6	-	-	-	-	EMR	Pakistan	
Palau	WPR	31.0	22.6	-	-	28.9	36.2	-	78.1	-	-	-	-	-	WPR	Palau	
Panama	AMR	5.9	2.8	7.1	4.5	40.3	6.4	5.9	65.9	5.3	15.8	11.3	3.4	5.2	AMR	Panama	
Papua New Guinea	WPR	52.1	35.8	21.1	11.1	86.4	18.9	10.5	82.3	-	-	-	-	-	WPR	Papua New Guinea	
Paraguay	AMR	11.3	5.5	12.4	8.4	55.3	11.8	15.1	59.0	13.1	16.4	22.3	-	-	AMR	Paraguay	
Peru	AMR	17.7	12.9	4.4	3.0	46.8	9.5	9.7	72.2	-	-	33.8	25.6	32.3	AMR	Peru	
Philippines	WPR	23.4	12.0	8.2	7.2	64.8	11.1	5.5	88.1	30.4	-	-	-	23.1	WPR	Philippines	
Poland	EUR	19.6	17.1	9.0	4.8	-	26.5	25.7	51.3	-	-	-	-	-	EUR	Poland	
Puerto Rico	AMR	5.7	9.0	9.6	5.5	34.6	8.9	-	-	-	-	-	-	-	AMR	Puerto Rico	
Qatar	EMR	13.4	2.3	19.4	12.6	45.9	16.8	8.0	59.6	19.6	-	-	-	-	EMR	Qatar	
Rep. of Korea	WPR	7.9	5.3	4.6	4.3	65.2	7.3	14.4	71.3	-	-	17.2	4.0	-	WPR	Rep. of Korea	
Rep. of Moldova	EUR	18.5	5.6	11.6	5.1	57.0	8.0	5.0	79.7	8.6	65.2	-	20.2	30.2	EUR	Rep. of Moldova	
Rep. of Montenegro	EUR	5.7	4.4	3.7	3.5	69.9	20.2	19.3	41.2	-	-	-	-	-	EUR	Rep. of Montenegro	
Romania	EUR	21.5	14.3	7.7	4.3	-	21.8	11.5	55.4	-	-	-	-	-	EUR	Romania	
Russian Federation	EUR	26.9	23.9	18.1	11.1	89.4	14.7	9.6	65.5	17.9	43.7	38.8	-	42.9	EUR	Russian Federation	
Rwanda	AFR	3.0	0.9	12.0	8.7	-	9.6	4.8	-	3.8	-	-	-	-	AFR	Rwanda	

Country	WHO Region	GYTS							Percentage of current cigarette smokers who desired to stop smoking	GSPS	GHPSS				WHO Region	Country			
		Percentage who currently smoked cigarettes		Percentage who currently used other tobacco products		Percentage exposed to smoke in public places during the week preceding the survey	Percentage who had an object with a cigarette or tobacco logo on it	Percentage ever offered a free cigarette by a tobacco company representative			Percentage who currently smoked cigarettes	Percentage who currently smoked cigarettes							
		Boys %	Girls %	Boys %	Girls %	Total %	Total %	Total %				Total %	Total %	Total %			Total %	Total %	Total %
Dental	Medical	Nursing	Pharmacy																
Samoa	WPR	16.0	12.7	19.5	13.5	62.8	21.5	14.8	66.2	-	-	-	-	-	WPR	Samoa			
Saudi Arabia	EMR	10.2	2.6	13.3	9.4	38.2	11.7	7.9	71.7	22.1	-	11.6	-	-	EMR	Saudi Arabia			
Senegal	AFR	12.1	2.7	11.7	7.7	85.9	18.9	9.8	77.4	17.0	-	-	-	-	AFR	Senegal			
Serbia	EUR	9.3	8.9	5.5	5.8	71.9	16.1	4.8	47.5	35.4	28.5	34.7	33.8	29.3	EUR	Serbia			
Seychelles	AFR	23.2	20.0	10.6	9.2	57.1	16.2	7.8	73.4	13.4	-	-	-	-	AFR	Seychelles			
Sierra Leone	AFR	6.6	5.0	16.7	21.8	56.5	19.7	13.3	74.9	11.8	-	-	-	-	AFR	Sierra Leone			
Singapore	WPR	10.5	7.5	-	-	65.1	94.7	48.2	-	-	-	-	-	-	WPR	Singapore			
Slovakia	EUR	26.5	23.4	15.1	10.6	69.3	17.3	5.5	64.8	24.9	28.6	30.4	32.2	35.4	EUR	Slovakia			
Slovenia	EUR	15.2	23.0	8.3	7.4	-	13.3	7.0	39.7	23.3	16.7	21.0	-	12.6	EUR	Slovenia			
Somalia	EMR	4.9	4.5	12.7	9.8	48.7	20.1	17.9	-	40.4	-	5.6	6.5	-	EMR	Somalia			
South Africa	AFR	21.0	10.6	14.8	11.9	43.4	16.5	13.9	66.6	-	-	-	-	-	AFR	South Africa			
Sri Lanka	SEAR	1.6	0.9	11.6	5.6	65.9	5.7	3.0	-	4.6	-	4.1	1.0	-	SEAR	Sri Lanka			
St Kitts and Nevis	AMR	7.0	1.9	14.6	12.1	48.8	17.6	7.7	-	-	-	-	-	-	AMR	St Kitts and Nevis			
St Lucia	AMR	17.0	9.6	13.0	8.4	64.0	13.1	10.4	57.8	-	-	-	-	-	AMR	St Lucia			
St Vincent and The Grenadines	AMR	14.8	9.5	11.2	9.6	59.7	12.4	11.7	67.5	-	-	-	-	-	AMR	St Vincent and The Grenadines			
Sudan	EMR	10.2	2.1	11.0	9.3	41.4	18.0	8.9	66.4	8.5	11.4	7.7	4.8	9.9	EMR	Sudan			
Suriname	AMR	9.3	4.7	4.4	4.4	64.2	18.5	10.9	-	15.7	-	-	-	-	AMR	Suriname			
Swaziland	AFR	8.9	3.2	8.5	6.9	26.0	10.0	10.9	77.2	11.1	-	-	-	-	AFR	Swaziland			
Syrian Arab Rep.	EMR	19.1	5.9	29.7	15.3	58.4	12.9	11.8	79.7	23.0	23.6	16.8	19.3	13.0	EMR	Syrian Arab Rep.			
Tajikistan	EUR	1.5	0.5	8.0	3.4	-	10.2	5.5	-	-	-	-	-	-	EUR	Tajikistan			
Thailand	SEAR	17.4	4.8	10.4	4.9	68.2	42.0	10.2	72.3	15.1	3.9	2.1	1.1	2.1	SEAR	Thailand			
Timor-Leste	SEAR	50.6	17.3	29.0	20.2	69.8	34.3	21.9	73.7	48.2	-	-	-	-	SEAR	Timor-Leste			
Togo	AFR	9.1	1.7	12.1	7.4	41.6	24.8	6.8	78.5	5.3	-	-	-	-	AFR	Togo			
Trinidad and Tobago	AMR	14.7	10.3	8.9	8.7	64.2	11.8	4.9	83.4	-	-	-	-	-	AMR	Trinidad and Tobago			
Tunisia	EMR	15.1	1.6	19.9	7.8	65.2	10.1	4.8	84.0	29.1	12.6	9.9	26.2	15.7	EMR	Tunisia			
Turkey	EUR	9.4	3.5	4.4	1.5	85.9	10.1	7.6	65.3	-	-	-	-	-	EUR	Turkey			
Tuvalu	WPR	33.2	22.1	33.3	22.4	76.7	25.9	13.3	98.7	28.1	-	-	-	-	WPR	Tuvalu			
Uganda	AFR	6.6	4.0	13.8	13.5	45.6	12.3	10.3	70.3	7.4	-	0.6	0.7	-	AFR	Uganda			
Ukraine	EUR	27.6	20.6	15.2	10.5	-	26.0	10.1	74.5	-	-	-	-	-	EUR	Ukraine			
United Arab Emirates	EMR	12.1	3.6	32.7	24.7	31.6	11.4	9.1	60.5	13.9	-	-	-	-	EMR	United Arab Emirates			
United Rep. of Tanzania	AFR	4.0	0.4	5.5	4.6	23.3	16.6	3.9	-	-	-	-	-	-	AFR	United Rep. of Tanzania			
Uruguay	AMR	16.4	22.9	10.3	6.1	68.6	10.7	6.8	46.3	30.1	-	-	-	-	AMR	Uruguay			
US Virgin Islands	AMR	3.0	3.6	8.8	3.7	36.6	11.5	-	65.0	-	-	-	-	-	AMR	US Virgin Islands			
USA	AMR	12.1	13.9	14.0	7.4	54.9	18.2	-	51.5	-	-	-	-	-	AMR	USA			
Uzbekistan	EUR	2.4	1.2	0.3	0.8	46.7	6.9	5.3	-	-	-	-	-	-	EUR	Uzbekistan			
Vanuatu	WPR	28.2	11.4	17.5	11.3	75.9	17.8	13.5	84.5	-	-	-	-	-	WPR	Vanuatu			
Viet Nam	WPR	5.9	1.2	1.9	0.7	71.2	11.3	8.2	75.4	13.6	-	11.2	-	-	WPR	Viet Nam			
West Bank	EMR	27.6	8.7	20.8	12.7	59.4	18.2	9.9	64.9	24.1	33.4	22.7	25.0	11.0	EMR	West Bank			
Yemen	EMR	4.2	1.6	12.1	10.1	42.7	22.1	9.3	-	29.6	-	-	-	-	EMR	Yemen			
Zambia	AFR	6.7	6.8	22.8	22.8	45.5	18.6	14.0	71.8	-	-	-	-	-	AFR	Zambia			
Zimbabwe	AFR	4.8	1.5	10.9	7.5	40.1	14.8	8.8	-	6.2	-	-	-	-	AFR	Zimbabwe			

Country	WHO Region	GYTS		GSPS		GHPSS Dental		GHPSS Medical		GHPSS Nursing		GHPSS Pharmacy		WHO Region	Country
		Site	Year	Site	Year	Site	Year	Site	Year	Site	Year	Site	Year		
Afghanistan	EMR	Kabul	2004	-	-	-	-	-	-	-	-	-	-	EMR	Afghanistan
Albania	EUR	National	2004	-	-	National	2005	National	2005	National	2005	National	2005	EUR	Albania
Algeria	AFR	Constantine	2007	-	-	National	2007	National	2007	-	-	National	2007	AFR	Algeria
American Samoa	WPR	National	2005	-	-	-	-	-	-	-	-	-	-	WPR	American Samoa
Antigua and Barbuda	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	Antigua and Barbuda
Argentina	AMR	National	2007	-	-	National	2007	National	2005	National	2007	-	-	AMR	Argentina
Armenia	EUR	National	2004	-	-	National	2006	National	2006	National	2006	National	2006	EUR	Armenia
Bahamas	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	Bahamas
Bahrain	EMR	National	2002	-	-	-	-	-	-	-	-	-	-	EMR	Bahrain
Bangladesh	SEAR	National	2007	National	2007	National	2005	National	2006	National	2008	-	-	SEAR	Bangladesh
Barbados	AMR	National	2007	-	-	-	-	-	-	-	-	-	-	AMR	Barbados
Belarus	EUR	National	2004	National	2004	-	-	-	-	-	-	-	-	EUR	Belarus
Belize	AMR	National	2008	-	-	-	-	-	-	-	-	-	-	AMR	Belize
Benin	AFR	Atlantique Littoral	2003	-	-	-	-	-	-	-	-	-	-	AFR	Benin
Bhutan	SEAR	National	2006	-	-	-	-	-	-	-	-	-	-	SEAR	Bhutan
Bolivarian Rep. of Venezuela	AMR	National	1999	-	-	-	-	-	-	-	-	-	-	AMR	Bolivarian Rep. of Venezuela
Bolivia	AMR	La Paz	2003	-	-	National	2007	National	2006	National	2006	National	2007	AMR	Bolivia
Bosnia and Herzegovina	EUR	National	2008	-	-	National	2006	National	2006	National	2005	National	2006	EUR	Bosnia and Herzegovina
Botswana	AFR	National	2008	-	-	-	-	-	-	-	-	-	-	AFR	Botswana
Brazil	AMR	Rio de Janeiro	2005	-	-	Rio de Janeiro	2007	Rio de Janeiro	2006	Rio de Janeiro	2006	Rio de Janeiro	2007	AMR	Brazil
British Virgin Islands	AMR	National	2001	-	-	-	-	-	-	-	-	-	-	AMR	British Virgin Islands
Bulgaria	EUR	National	2008	National	2008	-	-	-	-	-	-	-	-	EUR	Bulgaria
Burkina Faso	AFR	National	2006	National	2006	-	-	-	-	-	-	-	-	AFR	Burkina Faso
Burundi	AFR	National	2008	-	-	-	-	-	-	-	-	-	-	AFR	Burundi
Cambodia	WPR	National	2003	-	-	National	2005	National	2005	National	2005	National	2005	WPR	Cambodia
Cameroon	AFR	National	2008	Yaounde	2008	-	-	-	-	-	-	-	-	AFR	Cameroon
Cape Verde	AFR	National	2007	-	-	-	-	-	-	-	-	-	-	AFR	Cape Verde
Central African Republic	AFR	Bangui	2008	Bangui	2008	-	-	-	-	-	-	-	-	AFR	Central African Republic
Chad	AFR	National	2008	-	-	-	-	-	-	-	-	-	-	AFR	Chad
Chile	AMR	Santiago	2003	-	-	-	-	-	-	-	-	-	-	AMR	Chile
China	WPR	Shanghai	2005	Shanghai	2004	-	-	-	-	-	-	-	-	WPR	China
Colombia	AMR	Bogota	2007	-	-	-	-	-	-	-	-	-	-	AMR	Colombia
Comoros	AFR	National	2007	-	-	-	-	-	-	-	-	-	-	AFR	Comoros
Congo	AFR	National	2006	National	2006	-	-	-	-	-	-	-	-	AFR	Congo
Cook Islands	WPR	National	2003	-	-	-	-	-	-	-	-	-	-	WPR	Cook Islands
Costa Rica	AMR	National	2008	-	-	-	-	National	2006	National	2006	-	-	AMR	Costa Rica
Côte D'Ivoire	AFR	Abidjan	2003	-	-	-	-	-	-	-	-	-	-	AFR	Côte D'Ivoire
Croatia	EUR	National	2007	-	-	-	-	National	2005	-	-	-	-	EUR	Croatia
Cuba	AMR	Havana	2004	-	-	Havana	2008	Havana	2008	Havana	2008	-	-	AMR	Cuba
Cyprus	EUR	National	2005	National	2005	-	-	-	-	-	-	-	-	EUR	Cyprus
Czech Republic	EUR	National	2007	National	2007	National	2006	National	2006	National	2006	National	2006	EUR	Czech Republic
Dem. Rep. of the Congo	AFR	Kinshasa	2008	Kinshasa	2008	-	-	-	-	-	-	-	-	AFR	Dem. Rep. of the Congo

Country	WHO Region	GYTS		GSPS		GHPSS Dental		GHPSS Medical		GHPSS Nursing		GHPSS Pharmacy		WHO Region	Country
		Site	Year												
Djibouti	EMR	National	2003	-	-	-	-	-	-	-	-	-	-	EMR	Djibouti
Dominica	AMR	National	2004	National	2004	-	-	-	-	-	-	-	-	AMR	Dominica
Dominican Republic	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	Dominican Republic
Ecuador	AMR	Quito	2007	-	-	-	-	-	-	-	-	-	-	AMR	Ecuador
Egypt	EMR	National	2005	-	-	-	-	National	2005	-	-	-	-	EMR	Egypt
El Salvador	AMR	National	2003	-	-	-	-	-	-	-	-	-	-	AMR	El Salvador
Equatorial Guinea	AFR	National	2008	-	-	-	-	-	-	-	-	-	-	AFR	Equatorial Guinea
Eritrea	AFR	National	2006	National	2006	-	-	-	-	-	-	-	-	AFR	Eritrea
Estonia	EUR	National	2007	National	2007	-	-	-	-	-	-	-	-	EUR	Estonia
Ethiopia	AFR	Addis Ababa	2003	-	-	-	-	-	-	-	-	-	-	AFR	Ethiopia
Fiji	WPR	National	2005	National	2005	-	-	-	-	-	-	-	-	WPR	Fiji
FYR Macedonia	EUR	National	2003	-	-	-	-	-	-	-	-	-	-	EUR	FYR Macedonia
Gambia	AFR	Banjul	2008	-	-	-	-	-	-	-	-	-	-	AFR	Gambia
Gaza Strip	EMR	Gaza Strip	2005	Gaza Strip	2005	Gaza S. & W. Bank	2007	EMR	Gaza Strip						
Georgia	EUR	National	2003	-	-	-	-	-	-	-	-	-	-	EUR	Georgia
Ghana	AFR	National	2006	National	2006	-	-	National	2006	National	2006	National	2006	AFR	Ghana
Greece	EUR	National	2005	-	-	-	-	-	-	-	-	-	-	EUR	Greece
Grenada	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	Grenada
Guam	WPR	National	2002	-	-	-	-	-	-	-	-	-	-	WPR	Guam
Guatemala	AMR	National	2008	-	-	National	2008	National	2008	-	-	National	2008	AMR	Guatemala
Guinea-Bissau	AFR	Bissau	2008	-	-	-	-	-	-	-	-	-	-	AFR	Guinea-Bissau
Guyana	AMR	National	2004	National	2004	-	-	-	-	-	-	-	-	AMR	Guyana
Haiti	AMR	Port au Prince	2005	-	-	-	-	-	-	-	-	-	-	AMR	Haiti
Honduras	AMR	Tegucigalpa	2003	-	-	-	-	-	-	-	-	-	-	AMR	Honduras
Hungary	EUR	National	2008	-	-	-	-	-	-	-	-	-	-	EUR	Hungary
India	SEAR	National	2006	National	2006	National	2005	National	2005	National	2007	-	-	SEAR	India
Indonesia	SEAR	National	2006	National	2004	National	2007	National	2006	-	-	-	-	SEAR	Indonesia
Iraq	EMR	Baghdad	2008	Baghdad	2008	National	2005	National	2005	National	2005	National	2005	EMR	Iraq
Islamic Rep. Iran	EMR	National	2007	EMR	Islamic Rep. Iran										
Jamaica	AMR	National	2006	-	-	-	-	National	2008	National	2008	National	2008	AMR	Jamaica
Jordan	EMR	National	2007	National	2003	-	-	-	-	-	-	-	-	EMR	Jordan
Kazakhstan	EUR	National	2004	National	2004	-	-	-	-	-	-	-	-	EUR	Kazakhstan
Kenya	AFR	National	2007	-	-	-	-	-	-	-	-	-	-	AFR	Kenya
Kosovo	EUR	National	2004	-	-	-	-	-	-	-	-	-	-	EUR	Kosovo
Kuwait	EMR	National	2005	National	2005	-	-	-	-	-	-	-	-	EMR	Kuwait
Kyrgyzstan	EUR	National	2008	National	2008	-	-	-	-	-	-	-	-	EUR	Kyrgyzstan
Lao People's Dem. Rep.	WPR	Vientiane Capital	2007	Vientiane Capital	2007	-	-	-	-	-	-	-	-	WPR	Lao People's Dem. Rep.
Latvia	EUR	National	2007	National	2007	-	-	-	-	-	-	-	-	EUR	Latvia
Lebanon	EMR	National	2005	National	2005	National	2006	National	2006	National	2006	National	2006	EMR	Lebanon
Lesotho	AFR	National	2008	National	2008	-	-	-	-	-	-	-	-	AFR	Lesotho
Liberia	AFR	Monrovia	2008	-	-	-	-	-	-	-	-	-	-	AFR	Liberia

Country	WHO Region	GYTS		GSPS		GHPSS Dental		GHPSS Medical		GHPSS Nursing		GHPSS Pharmacy		WHO Region	Country
		Site	Year	Site	Year	Site	Year	Site	Year	Site	Year	Site	Year		
Libyan Arab Jamahiriya	EMR	National	2007	National	2003	National	2006	National	2006	-	-	National	2006	EMR	Libyan Arab Jamahiriya
Lithuania	EUR	National	2005	-	-	National	2006	National	2006	National	2006	National	2006	EUR	Lithuania
Macau SAR	WPR	Macau	2005	-	-	-	-	-	-	-	-	-	-	WPR	Macau SAR
Madagascar	AFR	National	2008	-	-	-	-	-	-	-	-	-	-	AFR	Madagascar
Malawi	AFR	National	2005	National	2005	-	-	-	-	-	-	-	-	AFR	Malawi
Malaysia	WPR	National	2003	National	2004	-	-	-	-	-	-	-	-	WPR	Malaysia
Maldives	SEAR	National	2007	National	2007	-	-	-	-	-	-	-	-	SEAR	Maldives
Mali	AFR	National	2008	-	-	-	-	-	-	-	-	-	-	AFR	Mali
Mauritania	AFR	National	2006	National	2006	-	-	-	-	-	-	-	-	AFR	Mauritania
Mauritius	AFR	National	2008	National	2008	-	-	-	-	-	-	-	-	AFR	Mauritius
Mexico	AMR	Mexico City	2006	Mexico City	2004	National	2006	National	2006	-	-	-	-	AMR	Mexico
Micronesia (Fed. States of)	WPR	National	2007	-	-	-	-	-	-	-	-	-	-	WPR	Micronesia (Fed. States of)
Mongolia	WPR	National	2007	National	2007	National	2007	-	-	National	2007	National	2007	WPR	Mongolia
Montserrat	AMR	National	2000	-	-	-	-	-	-	-	-	-	-	AMR	Montserrat
Morocco	EMR	National	2006	National	2006	-	-	-	-	-	-	-	-	EMR	Morocco
Mozambique	AFR	Maputo City	2007	-	-	-	-	-	-	-	-	-	-	AFR	Mozambique
Myanmar	SEAR	National	2007	National	2007	National	2006	National	2006	-	-	National	2006	SEAR	Myanmar
Namibia	AFR	National	2004	-	-	-	-	-	-	-	-	-	-	AFR	Namibia
Nepal	SEAR	National	2007	National	2007	National	2005	National	2005	-	-	-	-	SEAR	Nepal
New Zealand	WPR	National	2007	-	-	-	-	-	-	-	-	-	-	WPR	New Zealand
Nicaragua	AMR	Centro Managua	2003	-	-	-	-	-	-	-	-	-	-	AMR	Nicaragua
Niger	AFR	National	2006	National	2006	-	-	National	2008	-	-	-	-	AFR	Niger
Nigeria	AFR	Abuja	2008	-	-	-	-	-	-	-	-	-	-	AFR	Nigeria
Northern Mariana Islands	WPR	National	2004	-	-	-	-	-	-	-	-	-	-	WPR	Northern Mariana Islands
Oman	EMR	National	2007	National	2007	-	-	-	-	-	-	-	-	EMR	Oman
Pakistan	EMR	Islamabad	2003	Islamabad	2004	-	-	-	-	-	-	-	-	EMR	Pakistan
Palau	WPR	National	2005	-	-	-	-	-	-	-	-	-	-	WPR	Palau
Panama	AMR	National	2008	National	2008	National	2008	National	2008	National	2008	National	2008	AMR	Panama
Papua New Guinea	WPR	National	2007	National	2007	-	-	-	-	-	-	-	-	WPR	Papua New Guinea
Paraguay	AMR	National	2008	Asuncion	2004	National	2008	National	2008	-	-	-	-	AMR	Paraguay
Peru	AMR	National	2007	-	-	-	-	Costa, Selva & Sierra	2006	Costa, Selva & Sierra	2006	Costa, Selva & Sierra	2006	AMR	Peru
Philippines	WPR	National	2007	-	-	-	-	-	-	-	-	National	2005	WPR	Philippines
Poland	EUR	National	2003	-	-	-	-	-	-	-	-	-	-	EUR	Poland
Puerto Rico	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	Puerto Rico
Qatar	EMR	National	2007	National	2007	-	-	-	-	-	-	-	-	EMR	Qatar
Rep. of Korea	WPR	National	2005	-	-	-	-	National	2006	National	2006	-	-	WPR	Rep. of Korea
Rep. of Moldova	EUR	National	2008	National	2008	National	2008	-	-	National	2008	National	2008	EUR	Rep. of Moldova
Rep. of Montenegro	EUR	National	2008	-	-	-	-	-	-	-	-	-	-	EUR	Rep. of Montenegro
Romania	EUR	National	2004	-	-	-	-	-	-	-	-	-	-	EUR	Romania
Russian Federation	EUR	National	2004	Sarov	2002	National	2006	National	2006	-	-	National	2006	EUR	Russian Federation
Rwanda	AFR	National	2008	National	2008	-	-	-	-	-	-	-	-	AFR	Rwanda

Country	WHO Region	GYTS		GSPS		GHPSS Dental		GHPSS Medical		GHPSS Nursing		GHPSS Pharmacy		WHO Region	Country
		Site	Year	Site	Year	Site	Year	Site	Year	Site	Year	Site	Year		
Samoa	WPR	National	2007	-	-	-	-	-	-	-	-	-	-	WPR	Samoa
Saudi Arabia	EMR	National	2007	National	2007	-	-	National	2006	-	-	-	-	EMR	Saudi Arabia
Senegal	AFR	National	2007	National	2007	-	-	-	-	-	-	-	-	AFR	Senegal
Serbia	EUR	National	2008	National	2008	National	2006	National	2006	National	2006	National	2006	EUR	Serbia
Seychelles	AFR	National	2007	National	2007	-	-	-	-	-	-	-	-	AFR	Seychelles
Sierra Leone	AFR	Western Area	2008	Western Area	2008	-	-	-	-	-	-	-	-	AFR	Sierra Leone
Singapore	WPR	National	2000	-	-	-	-	-	-	-	-	-	-	WPR	Singapore
Slovakia	EUR	National	2007	National	2003	National	2006	National	2006	National	2006	National	2006	EUR	Slovakia
Slovenia	EUR	National	2007	National	2004	National	2007	National	2007	-	-	National	2007	EUR	Slovenia
Somalia	EMR	Somaliland	2007	Somaliland	2007	-	-	Somaliland	2007	Somaliland	2007	-	-	EMR	Somalia
South Africa	AFR	National	2002	-	-	-	-	-	-	-	-	-	-	AFR	South Africa
Sri Lanka	SEAR	National	2007	National	2007	-	-	National	2006	National	2006	-	-	SEAR	Sri Lanka
St Kitts and Nevis	AMR	National	2002	-	-	-	-	-	-	-	-	-	-	AMR	St Kitts and Nevis
St Lucia	AMR	National	2007	-	-	-	-	-	-	-	-	-	-	AMR	St Lucia
St Vincent and The Grenadines	AMR	National	2007	-	-	-	-	-	-	-	-	-	-	AMR	St Vincent and The Grenadines
Sudan	EMR	National	2005	National	2005	National	2007	National	2007	National	2007	National	2007	EMR	Sudan
Suriname	AMR	National	2004	National	2004	-	-	-	-	-	-	-	-	AMR	Suriname
Swaziland	AFR	National	2005	National	2005	-	-	-	-	-	-	-	-	AFR	Swaziland
Syrian Arab Rep.	EMR	National	2007	National	2007	National	2006	National	2006	National	2006	National	2006	EMR	Syrian Arab Rep.
Tajikistan	EUR	National	2004	-	-	-	-	-	-	-	-	-	-	EUR	Tajikistan
Thailand	SEAR	National	2005	National	2004	National	2006	National	2006	National	2006	National	2006	SEAR	Thailand
Timor-Leste	SEAR	National	2006	National	2006	-	-	-	-	-	-	-	-	SEAR	Timor-Leste
Togo	AFR	National	2007	National	2007	-	-	-	-	-	-	-	-	AFR	Togo
Trinidad and Tobago	AMR	National	2007	-	-	-	-	-	-	-	-	-	-	AMR	Trinidad and Tobago
Tunisia	EMR	National	2007	National	2007	National	2007	National	2007	National	2007	National	2007	EMR	Tunisia
Turkey	EUR	National	2003	-	-	-	-	-	-	-	-	-	-	EUR	Turkey
Tuvalu	WPR	National	2006	National	2005	-	-	-	-	-	-	-	-	WPR	Tuvalu
Uganda	AFR	National	2007	National	2007	-	-	National	2005	National	2005	-	-	AFR	Uganda
Ukraine	EUR	National	2005	-	-	-	-	-	-	-	-	-	-	EUR	Ukraine
United Arab Emirates	EMR	National	2005	National	2005	-	-	-	-	-	-	-	-	EMR	United Arab Emirates
United Rep. of Tanzania	AFR	Arusha	2003	-	-	-	-	-	-	-	-	-	-	AFR	United Rep. of Tanzania
Uruguay	AMR	National	2007	Montevideo	2001	-	-	-	-	-	-	-	-	AMR	Uruguay
US Virgin Islands	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	US Virgin Islands
USA	AMR	National	2004	-	-	-	-	-	-	-	-	-	-	AMR	USA
Uzbekistan	EUR	Tashkent	2008	Tashkent	2008	-	-	-	-	-	-	-	-	EUR	Uzbekistan
Vanuatu	WPR	National	2007	-	-	-	-	-	-	-	-	-	-	WPR	Vanuatu
Viet Nam	WPR	National	2007	Hanoi	2003	-	-	National	2007	-	-	-	-	WPR	Viet Nam
West Bank	EMR	West Bank	2005	West Bank	2005	Gaza S. & W. Bank	2007	EMR	West Bank						
Yemen	EMR	National	2008	National	2008	-	-	-	-	-	-	-	-	EMR	Yemen
Zambia	AFR	Lusaka	2007	-	-	-	-	-	-	-	-	-	-	AFR	Zambia
Zimbabwe	AFR	Harare	2008	Harare	2008	-	-	-	-	-	-	-	-	AFR	Zimbabwe

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**2 MPOWER**

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**PART 2 – GTSS****3 GTSS Overview – GYTS and GSPS**

MAPS & SYMBOLS

Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS). 2008.

TEXT

Warren CW, et al. Evolution of the Global Tobacco Surveillance System (GTSS) 1998-2008. (In progress).

**4 GTSS Overview – GHPSS and GATS**

MAPS & SYMBOLS

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TEXT

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**PART 3 – GYTS****5 GYTS Monitoring Coverage**

MAPS & SYMBOLS

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TEXT

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TEXT BOX

Warren CW, et al. Evolution of the Global Tobacco Surveillance System (GTSS) 1998-2008. (In progress).

**6 GYTS Monitoring Cigarette Smoking – Boys**

MAPS & SYMBOLS

Centers for Disease Control and Prevention. (2008). Global Youth Tobacco Survey (GYTS).

TEXT

Warren CW, Jones NR, Peruga A, et al. Global youth tobacco surveillance, 2000-2007. CDC Morbidity and Mortality Weekly Report Summaries. 2008 Jan 25. Surveillance Summaries 57(1): 1-28. [www.cdc.gov](http://www.cdc.gov)

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FACTOID

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**7 GYTS Monitoring Cigarette Smoking – Girls**

MAPS & SYMBOLS

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TEXT

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**8 GYTS Monitoring Other Tobacco Use – Boys**

MAPS & SYMBOLS

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TEXT

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FACTOID

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**9 GYTS Monitoring Other Tobacco Use – Girls**

MAPS & SYMBOLS

Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS). 2008.

TEXT

Warren CW, Jones NR, Peruga A, et al. Global youth tobacco surveillance, 2000-2007. CDC Morbidity and Mortality Weekly Report Summaries. 2008 Jan 25. Surveillance Summaries 57(1): 1-28. [www.cdc.gov](http://www.cdc.gov)

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FACTOID

Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS). 2008.

**10 GYTS Protect from Smoke**

MAPS & SYMBOLS

Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS). 2008.

TEXT

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FACTOID

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SCROLL

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**11 GYTS Offering Help**

MAPS & SYMBOLS

Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS). 2008.

TEXT

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FACTOID

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**12 GYTS Warning of Dangers**

MAPS, SYMBOLS, TEXT

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TEXT

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**13 GYTS Enforcing Bans**

MAPS & SYMBOLS

Centers for Disease Control and Prevention. Global Youth Tobacco Survey (GYTS). 2008.

TEXT

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#### 14 GYTS Raising Taxes

GRAPH

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TEXT

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### PART 4 – GSPS

#### 15 GSPS Monitoring – Coverage

MAPS & SYMBOLS

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TEXT & TEXT BOX

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#### 16 GSPS Monitoring Results

MAPS, SYMBOLS, TEXT BOX

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TEXT

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#### 17 GSPS Protecting from Smoke

MAPS & SYMBOLS

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TEXT

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#### 18 GSPS Offering Help

MAPS & SYMBOLS

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TEXT

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### PART 5 – GHPSS

#### 19 GHPSS Monitoring – Dentistry and Medicine

MAPS & SYMBOLS

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TEXT and TEXT BOX

Warren CW, et al. Evolution of the Global Tobacco Surveillance System (GTSS) 1998-2008. (In progress).

#### 20 GHPSS Monitoring – Nursing and Pharmacy

MAPS & SYMBOLS

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TEXT

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MAPS & SYMBOLS

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#### 22 GHPSS Protecting from Smoke

MAPS & SYMBOLS

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TEXT

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#### 23 GHPSS Offering Help

MAPS & SYMBOLS

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TEXT

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#### 24 GATS Overview

MAPS & SYMBOLS

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TEXT & TEXT BOX

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