
The Global Burden of Tobacco: Monitoring Non-Communicable Disease (NCD) Targets and Tracking the Tobacco Epidemic

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World Health
Organization

European Region

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HEALTH
FOR ALL

**If you don't know why people
die, you can't save their lives !!!**

**If you can't know what makes
people sick, you can't make
them healthy !!!**

Four things to remember about tobacco control

1. Tobacco use is the leading **preventable** cause of death in the world
2. The main vector of the tobacco epidemic is the **tobacco industry**
3. The fight against smoking is not the fight against **smokers**, but the fight against cigarette companies (the **tobacco industry**)!
4. There are very effective **measures** to control epidemic

“Despite the challenges of the COVID-19 pandemic, over the past year many countries have persisted in advancing tobacco control as a key health priority.”



Dr Tedros Adhanom Ghebreyesus, Director-General, World Health Organization



European Region

“Fighting tobacco use is truly a team effort, and as far as we have come, much more progress is still needed.”



Michael R. Bloomberg, WHO Global Ambassador
for Noncommunicable Diseases and Injuries

Founder of Bloomberg Philanthropies



European Region

Dr Margaret Chan: Tobacco industry a devious enemy

We have an enemy, **a ruthless and devious enemy,**
to unite us,"

The enemy, the tobacco industry, has changed its face and its tactics. The wolf is no longer in sheep's clothing, and its teeth are bared.

**"Don't fall into this trap. Doing so is just like
appointing a committee of foxes to look after your
chickens"**



15th World Conference on Tobacco or Health
(WCTOH) in Singapore on March 20, 2012

Tobacco Industry

- **The most lethal and most profitable industry in the world.**
<https://www.tobaccofreekids.org/>
- **In 2017, retail cigarette sales reached 700 billion USD.**
- **In 2017, 5.4 trillion cigarettes were sold to approximately 1 billion smokers.**
- **Between 2003 and 2017, monetary sales increased by 26.5%.**
- **Retail cigarette sales in 2012 were \$ 500 billion, with net profits of \$ 35.1 billion, \$ 1,100 per second.**

<https://www.theguardian.com/business/2012/mar/22/tobacco-profits-deaths-6-millio>

↑ Unhealthy diets



↑ Tobacco use



↑ Physical inactivity



↑ Harmful use of alcohol

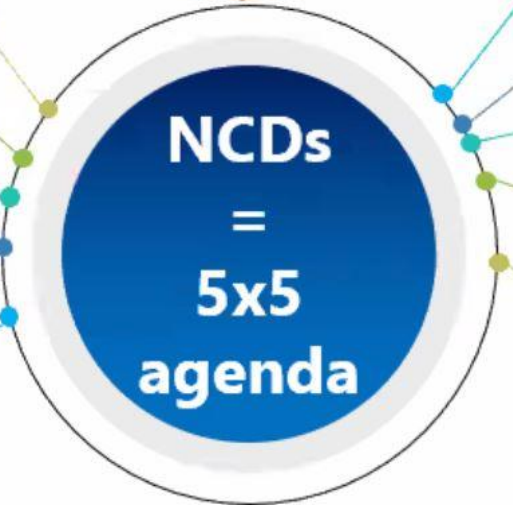


↑ Air pollution



SDG target 3.4 on NCDs:

By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.



↑ Mental health conditions



↑ Heart diseases and strokes



↑ Cancers



↑ Diabetes

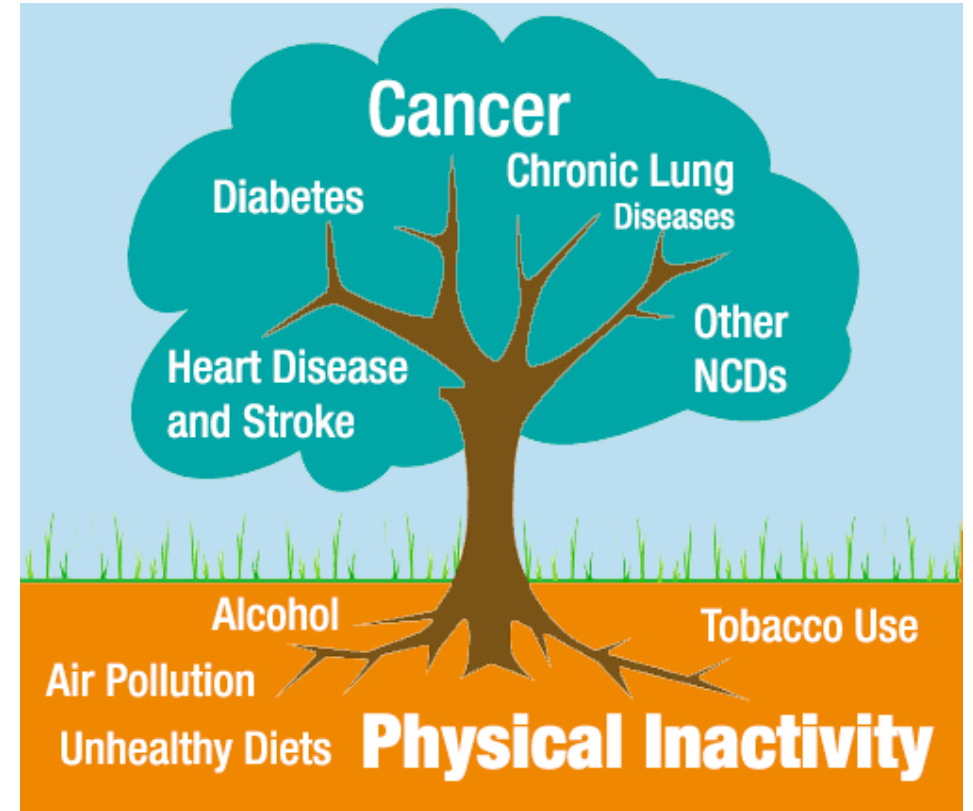


↑ Chronic respiratory diseases



Noncommunicable diseases (NCDs)

- Noncommunicable diseases kill 41 million people each year, 74% of all deaths (55m) worldwide,
- Around 44% of deaths worldwide from all NCDs occur before age 70,
- 80% of premature heart disease, stroke and diabetes can be prevented by controlling risk factors,
- NCDs are chronic, long-lasting, and slowly progressing.



Cardiovascular diseases

Cardiovascular diseases (CVDs) affect the heart and blood vessels and are the cause of more deaths globally than any other disease.



1 in 3 deaths
17.9 million people
a year (1)

Fact: 86% of CVD deaths could have been prevented or delayed by eliminating risks to health through prevention and treatment (3)

More information:



Cancer

Cancer is a disease in which abnormal cells are rapidly created and spread out of control to affect other parts of the body (6).



1 in 6 deaths
9.3 million people
a year (1)

Fact: 44% of cancer deaths could have been prevented or delayed by eliminating risks to health (3)

More information:



Chronic respiratory diseases

The most common chronic respiratory diseases are asthma and chronic obstructive pulmonary disease (COPD). COPD is the third leading cause of death worldwide (1).



1 in 13 deaths
4.1 million people
a year (1)

Fact: 70% of chronic respiratory diseases deaths could have been prevented or delayed by eliminating risks to health (3)

More information:



Diabetes

Diabetes occurs either when the pancreas does not produce enough of the hormone insulin (type 1 diabetes) or when the body cannot effectively use the insulin it produces (type 2 diabetes) (7).



1 in 28 deaths
2.0 million people
a year² (1)

Fact: More than 95% of diabetes cases globally are of type 2 diabetes (8)

More information:



² Includes kidney disease deaths due to diabetes (1).

Unhealthy diet

Unhealthy diets take different forms: undernutrition, a shortfall in essential micronutrients and overnutrition (a leading cause of obesity) (10). Eating a balanced diet contributes greatly to reductions in NCDs, including diabetes, heart disease, stroke and cancer (10).



**8 million NCD deaths a year
(all dietary risks combined;
19% of NCD deaths) (3)**

**More
information:**



Harmful use of alcohol

Alcohol consumption is linked to major NCDs, such as liver cirrhosis, some cancers and CVDs (11).



**1.7 million NCD deaths
in 2016 (4% of NCD deaths)
(12)**

**More
information:**



Air pollution

Air pollution – both outdoor and indoor – is a major environmental driver of ill health and an important risk factor for some NCDs (16). Second-hand tobacco smoke is also a source of indoor air pollution.



Outdoor: In 2019, 99% of the global population were estimated to live in places where WHO's Air Quality Guidelines (17) – which set the threshold for harmful levels of pollution – were not met.

Indoor: 2.4 billion people cook and heat their homes with fuels such as wood, kerosene and coal (18).

More information:



Physical inactivity

Physical activity contributes to preventing and managing NCDs such as CVDs, cancer and diabetes (13). However, one in three women, one in four men, and more than 80% of adolescents are not physically active enough to experience good health (14, 15).



830 k

**830 000 NCD deaths a year
(2% of NCD deaths) (3)**

**More
information:**



Tobacco use

Tobacco – smoked, chewed or secondhand – is one of the leading causes of preventable death (9). Tobacco kills one in every two smokers.



**More than 8 million deaths
– and over a million
of these are from
second-hand smoke (3)**

**More
information:**





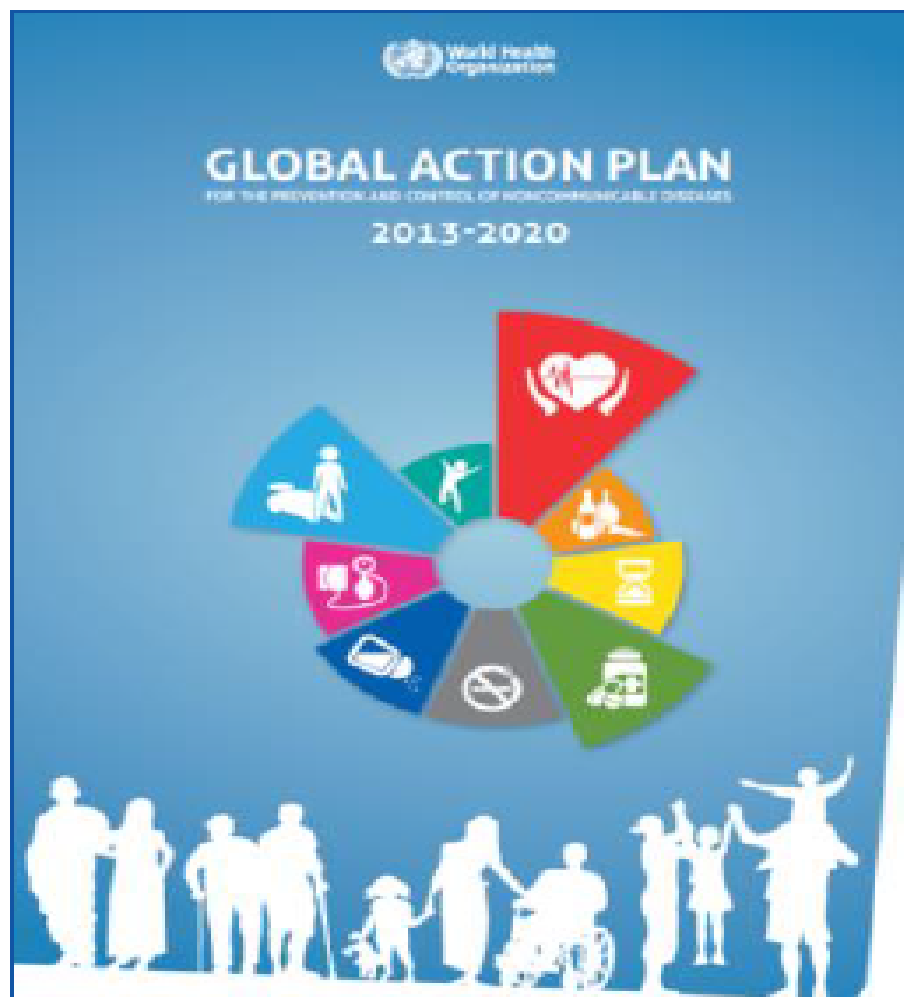
SUSTAINABLE DEVELOPMENT GOALS





Commits governments to develop national responses:

- **Target 3.4:** By 2030, reduce by one third premature mortality from NCDs
- **Target 3.5:** Strengthen responses to reduce the harmful use of alcohol
- **Target 3.8:** Achieve universal health coverage
- **Target 3.a: Strengthen the implementation of the WHO Framework Convention on Tobacco Control**
- **Target 3.b:** Support research and development of vaccines and medicines for NCDs that primarily affect developing countries
- **Target 3.b:** Provide access to affordable essential medicines and vaccines for NCDs



Best-buys: Tobacco

- Reduce affordability of tobacco products by **increasing tobacco excise taxes**
- Create by law **completely smoke-free environments** in all indoor workplaces, public places and public transport
- Warn people of the dangers of tobacco and tobacco smoke through **effective mass media campaigns**
- Implement **plain/standardized packaging** and/or **large graphic health warnings** on all tobacco packages
- **Ban all forms of tobacco advertising, promotion and sponsorship**

SDG 2030 Targets Are Aligned with NCD Targets for 2025

A **25%** relative reduction in risk of premature mortality from cardiovascular disease, cancer, diabetes or chronic respiratory diseases

At least a **10%** relative reduction in the harmful use of alcohol

A **10%** relative reduction in prevalence of insufficient physical activity

A **25%** relative reduction in prevalence of raised blood pressure or contain the prevalence of raised blood pressure



A **30%** relative reduction in prevalence of current tobacco use

Halt the rise in diabetes and obesity

A **30%** relative reduction in mean population intake of salt/sodium

An **80%** availability of the affordable basic technologies and essential medicines, incl. generics, required to treat NCDs

At least **50%** of eligible people receive drug therapy and counselling to prevent heart attacks and strokes

Global Burden of Tobacco

- Tobacco use causes over 8 million deaths per year worldwide.
- Approximately 80% of these deaths occur in low- and middle-income countries.
- Tobacco use is responsible for a significant economic burden, including healthcare costs and lost productivity.

**Tobacco kills
up to half of
its users.**

...more than 8 million
people each year
around 1.2 million
are the result of
non-smokers being
exposed to second-
hand smoke.

22% of global
cancer deaths,
71% of all lung
cancer deaths,
10% of
cardiovascular
disease deaths

About 90% of all
deaths from chronic
obstructive lung
diseases and 42%
of all chronic
respiratory disease
are attributable to
cigarette smoking.

Source: <https://www.who.int/news-room/fact-sheets/detail/tobacco>

Smoking prevalence has declined globally...

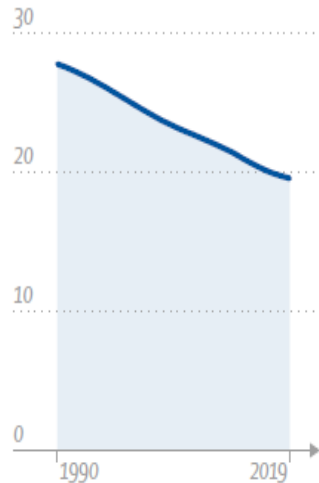
Prevalence of smoking has fallen, but the number of people who smoke has risen since 1990

Since 1990, the prevalence of smoking has decreased steadily around the globe. However, as populations have grown, the total number of smokers around the world has increased.

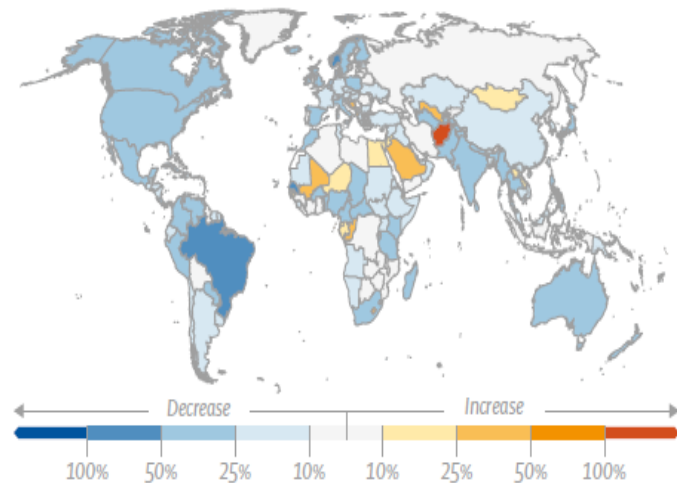
Prevalence of smoking

Globally, the proportion of people who smoke regularly has decreased steadily since 1990

Global prevalence (%)



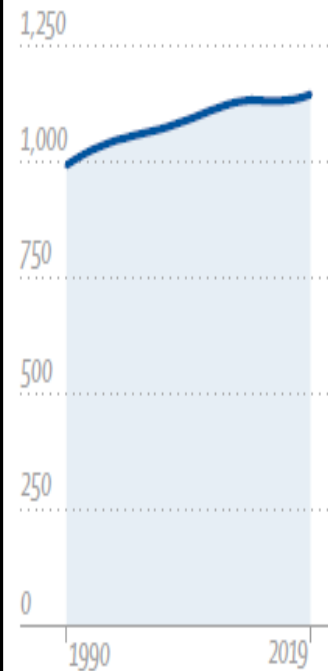
Change in prevalence by country, 1990-2019



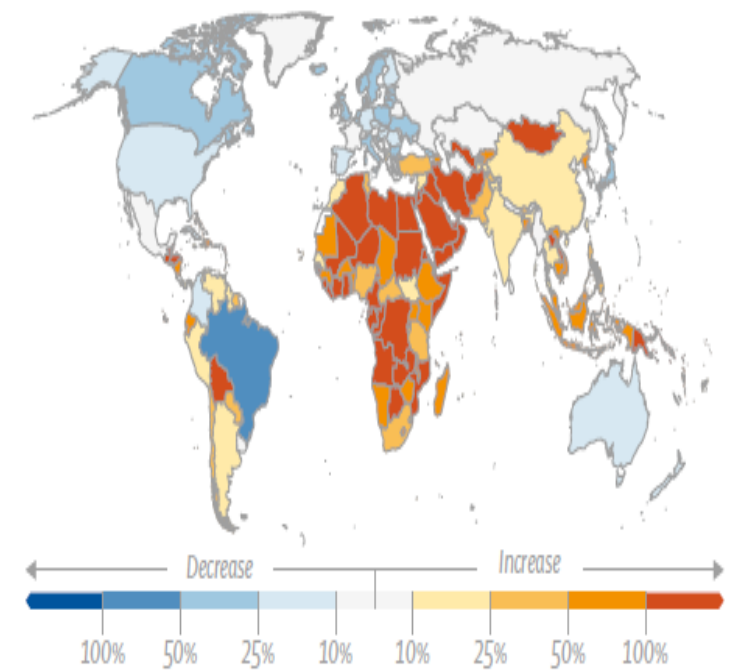
Number of smokers

With population growth, the absolute number of smokers has risen in many parts of the world

Global smokers (millions)



Change in number of smokers by country, 1990-2019



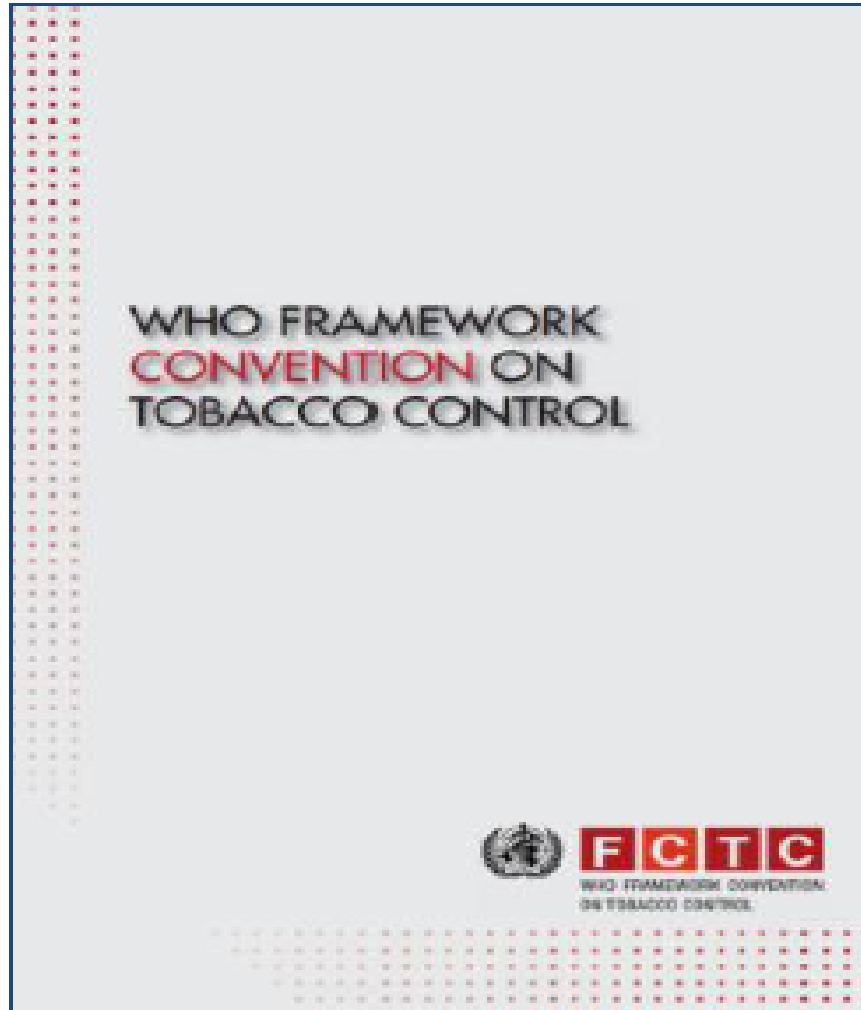
| | Age-standardised prevalence, 2019 | | Percentage change, 1990–2019 | |
|--|-----------------------------------|---------------------|------------------------------|------------------------|
| | Females | Males | Females | Males |
| Global | 6.62 (6.43 to 6.83) | 32.7 (32.3 to 33.0) | -37.7 (-39.9 to -35.4) | -27.5 (-28.5 to -26.5) |
| Central Europe, eastern Europe, and central Asia | 15.5 (14.9 to 16.2) | 39.5 (38.9 to 40.0) | -4.37 (-10.2 to 2.00) | -21.6 (-23.2 to -20.0) |

| | Age-standardised prevalence, 2019 | | Percentage change 1990–2019 | |
|--------------------------------|-----------------------------------|---------------------|-----------------------------|------------------------|
| | Females | Males | Females | Males |
| (Continued from previous page) | | | | |
| High income | 17.6 (17.1 to 18.2) | 26.9 (26.4 to 27.3) | -28.8 (-31.2 to -26.2) | -32.2 (-33.4 to -31.0) |

| | Age-standardised prevalence, 2019 | | Percentage change 1990–2019 | |
|--------------------------------|-----------------------------------|---------------------|-----------------------------|-------------------------|
| | Females | Males | Females | Males |
| (Continued from previous page) | | | | |
| Sudan | 1.95 (1.46 to 2.54) | 19.5 (18.0 to 21.1) | -15.2 (-42.5 to 23.4) | -12.3 (-22.9 to -0.539) |
| Syria | 6.20 (4.77 to 7.97) | 41.9 (39.0 to 44.8) | -23.3 (-47.1 to 6.07) | -16.5 (-23.3 to -9.84) |
| Tunisia | 2.70 (2.12 to 3.45) | 45.4 (43.2 to 47.7) | -19.9 (-43.5 to 10.8) | -11.1 (-17.0 to -4.99) |
| Turkey | 18.4 (16.6 to 20.3) | 43.2 (41.6 to 44.9) | 14.6 (-3.48 to 33.5) | -21.8 (-26.3 to -17.2) |
| United Arab Emirates | 3.79 (2.96 to 4.81) | 17.9 (16.5 to 19.3) | 2.58 (-27.0 to 44.1) | -21.0 (-30.5 to -10.8) |
| Yemen | 8.90 (7.46 to 10.7) | 31.5 (29.5 to 33.6) | 4.41 (-24.0 to 40.2) | -4.64 (-14.1 to 5.27) |

Globally, there were 1.14 billion (95% UI 1.13–1.16) current smokers in 2019. In 2019, smoking accounted for 7.7 million deaths.

[https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01169-7/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01169-7/fulltext)



- The first international public health treaty under the auspices of WHO
- Entry into force 2005

<https://fctc.who.int/>



The WHO website is being revamped and improved. As a result, the Convention Secretariat website is being migrated to the new content management platform. This may result in some technical and access difficulties while navigating between different language pages due to some stabilization issues.

In case you are unable to access a document or a particular webpage on our site, please contact fctcsecretariat@who.int and we will assist you promptly.

Many thanks for your understanding.

The Secretariat of the WHO FCTC

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CHAPTER IX
HEALTH

4. WHO Framework Convention on Tobacco Control
Geneva, 21 May 2003

Entry into force : 27 February 2005, in accordance with article 36(1) "1. This Convention shall enter into force on the ninetieth day following the date of deposit of the fortieth instrument of ratification, acceptance, approval, formal confirmation or accession with the Depository. 2. For each State that ratifies, accepts or approves the Convention or accedes thereto after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of deposit of its instrument of ratification, acceptance, approval or accession. 3. For each regional economic integration organization depositing an instrument of formal confirmation or an instrument of accession after the conditions set out in paragraph 1 of this Article for entry into force have been fulfilled, the Convention shall enter into force on the ninetieth day following the date of its depositing of the instrument of formal confirmation or of accession. 4. For the purposes of this Article, any instrument deposited by a regional economic integration organization shall not be counted as additional to those deposited by States Members of the organization."

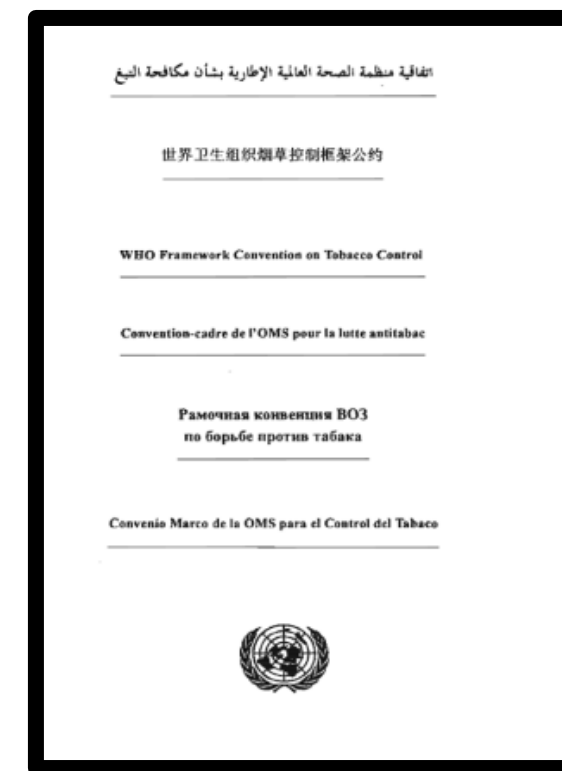
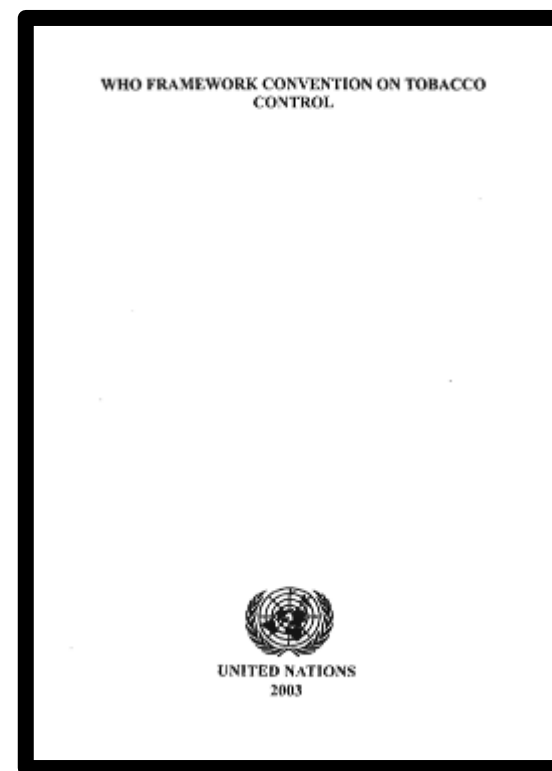
Registration : 27 February 2005, No. 41032

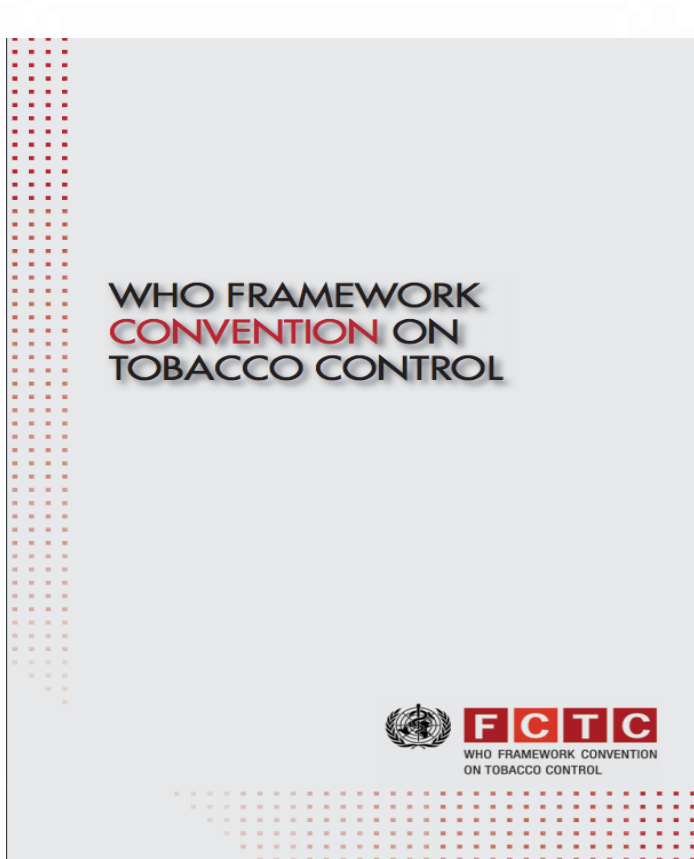
Status : Signatories : 168. Parties : 182

Text : [Certified true copy](#)
United Nations, *Treaty Series*, vol. 2302, p. 166.

Note : The above Convention was adopted during the 56th World Health Assembly, which took place from 19 to 28 May 2003, at the Palais des Nations, Geneva. It was opened for signature by all Members of the World Health Organization, as Members of the United Nations, and by several economies

https://treaties.un.org/pages/ViewDetails.aspx?src=TREATY&mdsg_no=IX-4&chapter=9&clang=en





mpower



Monitor tobacco use and prevention policies

Protect people from tobacco smoke

Offer help to quit tobacco use

Warn about the dangers of tobacco

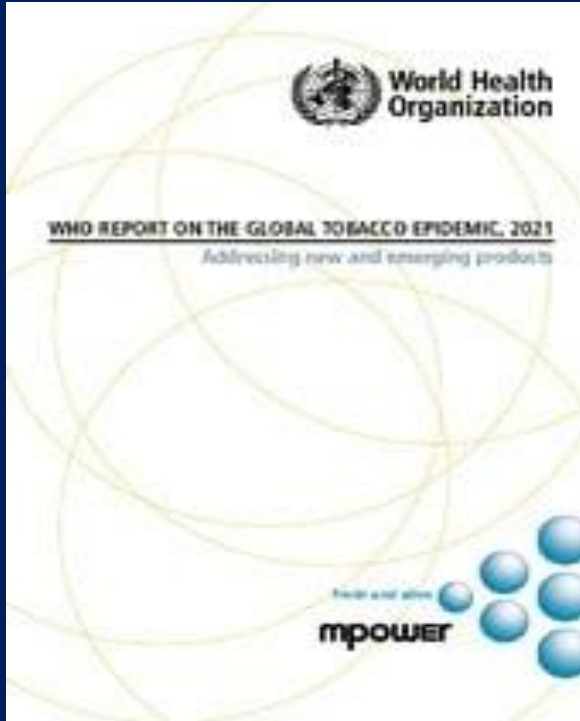
Enforce bans on tobacco advertising, promotion and sponsorship

Raise taxes on tobacco

<https://www.who.int/initiatives/mpower>

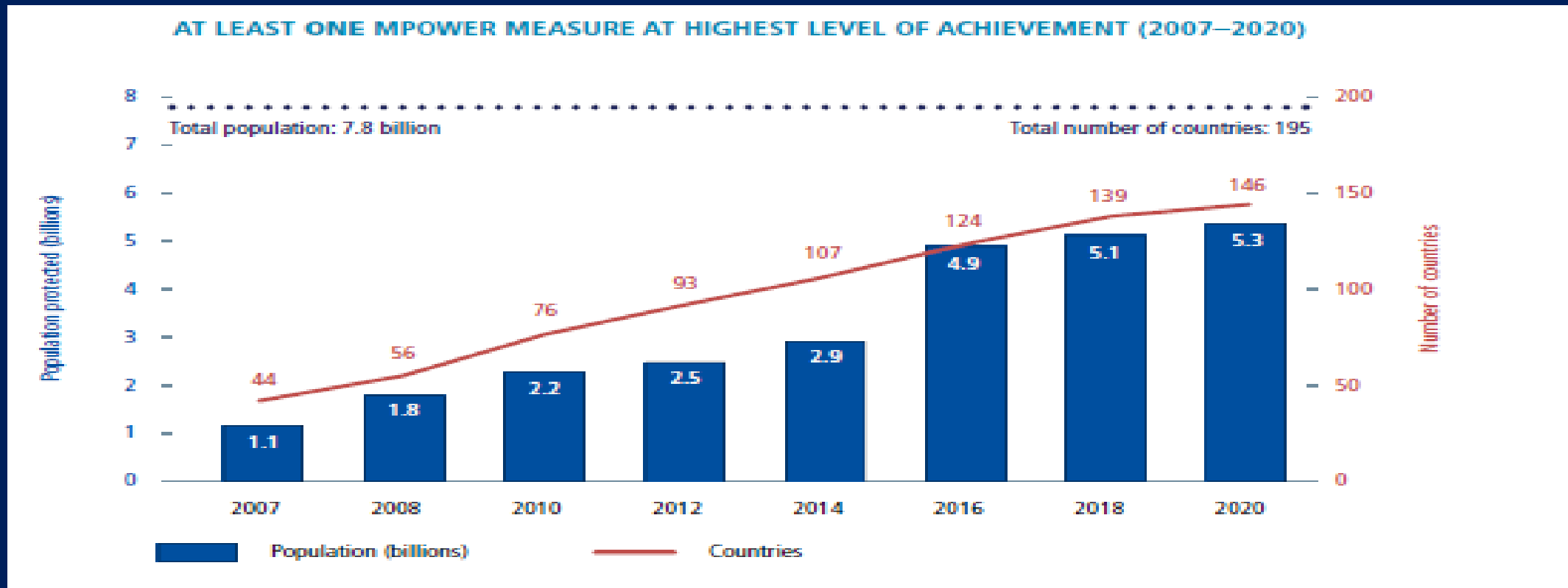
| | | | |
|--------------------------|---|-----------------|---|
| WHO FCTC article 20 | → | M onitor | ...tobacco use and prevention policies |
| WHO FCTC article 8 | → | P rotect | ...people from tobacco smoke |
| WHO FCTC article 14 | → | O ffer | ...help to quit tobacco use |
| WHO FCTC article 11 & 12 | → | W arn | ...about the dangers of tobacco |
| WHO FCTC article 13 | → | E nforce | ...bans on advertising, promotion and sponsorship |
| WHO FCTC article 6 | → | R aise | ...taxes on tobacco |

<https://www.who.int/publications/i/item/9789240032095>

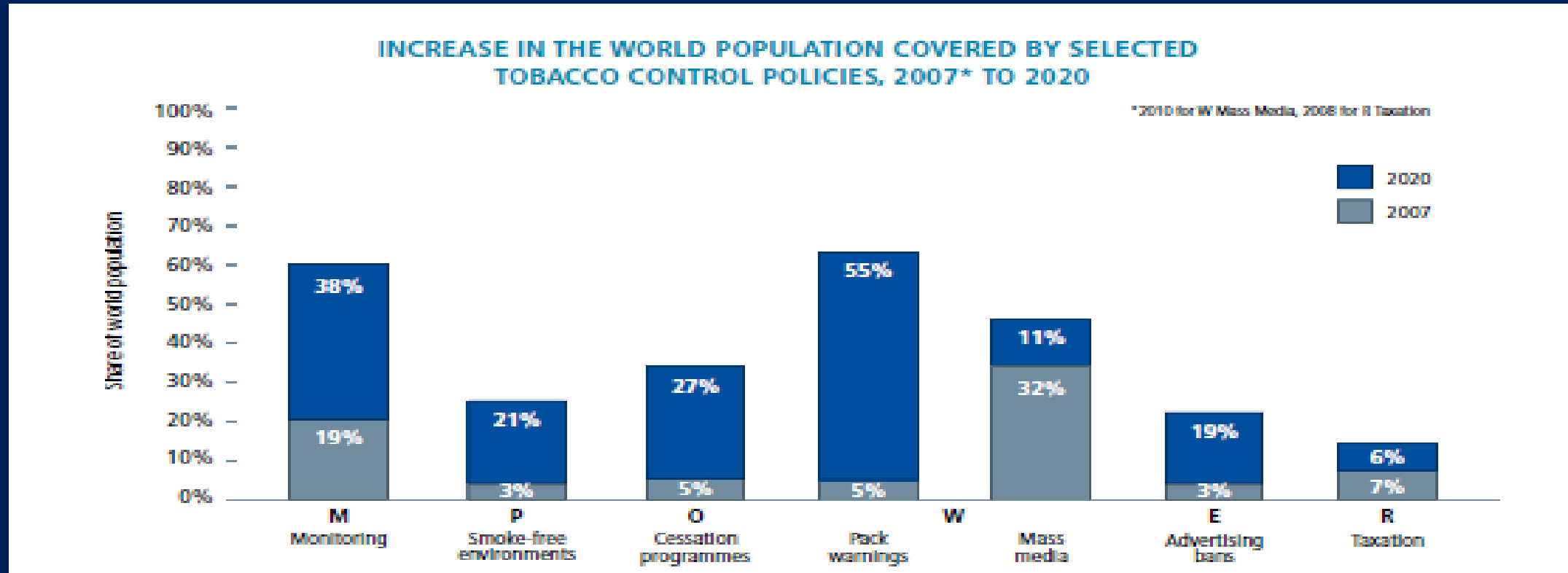


European Region

Three quarters of countries and 5.3 billion people are now covered by at least one MPOWER measure at the highest level of achievement.



There are 49 countries that have yet to adopt a single MPOWER measure at the highest level of achievement.



MONITOR TOBACCO USE AND PREVENTION POLICIES



Article 20 of the WHO FCTC states:

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

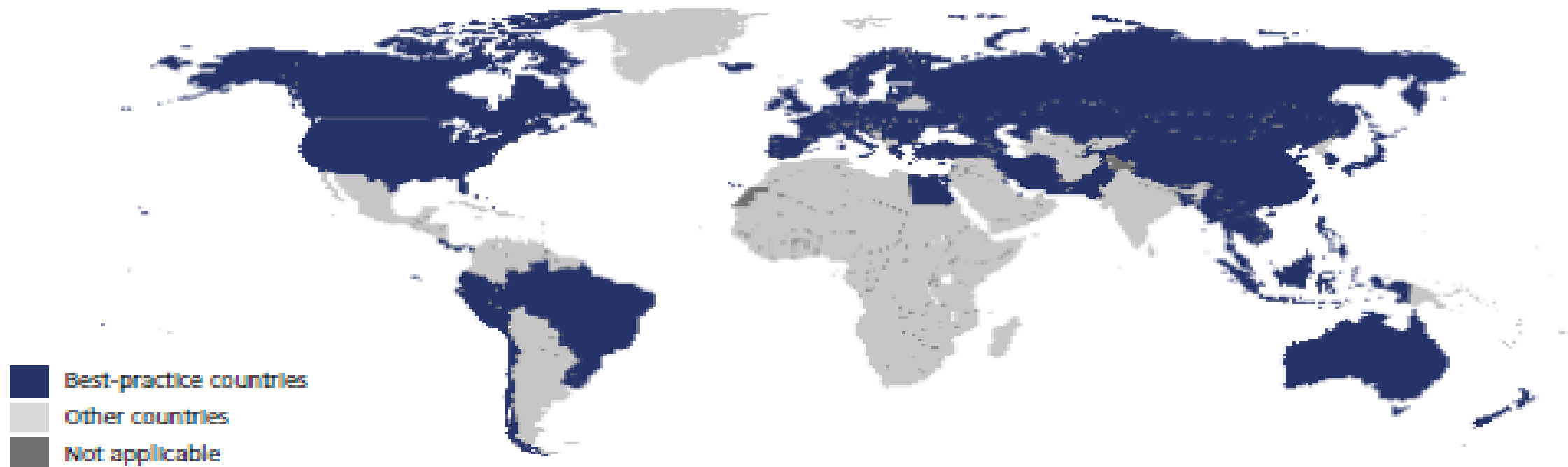


Key products to track include:

- cigarettes and other forms of smoked tobacco (e.g. cigar, pipe, bidis, water pipe, heated tobacco products);
- smokeless tobacco products (oral or nasal tobacco);
- novel and emerging tobacco products such as tobacco vaporizers;
and
- non-tobacco forms of nicotine (e.g. ENDS).

In addition to monitoring the impact of tobacco control policy interventions, it is important that tobacco industry activities are monitored and tracked when feasible. Such data can help adjust and enhance tobacco control strategies.

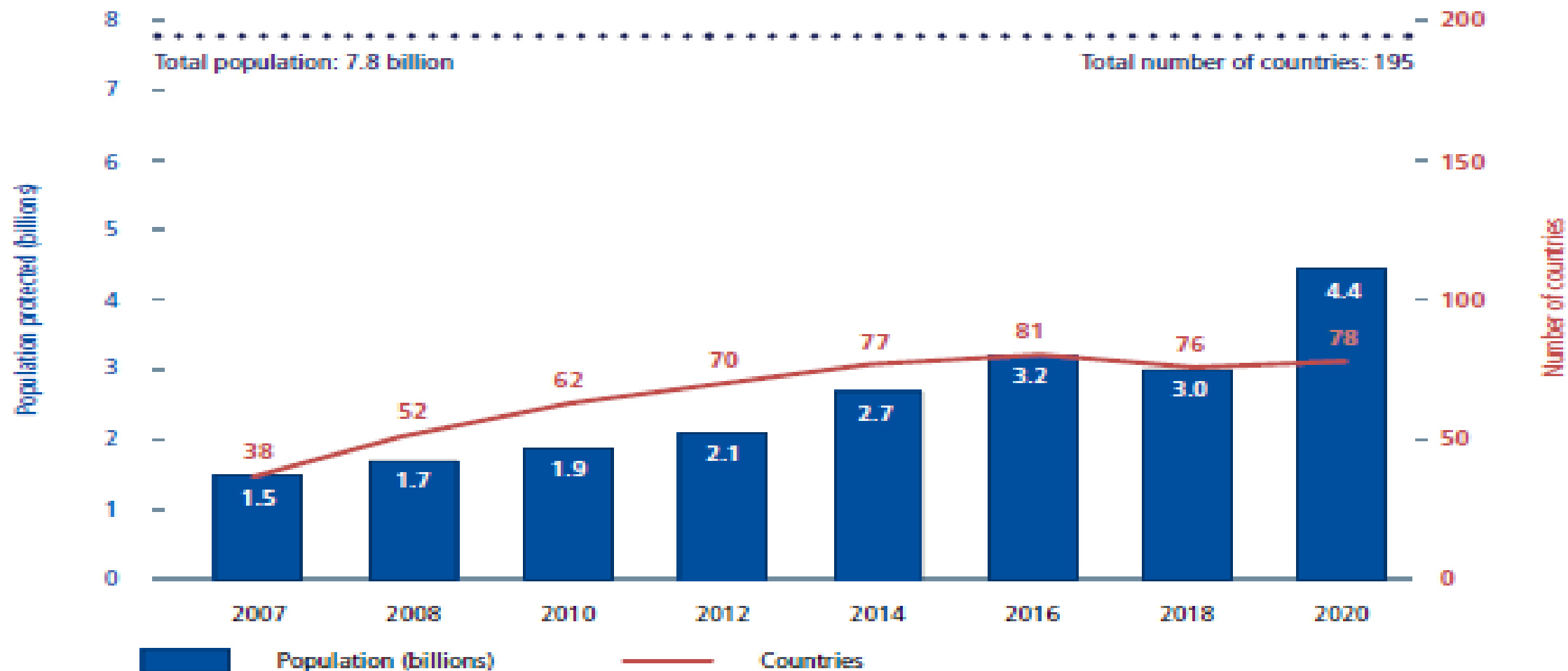
MONITORING THE PREVALENCE OF TOBACCO USE – HIGHEST ACHIEVING COUNTRIES, 2020



Countries with the highest level of achievement: Armenia, Australia, Austria, Azerbaijan, Bahamas, Bangladesh, Belgium, Bhutan, Brazil, Brunei Darussalam, Bulgaria, Cambodia, Canada, Chile, *China, Cook Islands, Costa Rica, Croatia, Cyprus, Czechia, Denmark, Ecuador, Egypt, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Indonesia, Iran (Islamic Republic of), Ireland, Italy, Japan, Kazakhstan, Kuwait, Lao People's Democratic Republic, Latvia, Lebanon, Lithuania, Luxembourg, Malaysia, Malta, Mongolia, Montenegro, Myanmar, Netherlands, New Zealand, Norway, Pakistan, Palau, Panama, Peru, Philippines, Poland, Portugal, Qatar, Republic of Korea, Republic of Moldova, Romania, Russian Federation, Serbia, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, *Tajikistan, Thailand, Turkey, Ukraine, United Kingdom, United States of America, Uruguay, Viet Nam.

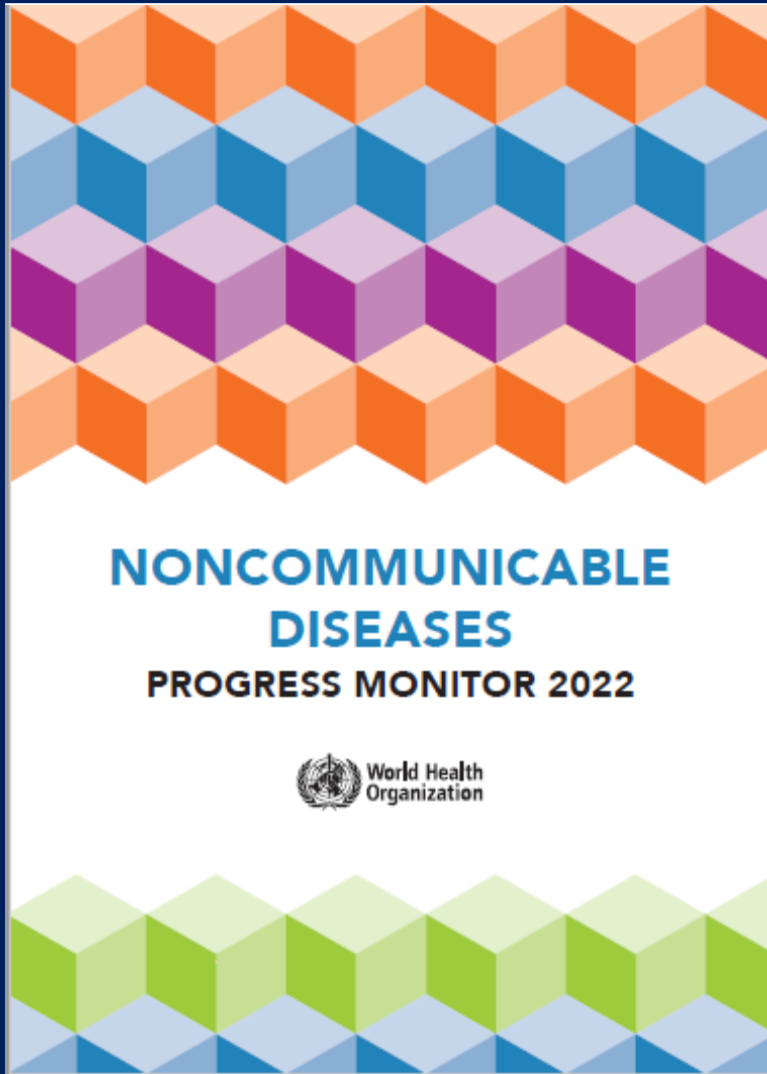
* Country newly at the highest level since 31 December 2018.

PROGRESS IN MONITORING (2007–2020)



MONITORING (2020)





Consider setting national NCD targets for 2025:

Member State has set time-bound national targets based on WHO guidance

Member State has a functioning system for generating reliable cause-specific mortality data on a routine basis

Member State has a STEPS survey or a comprehensive health examination survey every 5 years

Reduce risk factors for NCDs, building on guidance set out in the WHO Global NCD Action Plan:

Member State has implemented the following five demand-reduction measures of the WHO FCTC at the highest level of achievement:

Eliminate exposure to second-hand tobacco smoke in all indoor workplaces, public places and public transport

Enact and enforce comprehensive bans on tobacco advertising, promotion and sponsorship



Consider developing national multisectoral policies and plans to achieve the national targets by 2025:

Member State has an operational multisectoral national strategy/action plan that integrates the major NCDs and their shared risk factors

Reduce affordability by increasing excise taxes and prices on tobacco products

Implement plain/standardized packaging and/or large graphic health warnings on all tobacco packages

Implement effective mass media campaigns that educate the public about the harms of smoking/tobacco use and second-hand smoke

Member State has implemented, as appropriate according to national circumstances, the following three measures to reduce the harmful use of alcohol as per the WHO Global Strategy to Reduce the Harmful Use of Alcohol:

Enact and enforce bans or comprehensive restrictions on exposure to alcohol advertising (across multiple types of media)

Member State has implemented the following four measures to reduce unhealthy diets:

Legislation/regulations fully implementing the International Code of Marketing of Breast-milk Substitutes

Strengthen health systems to address NCDs through people-centred primary health care and universal health coverage, building on guidance set out in WHO Global NCD Action Plan:



Enact and enforce restrictions on the physical availability of retail alcohol (via reduced hours of sale)

Increase excise taxes on alcoholic beverages

Adopt national policies to reduce population salt/sodium consumption

Adopt national policies that limit saturated fatty acids and virtually eliminate industrially produced trans fatty acids in the food supply

WHO set of recommendations on marketing of foods and non-alcoholic beverages to children

Member State has implemented at least one recent national public awareness and motivational communication for physical activity, including mass media campaigns for physical activity behavioural change

Member State has evidence-based national guidelines/protocols/standards for the management of major NCDs through a primary care approach, recognized/approved by government or competent authorities

Member State has provision of drug therapy, including glycaemic control, and counselling for eligible persons at high risk to prevent heart attacks and strokes, with emphasis on the primary care level

Afghanistan

38,042,000 Total population
 50% Percentage of deaths from NCDs
 126,800 Total number of NCD deaths
 35% Probability of premature mortality from NCDs

- 1 National NCD targets ●
 - 2 Mortality data ○
 - 3 Risk factor surveys ●
 - 4 National integrated NCD policy/strategy/action plan ○
 - 5 Tobacco demand-reduction measures:
 - A Increased excise taxes and prices ○
 - B smoke-free policies ●
 - C large graphic health warnings/plain packaging ●
 - D bans on advertising, promotion and sponsorship ●
 - E mass media campaigns ○
 - 6 Harmful use of alcohol reduction measures:
 - A restrictions on physical availability ●
 - B advertising bans or comprehensive restrictions ●
 - C increased excise taxes ●
 - 7 Unhealthy diet reduction measures:
 - A salt/sodium policies ○
 - B saturated fatty acids and trans-fats policies ○
 - C marketing to children restrictions ○
 - D marketing of breast-milk substitutes restrictions ●
 - 8 Public education and awareness campaign on physical activity ○
 - 9 Guidelines for management of cancer, CVD, diabetes and CRD ○
 - 10 Drug therapy/counselling to prevent heart attacks and strokes ○
- fully achieved ○ partially achieved ○ not achieved

Turkey

83,430,000 Total population
 90% Percentage of deaths from NCDs
 389,100 Total number of NCD deaths
 16% Probability of premature mortality from NCDs

- 1 National NCD targets ●
 - 2 Mortality data ●
 - 3 Risk factor surveys ●
 - 4 National integrated NCD policy/strategy/action plan ●
 - 5 Tobacco demand-reduction measures:
 - A Increased excise taxes and prices ●
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 - 10 Drug therapy/counselling to prevent heart attacks and strokes ○
- fully achieved ○ partially achieved ○ not achieved

Bosnia and Herzegovina

3,301,000 Total population
 94% Percentage of deaths from NCDs
 35,700 Total number of NCD deaths
 19% Probability of premature mortality from NCDs

- 1 National NCD targets ○
 - 2 Mortality data ○
 - 3 Risk factor surveys ○
 - 4 National integrated NCD policy/strategy/action plan ●
 - 5 Tobacco demand-reduction measures:
 - A Increased excise taxes and prices ●
 - B smoke-free policies ○
 - C large graphic health warnings/plain packaging ○
 - D bans on advertising, promotion and sponsorship ●
 - E mass media campaigns ●
 - 6 Harmful use of alcohol reduction measures:†
 - A restrictions on physical availability ○
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 - 10 Drug therapy/counselling to prevent heart attacks and strokes ○
- fully achieved ○ partially achieved ○ not achieved
- † See Explanatory Notes

Tracking the Tobacco Epidemic

The WHO Framework Convention on Tobacco Control (FCTC) provides a comprehensive set of measures to reduce tobacco use.

The WHO and CDC Global Tobacco Surveillance System (GTSS) tracks tobacco use and the implementation of tobacco control measures in countries around the world.

The GTSS provides valuable data for monitoring progress towards achieving the NCD targets.



Noncommunicable Disease Surveillance, Monitoring and Reporting

The main objective of the Surveillance, Monitoring and Reporting unit is to support the collection, analysis, and dissemination of country-level risk factor information to inform and improve public health policy.

[Learn more >](#)

Surveillance of noncommunicable diseases

Data and reporting

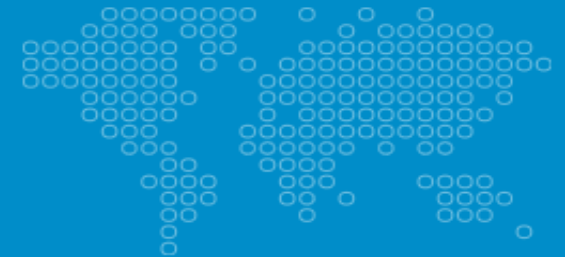
Surveillance systems and tools ▾

Monitoring capacity and
response ▾

Over 120 countries

have implemented the STEPwise Approach to
Noncommunicable Disease Risk Factor
Surveillance (STEPS)

[Learn more](#)



Surveillance of noncommunicable diseases

Data and reporting

Surveillance systems and tools ▼

STEPwise approach to NCD risk factor surveillance (STEPS)

Global school-based student health survey

Global Adult Tobacco Survey

Global Youth Tobacco Survey

Global school health policies and practices survey

Patient and programme monitoring

Cervical cancer surveillance

Physical activity surveillance

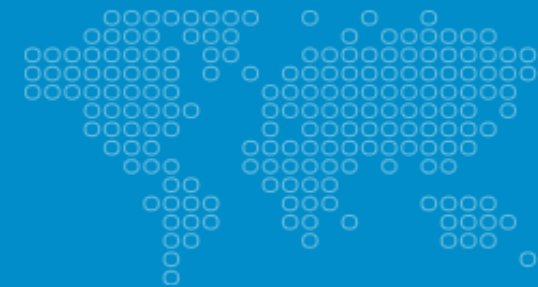
Tobacco surveillance

Monitoring capacity and response ▼

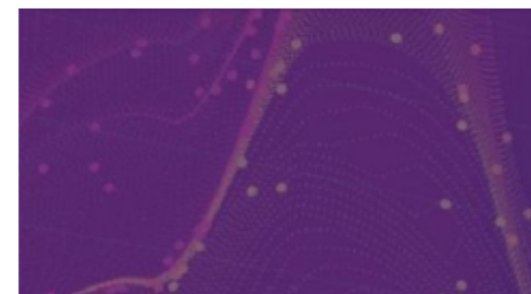
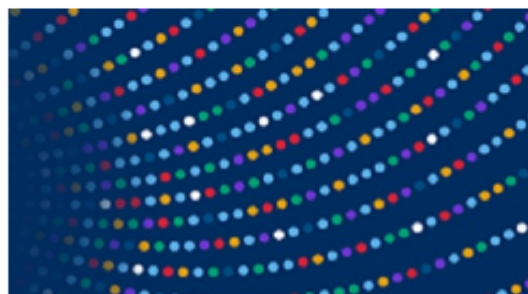
Over 120 countries

have implemented the STEPwise Approach to Noncommunicable Disease Risk Factor Surveillance (STEPS)

[Learn more](#)



Data resources



Noncommunicable Disease Surveillance, Monitoring and Reporting

The main objective of the Surveillance, Monitoring and Reporting unit is to support the collection, analysis, and dissemination of country-level risk factor information to inform and improve public health policy.

[Learn more >](#)

Global Youth Tobacco Survey



GTSS | GYTS

< Surveillance systems and tools

Global Youth Tobacco Survey



STEPwise approach to NCD risk factor surveillance (STEPS)



Global school-based student health survey



Global Adult Tobacco Survey



Global school health policies and practices survey



The Global Youth Tobacco Survey (GYTS) is a self-administered, school-based survey of students in grades associated with 13 to 15 years of age designed to enhance the capacity of countries to monitor tobacco use among youth and to guide the implementation and evaluation of tobacco prevention and control programmes. The GYTS uses a standard methodology for constructing the sampling frame, selecting schools and classes, preparing questionnaires, following consistent field procedures, and using consistent data management procedures for data processing and analysis.

The GYTS is an important tool to assist countries in supporting WHO MPOWER, a package of six evidence-based demand reduction measures contained in the WHO Framework Convention on Tobacco Control (FCTC). The results from the GYTS assist countries in enhancing their capacity to design, implement, and evaluate tobacco control interventions.

Resources

[Questionnaire](#)



[Methodology](#)



Global Youth Tobacco Survey



GTSS | GYTS

| | |
|---|---|
| ← Surveillance systems and tools | |
| Global Youth Tobacco Survey | ▼ |
| STEPwise approach to NCD risk factor surveillance (STEPS) | ▼ |
| Global school-based student health survey | ▼ |
| Global Adult Tobacco Survey | ▼ |
| Global school health policies and practices survey | ▼ |
| Patient and programme monitoring | |
| Cervical cancer surveillance | |
| Physical activity surveillance | |
| Tobacco surveillance | |

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Resources

[Questionnaire](#) >

[Methodology](#) >

Country data and reports

Please visit the [Data and reporting](#) section of our site to access available GYTS reports, fact sheets and data sets.

< Surveillance of noncommunicable diseases

Data and reporting

Surveillance systems and tools

Monitoring capacity and response

Use the links below to access the survey reports and fact sheets available for each country that has implemented any of the WHO-supported surveys on noncommunicable disease (NCD) risk factors and related behaviours. The datasets for most surveys are publicly available and can be obtained from the [NCD microdata repository](#).

The following icons are used in the list below to indicate which surveys each country has conducted:

- STEPwise approach to NCD risk factor surveillance (STEPS): ★
- Global school-based student health survey (GSHS): ▲
- Global Adult Tobacco Survey (GATS): ■
- Global Youth Tobacco Survey (GYTS): ◆

[A](#) | [B](#) | [C](#) | [D](#) | [E](#) | [F](#) | [G](#) | [H](#) | [I](#) | [J](#) | [K](#) | [L](#) | [M](#) | [N](#) | [O](#) | [P](#) | [Q](#) | [R](#) | [S](#) | [T](#) | [U](#) | [V](#) | [W](#) | [X](#) | [Y](#) | [Z](#)

A

- Afghanistan ★ ▲ ◆
- Albania ◆
- Algeria ★ ▲ ◆
- American Samoa ★
- Andorra
- Angola ◆
- Anguilla ★ ▲
- Antigua and Barbuda ▲ ◆
- Argentina ▲ ■ ◆
- Armenia ★ ◆
- Aruba ★
- Australia
- Austria
- Azerbaijan ★ ◆

B

- Bahamas ★ ▲ ◆
- Bahrain ★ ▲ ◆
- Bangladesh ★ ▲ ■ ◆
- Barbados ★ ▲ ◆
- Belarus ★ ◆
- Belgium
- Belize ▲ ◆
- Benin ★ ▲ ◆
- Bermuda ★
- Bhutan ★ ▲ ◆
- Bolivia (Plurinational State of) ▲ ◆
- Bosnia and Herzegovina ◆
- Botswana ★ ▲ ■ ◆
- Brazil ■ ◆

H

- Haiti ◆
- Honduras ▲ ◆
- Hong Kong SAR (China) ◆
- Hungary ◆

I

- Iceland
- India ★ ▲ ■ ◆
- Indonesia ★ ▲ ■ ◆
- Iran (Islamic Republic of) ★ ◆
- Iraq ★ ▲ ◆
- Ireland
- Israel
- Italy ◆

J

- Jamaica ▲ ◆
- Japan
- Jordan ★ ▲ ◆

K

- Kazakhstan ■ ◆
- Kenya ★ ▲ ■ ◆
- Kiribati ★ ▲ ◆
- Kosovo ◆
- Kuwait ★ ▲ ◆
- Kyrgyzstan ★ ◆

L

- Lao People's Democratic Republic ★ ▲ ◆

R

- Republic of Korea ◆
- Republic of Moldova ★ ◆
- Romania ■ ◆
- Russian Federation ■ ◆
- Rwanda ★ ◆

S

- Saint Kitts and Nevis ★ ▲ ◆
- Saint Lucia ★ ▲ ◆
- Saint Vincent and the Grenadines ★ ▲ ◆
- Samoa ★ ▲ ◆
- San Marino ◆
- Sao Tome and Principe ★ ◆
- Saudi Arabia ★ ■ ◆
- Senegal ★ ▲ ■ ◆
- Serbia ◆
- Seychelles ★ ▲ ◆
- Sierra Leone ★ ▲ ◆
- Singapore ◆
- Slovakia ◆
- Slovenia ◆
- Solomon Islands ★ ▲ ◆
- Somalia ◆
- South Africa ■ ◆
- South Sudan
- Spain
- Sri Lanka ★ ▲ ◆
- Sudan ★ ▲ ◆
- Suriname ★ ▲ ◆
- Sweden

Global Adult Tobacco Survey (GATS)



GTSS | GATS

2016

1 January 2016

2016 GATS Fact Sheet Turkey

2012

1 January 2012

2012 GATS Fact Sheet Turkey

2008

1 January 2008

2008 GATS Country Report Turkey

1 January 2012

2012 GATS Fact Sheet Turkey (2008 comparison)

1 January 2008

2008 GATS Fact Sheet Turkey

Global Youth Tobacco Survey (GYTS)



GTSS | GYTS

2017

1 January 2017

2017 GYTS Fact Sheet Turkey

2012

1 January 2012

2012 GYTS Fact Sheet Turkey

2009

1 January 2009

2009 GYTS Fact Sheet Turkey

2005

1 January 2005

2005 GYTS Fact Sheet Turkey (Institutions of Child Protective Services)

2003

1 January 2003

2003 GYTS Fact Sheet Turkey

Home

Office on Smoking and Health (OSH) +

Quit Smoking +

Basic Information +

Commercial Tobacco and Health Equity +

Secondhand Smoke +

Surgeon General's Reports on Smoking and Tobacco Use +

Data and Statistics +

Patient Care +

State and Community Work +


Global Tobacco Control -

About Global Tobacco Surveillance System (GTSS)

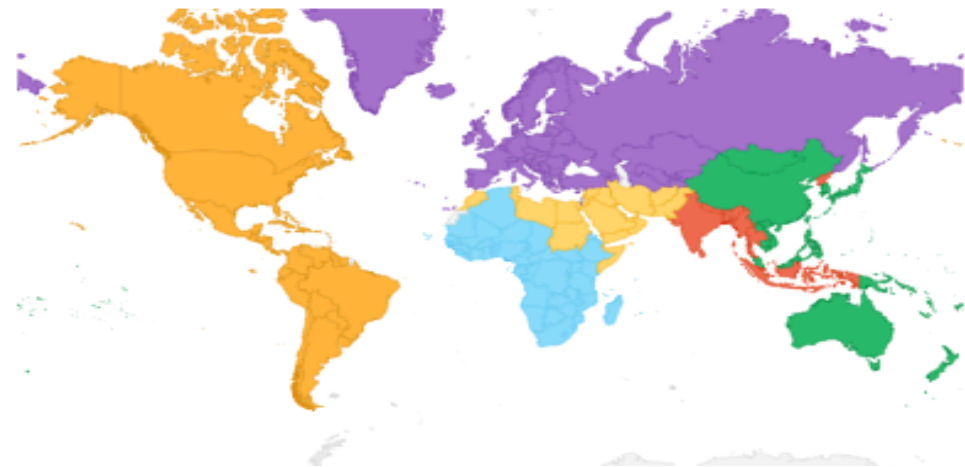
GTSSData

[Print](#)

GTSSData houses and displays data from four tobacco-related surveys conducted around the world. The purpose of GTSSData is to enhance countries' capacity to monitor tobacco use, guide national tobacco prevention and control programs, and facilitate comparison of tobacco-related data at the national, regional, and global levels.

 [Help & Glossary](#)
[Contact Us](#)

Explore GTSSData by Location



WHO Region

Country or Location

Survey Site

[Launch GTSSData >](#)



Global Tobacco Surveillance System Data (GTSSData)

Home Explore by Indicator Explore by Location Data Portal Help

Explore by Location

WHO Region: Country or Location: Survey Site:

Population (Survey): Topic: Year:

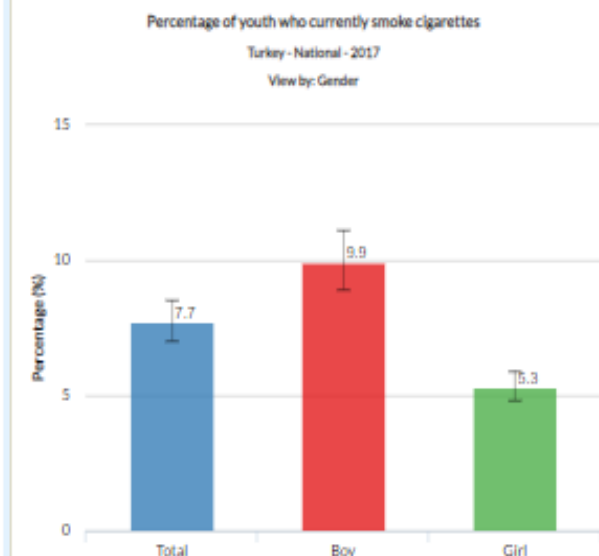
European Region - Turkey - National
 Population Survey - Global Youth Tobacco Survey (GYTS)
 Topic: Prevalence

Share Link
 Save as PDF View All Countries

Select indicators to view (8 of 16 selected)

Currently Smoke Cigarettes (2012 revision)

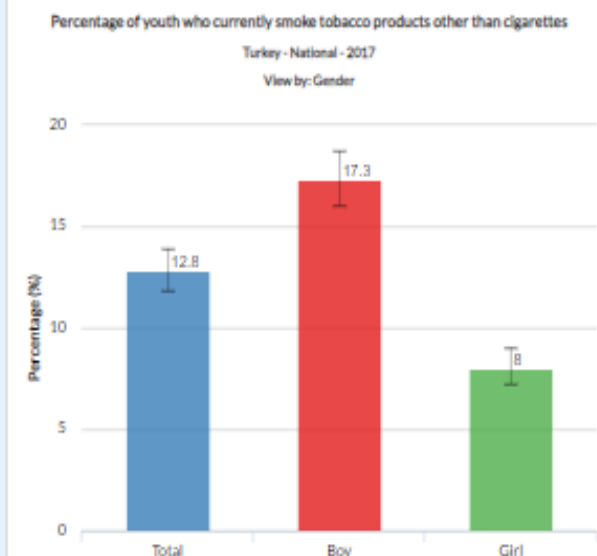
Year: 2017
 View by: Gender



Data Source: Global Youth Tobacco Survey (GYTS)

Currently Use Other Tobacco Products (2012 revision)

Year: 2017
 View by: Gender



Data Source: Global Youth Tobacco Survey (GYTS)

GYTS Resources

Factsheets

- 2017 Turkey - National Factsheet (PDF 386 KB)
- 2012 Turkey - National Factsheet (PDF 48 KB)
- 2009 Turkey - National Factsheet (PDF 164 KB)
- 2005 Turkey - National Factsheet (PDF 40 KB)
- 2003 Turkey - National Factsheet (PDF 41 KB)

Country Reports

- Country Report Not Available

Datasets

- 2017 Turkey - National [ZIP - 6315 KB]
- 2012 Turkey - National [ZIP - 492 KB]
- 2009 Turkey - National [ZIP - 553 KB]
- 2003 Turkey - National [ZIP - 795 KB]

Notes

Note that the sum of the results for "Boys" and "Girls" may not equal the "Total" results.

Missing bars in the chart view may indicate no data available or insufficient sample size. The footnote symbol and text is available in the table view, if applicable.

Measure Definitions

Confidence Interval (CI) - A numeric range that consists of 95% confidence limits and indicates the confidence interval in the format (low endpoint - high endpoint)

Percentage (%) - A weighted percentage reflecting the population estimate

Sample Size (n) - The unweighted number of cases.

Data Source

Global Youth Tobacco Survey (GYTS)

Suggested Citation

Centers for Disease Control and Prevention. National Center for Chronic Disease Prevention and Health Promotion, Office of Smoking and Health, Global Tobacco Surveillance System Data (GTSSData) [online]. [accessed May 07, 2023]. URL: <https://www.cdc.gov/tobacco/global/gtss/gtssdata/index.html>.

https://nccd.cdc.gov/GTSS/rdPage.aspx?rdReport=OSH_GTSS.ExploreByLocation&rdRequestForwarding=Form

ADDICTA

The Turkish Journal on Addictions

Volume:10+ Issue: 3 + December 2023

Open call for the Addicta special issue focusing on

"Prevention, Control and Treatment of the use of Tobacco and Tobacco Products"

Open call for the Addicta special issue focusing on "Prevention, Control and Treatment of the use of Tobacco and Tobacco Products"

Addicta: The Turkish Journal on Addictions

Prevention, Control and Treatment of the use of Tobacco and Tobacco Products

Article Submission Deadline:

31 October 2023

Toker Ergüder (Prof. Dr.), University of Health Sciences Gülhane Faculty of Medicine, Department of Public Health, Member of the Green Crescent Scientific

Committee The special issue in 2023 of Addicta: The Turkish Journal on Addictions, published quarterly by the Turkish

Green Crescent Society will be: "Prevention, Control and Treatment of the use of Tobacco and Tobacco Products".



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CRESCENT

30 MAY 2023

INTERNATIONAL SYMPOSIUM ON NOVEL AND EMERGING TOBACCO AND NICOTINE PRODUCTS AND TOBACCO CONTROL



Keynote Speakers



Mücahit Öztürk
President, The Turkish Green
Crescent Society
Professor, Hacettepe
University, Türkiye



Stanton Glantz
Senior Professor of Medicine
and Founding Director
Center for Tobacco Control
University of California, USA



Esra Albayrak
Board member of the Turkish
Green Crescent Society
Doctor of Philosophy, Türkiye

Panel Speakers



Joanna Cohen
Professor, Director, Institute for
Global Tobacco Control,
Department of Health, Behavior
and Society, Johns Hopkins
Bloomberg School of Public
Health, USA



Ismet Çok
Professor, Faculty of Pharmacy,
Gazi University, Türkiye



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Turkish Green Crescent Society
Professor, Programme Manager,
World Health Organization
Country Office, Türkiye



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Scientific Committee Member,
The Turkish Green Crescent
Society
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Ghazi Zaatar
Director, World Health
Organization FOC Knowledge
Hub on Waterpipe Tobacco
Smoking
Professor, Chair, Department of
Pathology and Laboratory
Medicine, American University
of Beirut, Lebanon

<https://kongre.yesilay.org.tr/en/>

Conclusion

Tobacco use is a major global health challenge, contributing to the burden of NCDs and causing millions of deaths each year.

Achieving the NCD targets requires effective tobacco control measures.

The WHO FCTC and GTSS are valuable tools for tracking the tobacco epidemic and progress towards reducing tobacco use.

References

<https://www.who.int/publications/i/item/9789240047761>

<https://www.who.int/teams/noncommunicable-diseases/surveillance>

<https://ncdportal.org/>

<https://www.who.int/publications/i/item/9789240057661>

<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>

<https://www.who.int/publications/i/item/WHO-HEP-HPR-TFI-2021.10>

<https://www.who.int/teams/health-promotion/tobacco-control/global-tobacco-report-2021>

Thank you & QA



ergudert@who.int



Toker Ergüder

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