

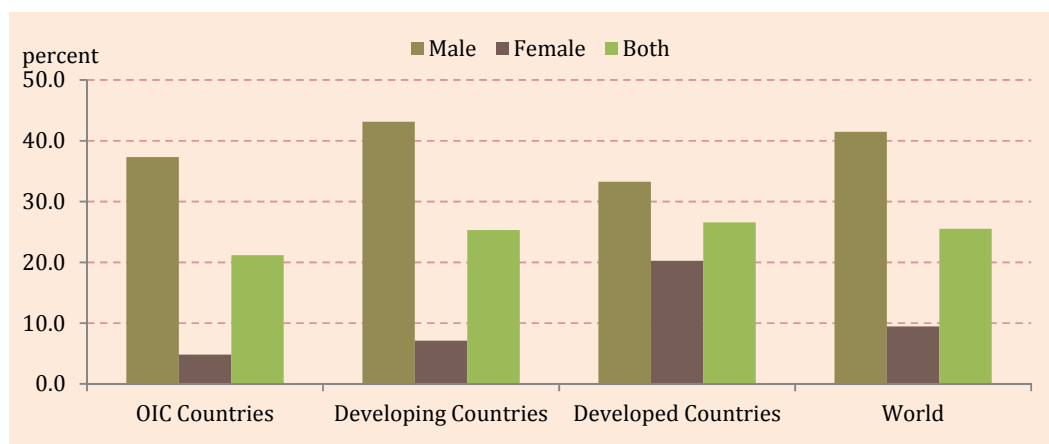
Prevalence of Tobacco Use in OIC Member Countries

I. Prevalence of Tobacco Use

In 2006, as shown in Figure 1, prevalence of tobacco use among adults in the world averaged at 25.5 percent, equaling to approximately 1.1 billion tobacco users across the world. Gender wise, about 41.5 percent of men and 9.5 percent of women in the world use tobacco according to latest available data. Majority of the global tobacco users resides in developing countries which accounted for around 83 percent of the world total in 2006. Prevalence of tobacco use among adults in developing countries was recorded at 25.3 percent whereas 43.2 percent of men use tobacco compared to 7.1 percent women. On the other hand, in developed countries share of total and women tobacco users remained comparatively high. In 2006, 26.6 percent adults were using tobacco in developed countries whereas this share was 33.3 percent for male adults and 20.3 percent for the female adults.

In 2006, prevalence of tobacco use among adults in the OIC countries was 21.2 percent with tobacco use being more common among men (37.3 percent) compared to the women (4.8 percent) (Figure 1). Prevalence of tobacco use among adults in OIC region remained below the developing, developed and world averages in 2006. A similar trend can be observed in case of male and female tobacco users. As a group, OIC member countries registered lowest prevalence of tobacco use among female adults whereas prevalence of tobacco use among male adults in OIC remained lower than the developing countries and world averages in 2006. OIC member countries accounted for 16 percent of the world and 20 percent of the developing countries total adult tobacco users. On the gender basis, OIC member countries accounted for 18 percent of male and ten percent of female tobacco users in the world whereas their share in male and female tobacco users of developing countries was recorded at 20 percent and 16 percent respectively.

Figure 1: Prevalence of Tobacco Use among Adults



Source: Table A.1 in the Statistical Appendix

As shown in Figure 2, prevalence of tobacco use varies significantly across the OIC regions¹. In 2006, the highest prevalence rate among adults was recorded in EAP region (32.7 percent) whereas the lowest

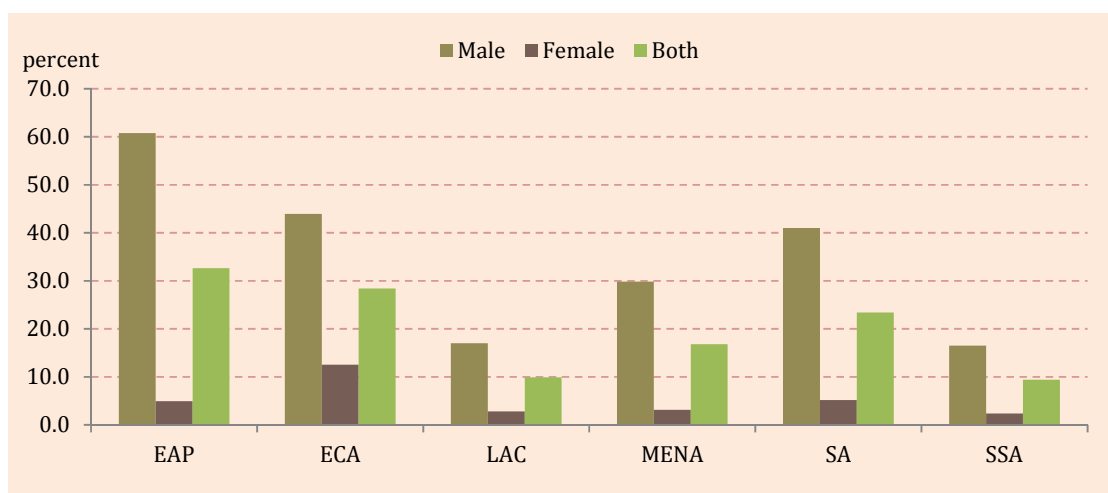
¹ The regions of the OIC are EAP (East Asia and the Pacific), ECA (Europe and Central Asia), LAC (Latin America and the Caribbean), MENA (Middle East and North Africa), SA (South Asia), and SSA (Sub-Saharan Africa).

prevalence was recorded in SSA region (9.4 percent). Among other regions, ECA recorded tobacco use prevalence of 28.4 percent followed by SA (23.4 percent), MENA (16.8 percent) and LAC (9.9 percent). Prevalence of tobacco use in EAP, ECA and SA regions remained higher than the OIC average whereas in EAP and ECA region it was even higher than the developing, developed and world averages. In 2006, EAP region accounted for 32 percent of total adult tobacco users in OIC whereas SA accounted for 26 percent and MENA accounted for 18 percent.

With a rate of 60.8 percent, EAP region registered highest share of male tobacco users in OIC group whereas on the downside it was only 16.5 percent in SSA region (Figure 2). In other regions, 43.9 percent adult males use tobacco in ECA followed by 41.0 percent in SA, 29.8 percent in MENA and 17.0 percent in LAC region. The share of male tobacco users in EAP, ECA and SA regions remained higher than the OIC average whereas in EAP and ECA region it was even higher than the developing, developed and world averages. In 2006, EAP region accounted for 34 percent of men tobacco users in OIC whereas SA accounted for 27 percent and MENA accounted for 18 percent.

In case of female tobacco users, ECA region registered the highest prevalence (12.6 percent) whereas it was just 5.2 percent in SA, 4.9 percent in EAP, 3.1 percent in MENA, 2.8 percent in LAC and only 2.4 percent in SSA region (Figure 2). The prevalence of tobacco use among women in ECA region remained significantly higher than the OIC, developing and world averages. This region accounted for about 30 percent of total female tobacco users in OIC countries followed by SA (25 percent) and EAP region (22 percent).

Figure 2: Prevalence of Tobacco Use among Adults in OIC Regions

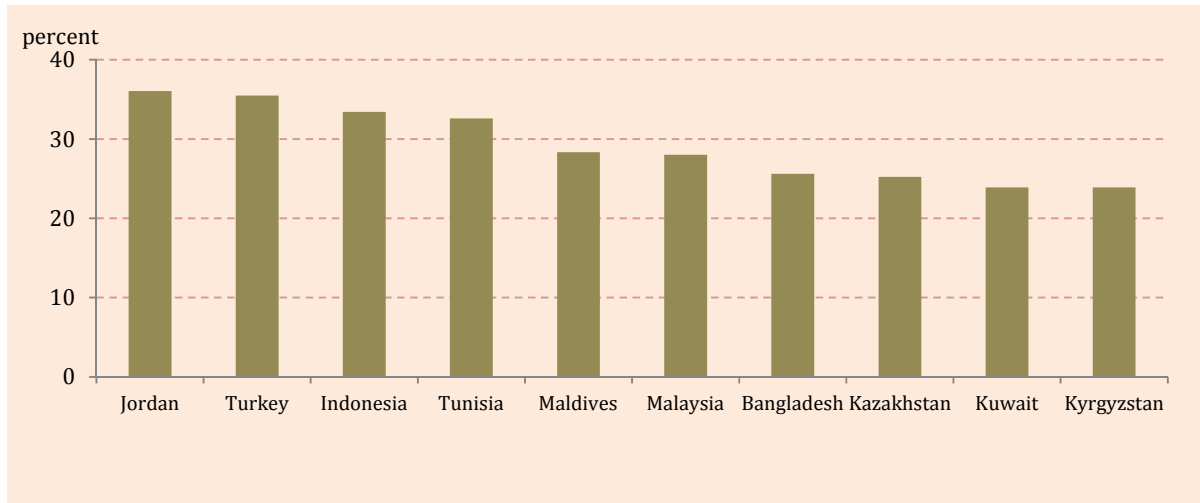


Source: Table A.1 in the Statistical Appendix

At the individual country level, tobacco use among adults in OIC region portrays a diverse picture. In 2006, as shown in Figure 3, Jordan recorded the highest smoking prevalence among adults (36.1 percent) in OIC region, closely followed by Turkey (35.5 percent), Indonesia (33.4 percent) and Tunisia (32.6 percent). Jordan, Turkey, Indonesia and Tunisia are the only OIC countries which have a smoking prevalence of above 30 percent. At the global level, with respect to tobacco use among adults, Jordan is ranked at 15th, Turkey at 17th, Indonesia at 24th and Tunisia at 28th. On the bottom side, Nigeria recorded

the lowest smoking prevalence among adults in OIC region (6.5 percent) followed by Cameroon (6.9 percent), Côte d'Ivoire (8.4 percent) and Chad (8.8 percent) [see annex Table A.9].

Figure 3: Member Countries with Highest Prevalence of Tobacco Use among Adults

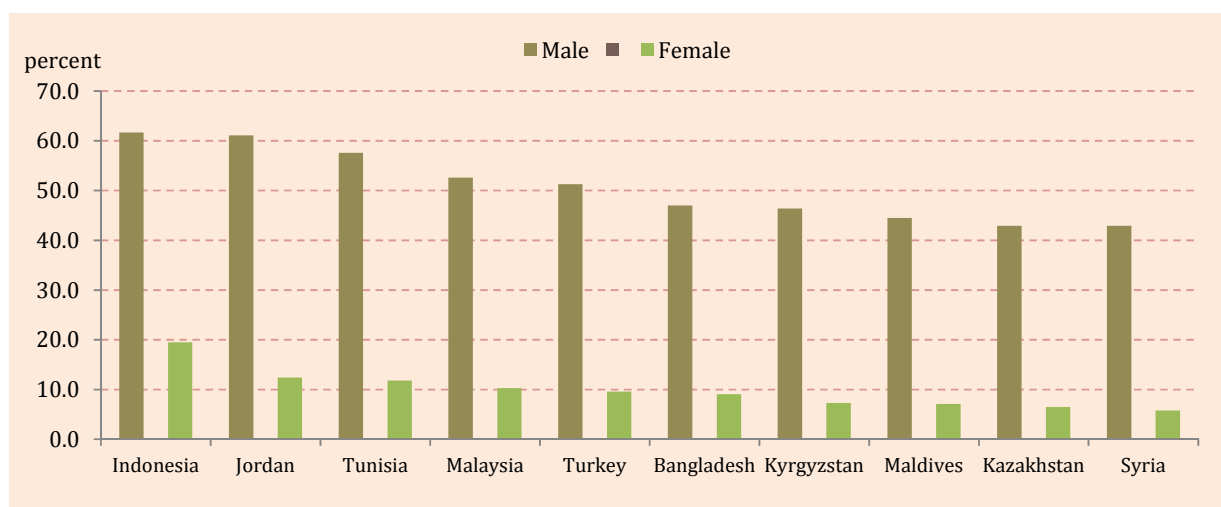


Source: Table A.1 in the Statistical Appendix

In 2006, as shown in Figure 4, the OIC country with the highest tobacco users in its male population was Indonesia with a prevalence of 61.7 percent closely followed by Jordan (61.1 percent), Tunisia (57.6 percent), Malaysia (52.6 percent) and Turkey (51.3 percent). In these top five member countries more than half of male adults use tobacco. At the global level, with respect to men tobacco users, Indonesia is ranked at 7th, Jordan at 8th, Tunisia at 13th, Malaysia at 18th and Turkey at 19th. On the bottom side, Nigeria and Cameroon recorded the lowest smoking prevalence among male adults in OIC region (11.9 percent each) followed by Côte d'Ivoire (14.4 percent), Chad (15.3 percent) and Suriname (17.0 percent) [see annex Table A.9].

Although tobacco use among women remained comparatively very low in OIC region, 13 member countries registered prevalence of tobacco use among female adults higher than the OIC average (4.8 percent). As shown in Figure 4, Turkey recorded the highest smoking prevalence among female adults (19.5 percent) in 2006, followed by Comoros (12.4 percent), Maldives (11.8 percent) and Burkina Faso (10.3 percent). At the global level, with respect to tobacco use among female adults, Turkey is ranked at 44th, Comoros at 57th, Maldives at 61st and Burkina Faso at 62nd. On the bottom side, Algeria and Morocco recorded the lowest tobacco use among female adults (0.2 percent each) in OIC region, followed by Azerbaijan (0.6 percent); Nigeria (1.0 percent) and Oman (1.3 percent) [see annex Table A.9]. The prevalence of tobacco use among women in Algeria, Morocco and Azerbaijan remained lowest across the world.

Figure 4: Member Countries with Highest Adult Male and Female Tobacco Users



Source: Table A.1 in the Statistical Appendix

II. Tobacco Use and Burden of Deaths

Today, it is a well-established fact that tobacco use is strongly associated with a number of illnesses notably cancer (particularly lung cancer), cardiovascular diseases and respiratory diseases. According to the WHO estimates, of the total deaths of 57 million in 2008, about 29 million (51 percent of the total deaths) were caused by a few main tobacco use related diseases (Table 1). Among these 29 million deaths, 59 percent deaths were caused by the cardiovascular diseases followed by cancer (26 percent) and respiratory diseases (15 percent). Worldwide, 80 percent of total deaths caused by diseases associated with tobacco use occurred in developing countries. In the OIC member countries, around five million people died due to the tobacco use related diseases in 2008, corresponding to 16 percent of the worldwide deaths.

Table 1: Deaths Caused by Diseases associated with Tobacco Use (Millions)

	Cancers	Cardiovascular diseases	Respiratory diseases	Total deaths caused by diseases associated with Tobacco Use
OIC Countries	1.0	3.2	0.6	4.7
Developing Countries	5.3	14.4	3.7	23.4
Developed Countries	2.2	3.0	0.5	5.7
World	7.6	17.3	4.2	29.1

Table A.1 in the Statistical Appendix

Among the OIC regions, the share of deaths caused by tobacco use related diseases in total deaths remained significantly higher in ECA region where 70 percent of total deaths were caused by tobacco use related diseases (Table 2). Among other regions, more than 50 percent of the total deaths in 2008 were

caused by the tobacco use related diseases in EAP and MENA region whereas this ratio was 48 percent for the LAC, 36 percent for the SA and only 19 percent for the SSA region.

Table 2: Deaths Caused by Diseases associated with Tobacco Use (Millions)

	Cancers	Cardiovascular diseases	Respiratory diseases	Total deaths caused by diseases associated with Tobacco Use
EAP	0.2	0.6	0.1	0.9
ECA	0.1	0.5	0.1	0.7
LAC	0.0	0.0	0.0	0.0
MENA	0.2	0.7	0.1	1.0
SA	0.2	0.7	0.2	1.1
SSA	0.2	0.7	0.2	1.0

Source: Table A.1 in the Statistical Appendix

III. Status of Implementation of WHO Framework Convention on Tobacco Control (FCTC)

The tobacco epidemic is preventable through prudent policy measures and interventions both at national and international levels. In this regard, there are many cost-effective strategies and public policies, like bans on advertising, promotion and sponsorship of tobacco products; tobacco tax and price increases; forbidding smoking in all public and workplaces; and requiring large, clear and visible graphic health messages on tobacco packaging etc. All of these measures are outlined in the WHO Framework Convention on Tobacco Control (FCTC) which was adopted by the World Health Assembly on 21 May 2003 and entered into force on 27 February 2005.

As of August 2011, 52 OIC member countries are signatories of the WHO-FCTC. This shows the commitment of member countries to control the tobacco epidemic and save their citizens from hazardous effects of tobacco use. Over the years, OIC member countries strived hard and took various legislative and administrative initiatives to implement the measures prescribed by the WHO-FCTC. In this section, we will give an overview of implementation rates of selected measures under the Convention globally and among the OIC member countries.

- According to the WHO-FCTC Secretariat, as of July 2011, 41 member countries submitted their country progress reports on the implementation of the Convention. According to these country reports, 35 out of 41 member countries (85 percent) reported existence of comprehensive legislation to control tobacco use at the national level. On the other hand, 40 out of 41 member countries (98 percent) reported that they have established a focal point (FP), tobacco control unit (TCU) and/or a national coordinating mechanism (NCM) for tobacco control in their countries. At the global level, 85 out of 144 (59 percent) countries reported that they have developed and implemented comprehensive and multi-sectoral national tobacco-control strategies, plans and programs in accordance with the Convention.

- In the OIC group, all reporting countries responded that they have implemented any smoke-free policy in indoor workplaces (like offices, hospitals, educational facilities etc.) and public transport to prevent exposure to tobacco smoke as required by the Article 8 of the Convention. Globally, 113 countries (78 percent) responded that they had implemented any policy to protect citizens from exposure to tobacco smoke in indoor workplaces.
- Article 11 of the Convention guides about the labeling and packaging of the tobacco products. According to the country reports, 40 out of 41(98 percent) member countries responded that they have adopted policies which require tobacco product packaging to carry health warning the harmful effects of tobacco smoke. Furthermore, 15 (37 percent) member countries reported that they require the rotation of health warnings; 12 (29 percent) countries require the warnings to cover 50 percent or more of the principal display area whereas the warnings cover 30 percent or more of the display area in another 12 (29 percent) member countries. Globally, 125 countries (87 percent) reported that they had adopted policies that require tobacco product packaging to carry health warnings whereas 94 Parties (65 percent) reported that they require the rotation of health warnings; 48 Parties (33 percent) require the warnings to cover 50 percent or more of the principal display area.
- Organizing education, communication, training and public awareness programs is an important requirement prescribed in the Article 12 of the Convention. In this regard, 33 out of 41 member countries (80 percent) reported that they have implemented any education, communication, training and public awareness program. At the global level, 107 countries (74 percent) responded that they have implemented any of such awareness programs.
- Among the 41 reporting countries, 26 (63 percent) replied that they had introduced a comprehensive ban on tobacco advertising, promotion and sponsorship as required by the Article 13 of the Convention. On the other hand, 77 countries (54 percent) across the globe responded that they had introduced a comprehensive ban on tobacco advertising, promotion and sponsorship.
- In order to discourage the tobacco use, 21 out of 41 (51 percent) member countries introduced tax and price measures as required by the article 6 of the convention. 9 out of these 21 members reported increase in prices and/or taxes whereas prices remained unchanged at the 2008 level in 12 member countries.

Table 3: Implementation of WTO-FCTC in OIC Countries (as of July 2011)

Article/indicator	Information available for 41 OIC Countries	
	Number of affirmative answers	%
ARTICLE 5 (General obligations)		
<i>Comprehensive legislation</i>	35	85%
<i>National focal point for tobacco control</i>	40	98%
ARTICLE 6 (Pricing and tax measures)		
<i>Taxes on tobacco products</i>	21	51%
<i>Increase in prices and/or taxes</i>	9	22%
ARTICLE 8 (Protection from exposure to tobacco smoke)		
<i>Any smoke free policy in indoor workplaces and public transport</i>	41	100%
ARTICLE 11 (Packaging and labeling of tobacco products)		
<i>Health Warning on harmful effects of tobacco</i>	40	98%
<i>Rotation of warnings</i>	15	37%
<i>Warnings covering \geq 50%</i>	12	29%
ARTICLE 12 (Education, communication, training and public awareness)		
<i>Educational and public awareness programs</i>	33	80%
ARTICLE 13 (Tobacco advertising, promotion and sponsorship)		
<i>Comprehensive ban</i>	26	63%

Source: WHO, FCTC Secretariat, July 2011.

Table A.1: Tobacco Use among Adults and Deaths Caused by Tobacco-use Related Diseases

	Tobacco Users (%), 2006			Deaths (Thousands), 2008		
	Male	Female	Both Sexes	Cancer	Cardiovascular diseases	Respiratory diseases
Afghanistan	...	...	...	12	65	8
Albania	43	4	23	5	16	1
Algeria	29	0	15	21	49	12
Azerbaijan	...	1	...	10	43	3
Bahrain	22	3	14	0	1	0
Bangladesh	47	4	26	104	316	69
Benin	18	2	10	4	14	4
Brunei Darussalam	...	...	...	0	0	0
Burkina Faso	21	10	15	6	17	5
Cameroon	12	2	7	9	39	11
Chad	15	2	9	4	18	5
Comoros	27	12	20	0	1	0
Côte d'Ivoire	14	2	9	8	47	13
Djibouti	...	...	...	0	2	0
Egypt	28	1	14	51	178	13
Gabon	...	...	...	1	3	1
Gambia	29	3	16	1	2	1
Guinea	...	...	...	5	19	5
Guinea-Bissau	...	...	...	1	3	1
Guyana	...	...	...	1	2	0
Indonesia	62	5	33	215	513	119
Iran	30	5	18	47	171	17
Iraq	30	3	16	15	52	5
Jordan	61	10	36	3	12	1
Kazakhstan	43	9	25	22	95	5
Kuwait	37	4	25	1	2	0
Kyrgyzstan	46	2	24	5	22	3
Lebanon	31	7	18	5	12	1
Libya	...	...	...	4	13	1
Malaysia	53	3	28	20	42	9
Maldives	45	12	28	0	0	0
Mali	18	3	10	6	13	4
Mauritania	34	5	19	2	4	1
Morocco	30	0	15	20	69	8
Mozambique	21	3	11	11	43	12
Niger	...	...	...	5	12	3
Nigeria	12	1	6	74	240	62
Oman	21	1	12	1	5	0
Pakistan	35	7	21	102	363	76
Qatar	...	...	...	0	0	0
Saudi Arabia	23	4	15	9	43	3
Senegal	19	1	10	5	12	3
Sierra Leone	...	...	...	2	6	2
Somalia	...	...	...	4	18	3
Sudan	28	3	15	17	98	14
Suriname	17	3	10	0	1	0
Syria	43	...	...	6	34	3
Tajikistan	...	...	...	3	16	1
Togo	...	...	...	3	10	2
Tunisia	58	7	32	8	21	2
Turkey	51	20	35	67	179	32
Turkmenistan	...	...	...	3	22	1
Uganda	19	4	11	17	44	12
United Arab Emirates	25	3	19	1	3	0
Uzbekistan	23	3	13	13	100	5
Yemen	29	6	17	8	36	4
OIC	37	5	21	969	3162	567
Developing Countries	43	7	25	5348	14369	3728
Developed Countries	33	20	27	2236	2957	506
World	41	9	26	7583	17327	4234

Source: WHO, World Health Statistics 2011 and Global Burden of Disease database 2011.

