

WHO global report on
trends in prevalence of tobacco use
2000–2024
and projections 2025–2030



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Cover page photo: Kids playing at the corridors of their school - © WHO / NOOR / Sebastian Liste

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Foreword

This *WHO global report on trends in prevalence of tobacco use 2000–2024 and projections 2025–2030* is a timely update to the last edition published two years ago, and a valuable companion to the recently released *WHO Report on the Global Tobacco Epidemic, 2025*. Together these reports demonstrate that nearly all countries are advancing in the adoption and implementation of effective tobacco control measures, with many already reaping the benefits through notable reductions in tobacco use and as a consequence direct health and economic benefits.

We are especially encouraged that the global average prevalence of current tobacco use among adults is estimated to have dropped below 20% in 2023, a level sustained in 2024. Despite the good news, this trend needs to accelerate if we are to meet the 30% reduction target set by Member States under the WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases. Progress is lagging at a 27% average reduction among Member States.

As one of the Sustainable Development Goals (SDGs) targets, implementing the WHO Framework Convention on Tobacco Control is one of the most effective approaches towards success of the SDGs as a whole. WHO and the Secretariat to the WHO Framework Convention on Tobacco Control work together as co-custodians of the SDG indicator 3.a.1. This report contributes to the global monitoring of SDG target 3.a, which calls for strengthening implementation of the WHO FCTC in all countries, as appropriate.

We must remain vigilant against an industry which will fight to protect and even rebuild its customer base. In this report, we note that, while 61 countries are now on track to achieve the 30% reduction in prevalence target, over the past two years, three countries have slipped back from the on-target group, while another 11 countries that achieved earlier declines in tobacco use have stalled or reversed. In total, 12 countries are now seeing tobacco use prevalence on the rise. These reversals are not just numbers – they represent millions more people at risk of disease, disability and premature death in the years to come. Unless action is reinforced, today's stalled progress in countries will translate directly into tomorrow's preventable deaths.

There is still a long way to go to realize the aspirations of countries to promote health and wellbeing in our communities. Calls for unified efforts are growing stronger, particularly to address the major preventable risk factors driving noncommunicable diseases globally, with prevention of tobacco and nicotine addiction high on the list. WHO will remain fully supportive and engaged in achieving these goals, and this report is one part of our contribution to the scientific evidence to help achieve longer healthier lives for all.



Dr Jeremy Farrar

Assistant Director-General

Health Promotion and Disease Prevention and Care

Preface

On behalf of the University of New England (UNE) and its Faculty of Medicine and Health, based in Australia, I congratulate the World Health Organization (WHO) on its latest global report on trends in prevalence of tobacco use 2000–2030. This current report presents the latest comparable estimates of tobacco use in countries for the period 2000–2024, and also monitors progress towards the 2025 tobacco use target established in the Global Action Plan for the Prevention and Control of Noncommunicable Diseases and the 2030 Sustainable Development Goals.

The report confirms projections from earlier editions that tobacco use would continue to decline globally. The report demonstrates that reductions in prevalence are occurring at all ages. To counteract this, the tobacco industry targets youth and adults alike in all countries to provide a replacement market for customers lost, whether through quitting tobacco, through dying prematurely from a tobacco related disease or through avoiding initiation after learning the risks. It is no secret that the tobacco industry aggressively promotes the use of electronic nicotine delivery “vaping” devices and other nicotine products – products that are increasingly being shown to be addictive and harmful to health.

In response to the threat to health and development caused by tobacco products, the large majority of WHO Member States (182 out of 194) have become Parties to the WHO Framework Convention on Tobacco Control. The preamble to this treaty emphasizes the special contribution that academic institutions can make in international tobacco control efforts. The UNE Faculty of Medicine and Health is proud to contribute to the production of this important WHO report that will go a long way in furthering the fight against tobacco. Our institution looks forward to continuing the collaboration and engagement with WHO in further analyses, development and dissemination of such reports.

Having served the world by protecting public health globally against substantial challenges, WHO is now facing more headwinds as a result of changes in geopolitical forces around the world. Recognizing these changes, our University is more determined than ever to assist WHO achieve its mandate to strive towards equitably healthy societies.

Yours sincerely,



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Abbreviations

DHS	Demographic and Health Survey
ENDS	Electronic nicotine delivery systems
FCTC	Framework Convention on Tobacco Control
GSHS	Global school-based student health survey
GYTS	Global youth tobacco survey
HBSC	Health behaviour in school-aged children survey
HTP	Heated tobacco product
HBSC	Health Behaviour in School-Aged Children Survey
NCD	Noncommunicable disease
NCD GAP	WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020
SDG	Sustainable development goal
UN	United Nations
WHO FCTC	WHO Framework Convention on Tobacco Control

1. Introduction

The world recognized already in the last century the global threat to human health and welfare that tobacco poses. Thanks to the concerted efforts of countries, the WHO Framework Convention on Tobacco Control (WHO FCTC) was adopted in 2003 (1). Since then, 182 countries and the European Union have become Parties to this treaty (2). WHO regularly tracks progress its Member States are making on implementation of the parts of the treaty which directly impact demand for tobacco and tobacco use in the WHO report on the global tobacco epidemic (3), and this report is a companion to that report.

The United Nations (UN) sustainable development goal (SDG) Target 3.a is to “Strengthen the implementation of the WHO FCTC in all countries, as appropriate”. The official indicator used to measure progress towards this target is 3.a.1, “Age-standardized prevalence of current tobacco use among persons aged 15 years and older” (4). WHO tracks the global progress of this indicator, in collaboration with the Secretariat of the WHO FCTC, and submits country-level WHO estimates to the UN every two years. This report functions as the official source of the WHO estimates for SDG 3.a.1.

The WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020 (NCD GAP), (5) since extended to 2030, includes a target for reducing the global prevalence of tobacco use (SDG 3.a.1) by 30% by the year 2025, relative to 2010 (6). This report uses the modelled trends in prevalence per country to project to 2025 and assess the likelihood of each country achieving this target. While 2025 is now upon us, the data which reflect levels of tobacco use this year are not expected to be available from most countries until at least 2028.

Many countries are setting their own targets to reduce tobacco use, and calculating their own tobacco use trends and projections. Some countries are not running national surveys or monitoring trends. The value of WHO estimates is mainly to compile a global picture of tobacco use trends using a unified set of definitions and a single estimation method for all countries. All estimates are supported by nationally representative surveys. Countries without surveys have no results. The data and methods used are described in the Methods section of this report. The results underwent country consultation in March–May 2025.

In addition to tobacco use prevalence trends and target assessments, other analyses presented in this report include global estimates of the prevalence of smokeless tobacco use among adults, and the prevalence of tobacco use, cigarette smoking and smokeless tobacco use among adolescents aged 13–15 years. Estimates of the global prevalence of e-cigarette use among adults and among adolescents aged 13–15 years are also presented. Details on the methods used for these global estimates, along with data sources, are in Annex 2.

2. Methods

2.1 WHO's global estimates of trends in tobacco use among persons aged 15 years and older

The source data behind the trend analysis in this report are nationally representative population-based surveys in the field between 1990 and 2024 that collected data on one or more forms of tobacco use. The population of interest is people aged 15 years and older, but the source surveys covered varied age ranges. Only one in three surveys completed by countries and gathered for this analysis were designed to be representative of the population aged 15 years and older.

WHO gathers the surveys from multiple key sources. These include reports from Parties to the WHO FCTC submitted to the Secretariat of the WHO FCTC biennially, surveys completed under the aegis of the Global Tobacco Surveillance System (in particular, the Global Adult Tobacco Survey), other WHO-supported surveys including WHO STEPwise surveys and World Health Surveys, and surveys undertaken by cross-national organizations, such as the Demographic and Health Survey (DHS) and the Multiple Indicator Cluster Survey. WHO regional offices and WHO country offices made efforts to identify surveys conducted independently by countries. Some data are made available by countries expressly for use in this global estimation exercise. No published nationally representative population-based surveys were excluded from the analysis.

Among the national surveys, varying approaches exist to asking people about their tobacco use, as well as the types of tobacco products they use. Different age ranges are surveyed, and the breadth of topics covered by the survey can differ. All this variety makes a global analysis of tobacco use as reported in national surveys challenging. The methods described below try to overcome these challenges.

“Prevalence” is defined as the proportion of the population of interest who report that they use the product. “Current use” of a product is defined as using the product at the time of the survey on a daily or non-daily basis. Some surveys restrict this definition to use in the past 30 days.

“Any tobacco use” is defined in this report as use of any type of tobacco – smoked and/or smokeless tobacco. “Any tobacco use” does not include the use of products that do not contain tobacco, such as electronic nicotine delivery systems (ENDS), referred to in this report as e-cigarettes. Heated tobacco products are classified as smoked tobacco products. Oral and nasal tobacco products are classified as smokeless tobacco. Nicotine pouches are classified as non-tobacco products and are not addressed in this report.

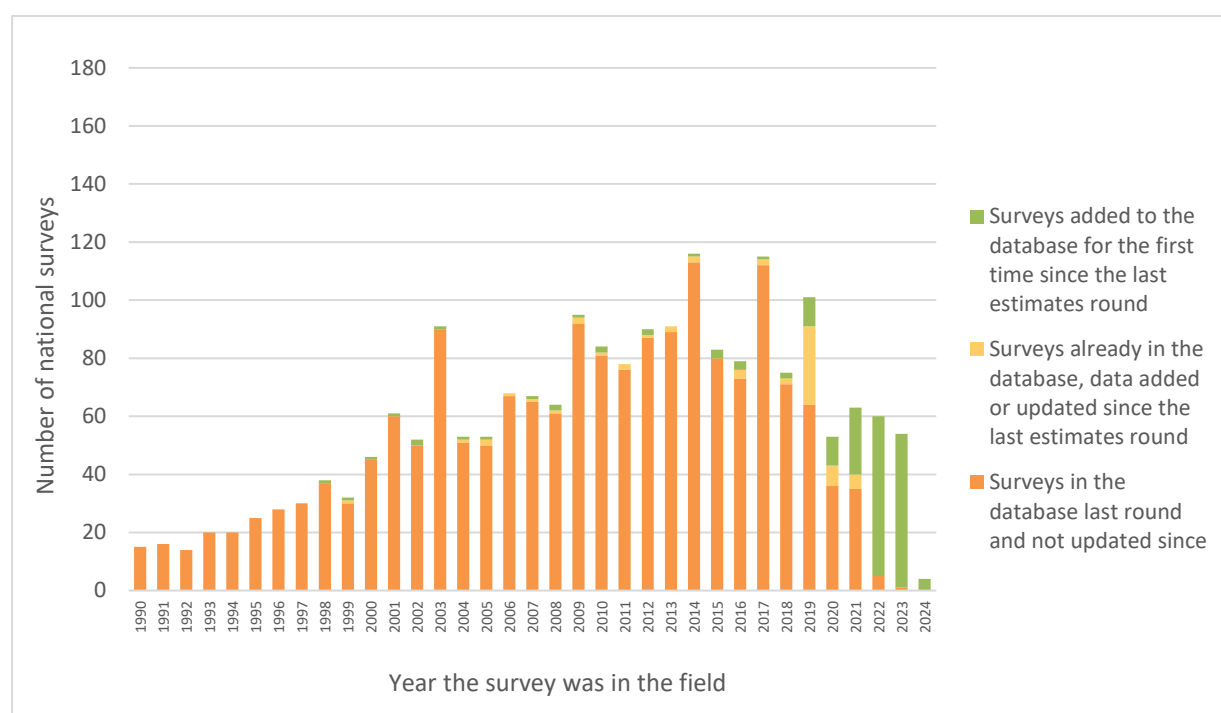
The survey report and questionnaire, when available, were consulted to determine which of the following categories best characterize the data reported:

- (i) any tobacco product
- (ii) any smoked tobacco product
- (iii) any cigarette (manufactured or hand-rolled)
- (iv) any smokeless tobacco product

This round, the data collection phase closed on 28 February 2025. At that date, there were a total of 2,034 national surveys in the database. Of these, 1,789 were the same surveys used during the last round of trend estimates with no additional data points added. Another 63 were surveys present in the dataset in the last round but which since had one or more datapoints added, and 182 were completely new surveys added after the last round. All data years from 1998 to 2024 received new data since the last round (Fig.1), thereby strengthening the existing data and allowing retrospective corrections to previous results. Each round of estimates recalculates the trendlines from 2000 to 2030 using the updated dataset, therefore the results from one round cannot be directly compared with the results from any other round.

When the database closed, only four surveys undertaken in 2024 were available. The data year with the greatest number of eligible surveys undertaken was 2014 (116 surveys) followed by 2017 (115 surveys). The surveys published since that date will be included in the dataset for the next round of WHO trend estimates.

Fig.1: Surveys added to the dataset and surveys updated since the last round of WHO estimates in 2023



Data from these 2,034 national surveys were compiled into a single dataset of prevalence values classified by type of tobacco, use frequency, year, country, sex and age-group of respondents, and sample size. The dataset was then run through a statistical model to estimate the underlying trends in tobacco use prevalence among the population aged 15 years or older in each country. This was done separately by sex, type of tobacco used and frequency of use (current and daily).

WHO used a statistical modelling tool called “DISMOD-MR” to calculate tobacco use trends among adults. DISMOD-MR is an open-source tool designed to run Bayesian mixed-effects meta-regression statistical analyses on epidemiological datasets. The tool was originally developed by academics at the University of Washington, United States of America, and is downloadable from GitHub (7). Details of how this tool was used by WHO for this analysis were published in a peer-reviewed journal in 2015 (8). The DISMOD-MR programmes and input file, as well as the list of surveys in the dataset, are available from the WHO tobacco repository on GitHub (9).

The original model analysed only the “smoked tobacco use” and “cigarette use” indicators. In 2018, WHO modified the tool to process also the “any tobacco use” indicator. Originally, the model paired “tobacco smoking” data with “cigarette smoking” data in the dataset and examined the relationship between the two to fill gaps where either data point was missing. In 2020, we began running a second modelling stage that paired “tobacco smoking” data with “any tobacco use” data, again examining the relationship between the two to fill gaps where either datapoint was missing. Where a country had survey data about the “any tobacco use” indicator and the “cigarette smoking” indicator but not the “tobacco smoking” indicator, the estimates of “tobacco smoking” derived from the first stage were included as input for the second stage. The results of the two stages were then combined by retaining results for “any tobacco use”, “cigarette smoking” and one of the two sets of “tobacco smoking” results, selected based on the comparison of results country-by-country for all three indicators.

The output of the model is a set of trend lines for each country summarizing prevalence between 2000 and the country’s most recent survey, then projecting to 2025 and 2030. The model is fitted separately for men and women and produces age-specific rates as well as summary rates for the population aged 15 years and older. Trends in six indicators are produced:

- (i) current tobacco use
- (ii) daily tobacco use
- (iii) current tobacco smoking
- (iv) daily tobacco smoking
- (v) current cigarette smoking
- (vi) daily cigarette smoking

The model was run only for countries that had at least two nationally representative surveys carried out in different years that report national prevalence rates for one or more tobacco use indicator(s), with at least one of these surveys reporting rates disaggregated by age and by sex, and at least one survey carried out since 2013. Countries that previously had results in earlier rounds of WHO estimates, but that have not run a survey beyond 2013, no longer have any results.

For countries that have insufficient data to run the model, no trend estimates are calculated. All countries are nevertheless included in global and regional analyses by assuming that the rates of tobacco use – had they been measured – would resemble the average rates seen in the relevant analysis grouping of countries (Annex 2.8).

In this report, country trends are summarized at global level, at WHO regional level and by World Bank income groups of countries according to the World Bank classification in 2024 (10). Of note,

Indonesia moved from the WHO South-East Asia Region to the Western Pacific Region in 2025 and, in this report, the country's trend is included in the Western Pacific Region trend for all years 2000–2030. Global and regional averages are weighted by population, according to the UN estimates published in *World Population Prospects 2024* (11). To facilitate comparisons between countries, prevalence rates are standardized to the WHO Standard Population (12). Age-standardized rates are hypothetical numbers that can be considerably different from the non-standardized rates for countries with population structures that are unlike the WHO Standard Population structure. The SDG indicator 3.a.1 calls on countries to report age-standardized prevalences.

Each country's trend category is reported in Table A1.7, alongside a quantitative indication of reliability of the trend assessment. Each country's result is classified as either "more reliable" or "less reliable". The assessment for a country with (i) at least three surveys since 1990, and (ii) at least one survey since 2013, and (iii) at least two surveys with prevalence rates disaggregated by age and by sex, is categorized as "more reliable". All others are classified as "less reliable".

To assess whether countries are on track to meet the tobacco use reduction target under the NCD GAP, the trend results are categorized into one of five categories: on track to achieve a 30% relative reduction between 2010 and 2025; likely to achieve a decrease in prevalence but less than 30% by 2025; unlikely to experience a significant change in prevalence; likely to experience an increase in prevalence; and having insufficient data to calculate a trend. For countries close to the 30% cut-off, an uncertainty analysis was undertaken so that only countries with a statistically significant chance of meeting the target are reported as on track to meet it.

2.2 Characteristics of data used to calculate WHO trends in tobacco use, tobacco smoking and cigarette use among adults

In this round of trend estimates, results were achieved for the 166 countries with sufficient data as described in the Methods section. These 166 countries represent 86% of WHO's Member States and 97% of the global population. Each WHO region has results for at least 69% of its Member States and 84% of its population, and each World Bank income group is represented by at least 73% of its countries and 80% of its population (Table 1).

Table 1: 2024 global dataset, levels of Member State and population coverage with nationally representative population-based surveys

	African Region	Region of the Americas	South-East Asia Region	European Region	Eastern Mediterranean Region	Western Pacific Region
% of countries	40 / 47	24 / 35	10 / 10	50 / 53	16 / 21	26 / 28
% of population covered	94%	95%	100%	99%	84%	100%

	Global	High-income countries	Upper-middle-income countries	Lower-middle-income countries	Low-income countries
% of countries	166 / 194	57 / 64	46 / 53	44 / 51	19 / 26
% of population covered	97%	100%	99%	97%	80%

The South-East Asia Region is the only WHO region with all its Member States having sufficient survey data to allow the production of trend estimates. The Western Pacific Region has survey data covering close to 100% of the adult population, with only two countries having insufficient survey data to calculate a trend for this report. The European Region has survey coverage at 99% of its population with only three countries missing. The Region of the Americas has coverage for 95% of its population; however, the proportion of countries covered is the lowest of all regions at 69% because 11 countries have no data or insufficient data. The African Region has 94% of its population covered by sufficient survey data in 40 countries. The lowest population coverage is in the Eastern Mediterranean Region, where only 84% of the population living in 16 of the Region's countries have sufficient survey data available to calculate tobacco use trends for this report (Table 1).

Monitoring rates vary by World Bank country income group, with better survey coverage achieved in the best-resourced nations. In high-income countries, close to 100% of the aggregated adult population is covered by surveys, although seven countries are missing. In the upper middle-income group, 99% of the population is covered, and in the lower middle-income group, coverage is at 97%. Low-income countries have the lowest level of sufficient survey coverage at 73% of countries and 80% of the population (Table 1).

2.3 Global estimates of indicators without trend analysis

Global estimates in this report regarding prevalence of smokeless tobacco use among adults, prevalence of use of any tobacco, cigarettes, smokeless tobacco and e-cigarettes among adolescents, and global prevalences of e-cigarette use among adults and adolescents have been calculated for a single point in time. No trend analysis was attempted.

The data sources for the point-in-time estimates are, for each country, the most recent national survey which reports these indicators for adults (in a population-based survey) and for adolescents (in a school-based survey). The pertinent methods and datasets used are described in Annex 2 of this report, including information on how missing data are treated.

The school-based surveys collated for analysis in this report focus on the population aged 13–15 years, or the equivalent class or grade range of the country. Exceptions are made where the country has no such survey in the period of interest – these are noted in Annex 2.



Young people enjoy sports activities

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3. Results

3.1 Trends in prevalence of tobacco use

3.1.1 Global trends in prevalence of tobacco use among people aged 15 years and older, by sex, 2000–2030

The modelling described in the previous chapter revealed that the global trend in current tobacco use among adults has been declining over the period 2000–2024 and is projected to continue to decrease to 2030. An estimated 33.1% of people aged 15 years and older were using tobacco in 2000, and 10 years later, in 2010, the estimate was lower at 26.2%. By 2024, this number was 19.5% and the 2025 projection is 19.2%.

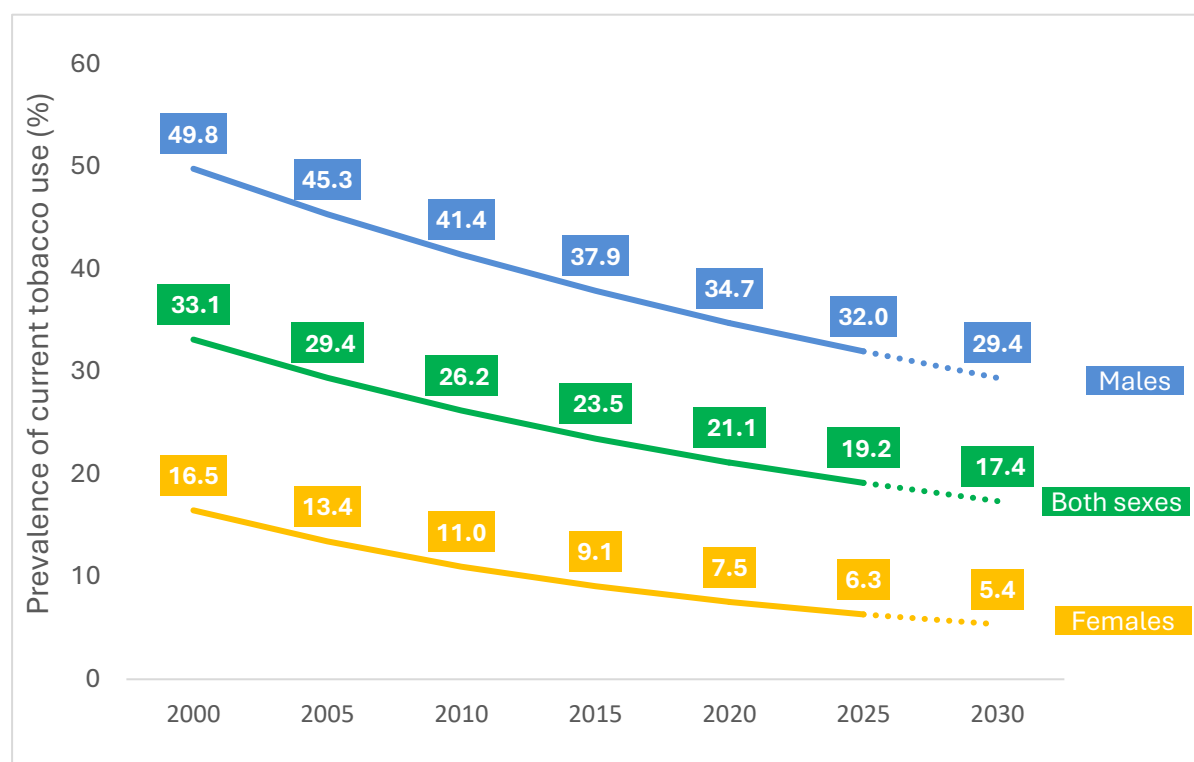
The NCD GAP calls for a 30% relative reduction in current tobacco use prevalence by 2025 off a 2010 baseline. To meet this target, the prevalence in 2025 would need to be 30% lower than the 2010 estimate (26.2%), amounting to 18.3%. On current data, the 2025 projected prevalence is higher, at 19.2%. The gap is 0.9 percentage points (Table 2). At the current annual reduction rate, it would take around an extra three years, or until 2028, to achieve a 30% relative reduction from the prevalence of 2010.

Table 2: Global trends in prevalence of tobacco use among people aged 15 years and older, relative reductions per five-year period, 2000–2030

	Estimated						Projected		Target (2010–2025)	
	2000	2005	2010	2015	2020	2024	2025	2030	2025 value needed for target achievement (%)	Gap between 2025 projection and target (percentage points)*
Both sexes										
Age-standardized prevalence (%)	33.1	29.4	26.2	23.5	21.1	19.5	19.2	17.4	18.3	0.9
Total relative reduction over previous 5-year period (%)		11.30	10.84	10.39	9.98	—	9.39	9.28	13.23	3.80
Males										
Age-standardized prevalence (%)	49.8	45.3	41.4	37.9	34.7	32.5	32.0	29.4	29.0	3.0
Total relative reduction over previous 5-year period (%)		8.93	8.63	8.52	8.34	—	7.93	8.10	16.51	8.60
Females										
Age-standardized prevalence (%)	16.5	13.4	11.0	9.1	7.5	6.6	6.3	5.4	7.7	—
Total relative reduction over previous 5-year period (%)		18.47	18.28	17.43	16.81	—	16.08	15.24	-1.91	—
Ratio males to females										
Age-standardized prevalence ratio	3.0	3.4	3.8	4.2	4.6	5.0	5.1	5.5		

Current tobacco use among men (males aged 15 years and older) is estimated to be in decline as well (Fig.2). In 2000, the global prevalence was estimated to have been around 49.8%. By 2010, it was down to around 41.4%. By 2024, this number was estimated to be 32.5%, and the 2025 projection is 32.0%. However, to achieve a 30% reduction from 2010 to 2025, the 2025 prevalence would need to be 3 percentage points lower, at 29.0%. On current trends, it is expected that men would not achieve a prevalence of 29.0% before 2031.

Fig.2: Global trends in prevalence of tobacco use among people aged 15 years and older, by sex, 2000–2030 (estimates to 2024, projections to 2030)



Current tobacco use among women (females aged 15 years and older) is reducing at a faster rate than that of men. The 2000 estimate started much lower at 16.5%, which was one third the level of men’s prevalence at the time. By 2010, it was down to 11.0%. In 2024, the estimate is 6.6%, which is already below the target 7.7% needed to achieve a 30% reduction. This 30% reduction was achieved already in 2020.

The ratio of men to women using tobacco was three-fold in 2000 and this worsened to five-fold in 2024, reflecting both the much faster reduction in women’s average prevalence over time, but also the slower reduction and much higher levels of tobacco use among men.

3.1.2 Trends in prevalence of tobacco use by age

Table 3: Global trends in prevalence of tobacco use by age, 2000–2030

Age group (years)	Estimated prevalence (%)						Projected prevalence (%)		Relative reduction % 2010–2025
	2000	2005	2010	2015	2020	2024	2025	2030	
Both sexes									
15–24	20.3	18.0	16.3	14.6	13.1	12.1	11.9	11.0	27
25–34	31.1	28.0	25.0	22.6	20.5	18.8	18.5	16.6	26
35–44	38.9	34.4	30.9	27.9	25.1	23.3	22.9	20.8	26
45–54	42.1	37.5	33.3	29.8	27.0	25.0	24.5	22.1	27
55–64	40.9	35.8	31.7	28.3	25.4	23.5	23.1	21.1	27
65–74	35.2	31.0	27.3	24.2	21.7	20.0	19.6	17.8	28
75–84	28.4	24.8	22.0	19.5	17.5	15.9	15.7	14.4	29
≥85	21.4	19.8	16.8	14.8	13.4	12.2	11.9	10.9	29
All ages, crude	32.3	28.8	25.9	23.5	21.3	19.7	19.3	17.6	25
All ages, age-standardized	33.1	29.4	26.2	23.5	21.1	19.5	19.2	17.4	27
Males									
15–24	31.9	28.9	26.4	23.9	21.6	20.1	19.8	18.4	25
25–34	49.4	45.0	40.6	37.2	34.1	31.4	30.9	27.9	24
35–44	59.5	54.3	49.9	45.4	41.3	38.7	38.2	35.0	23
45–54	61.9	56.8	51.9	47.9	44.2	41.2	40.4	36.9	22
55–64	57.4	52.2	48.3	44.5	41.0	38.8	38.4	35.7	21
65–74	48.9	44.7	40.7	37.4	35.0	33.2	32.6	30.4	20
75–84	41.5	37.4	34.2	31.5	28.9	27.0	26.9	25.7	22
≥85	35.2	32.9	29.4	26.7	24.7	23.0	22.6	21.0	23
All ages, crude	48.9	44.7	41.1	37.9	34.9	32.7	32.2	29.6	22
All ages, age-standardized	49.8	45.3	41.4	37.9	34.7	32.5	32.0	29.4	23
Females									
15–24	8.1	6.6	5.6	4.8	4.1	3.6	3.5	3.1	36
25–34	12.3	10.5	8.9	7.3	6.2	5.5	5.3	4.6	40
35–44	17.8	14.1	11.5	9.9	8.5	7.3	7.0	5.9	39
45–54	22.4	18.3	14.8	11.8	9.7	8.6	8.4	7.2	43
55–64	25.2	20.2	15.9	13.0	10.5	8.8	8.4	7.0	47
65–74	23.5	19.3	15.7	12.6	10.0	8.5	8.2	6.7	48
75–84	19.8	16.3	13.3	10.9	9.0	7.6	7.3	5.9	46
≥85	15.5	14.0	10.8	8.8	7.4	6.4	6.2	5.2	43
All ages, crude	15.9	13.1	10.9	9.2	7.7	6.7	6.5	5.5	40
All ages, age-standardized	16.5	13.4	11.0	9.1	7.5	6.6	6.3	5.4	42
Note: Italics denote projections.									

Fig.3: Global trends in age pattern of tobacco use prevalence among males, 2000–2030
(estimates to 2024, projections to 2030)

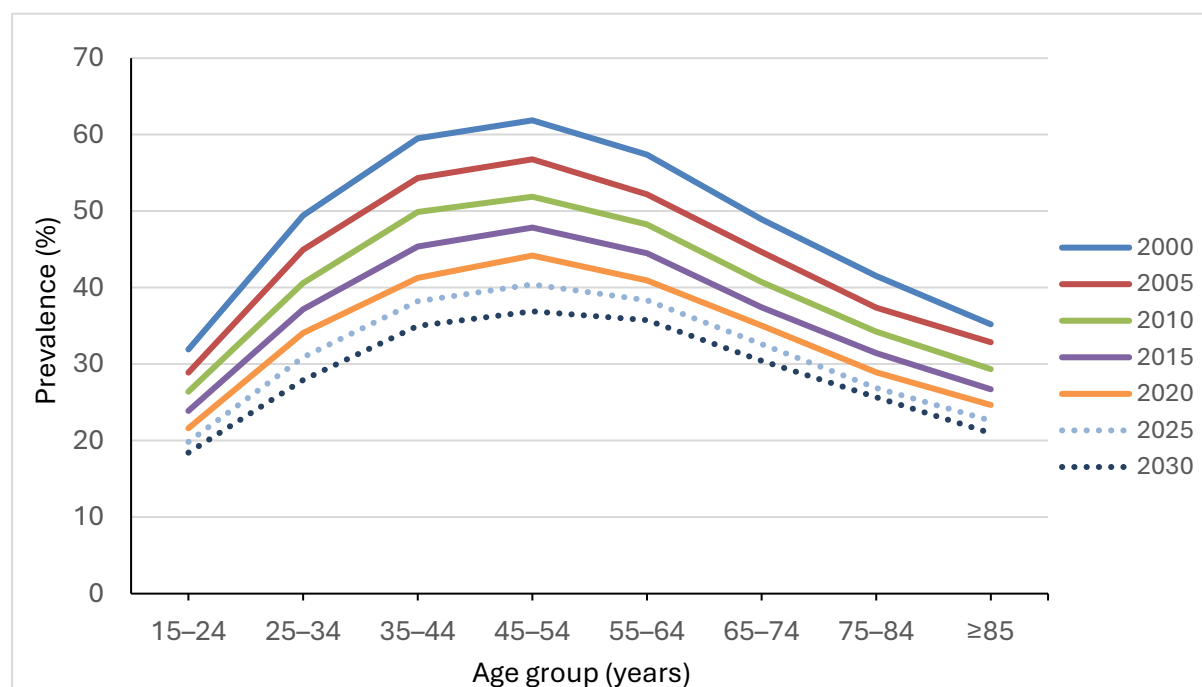
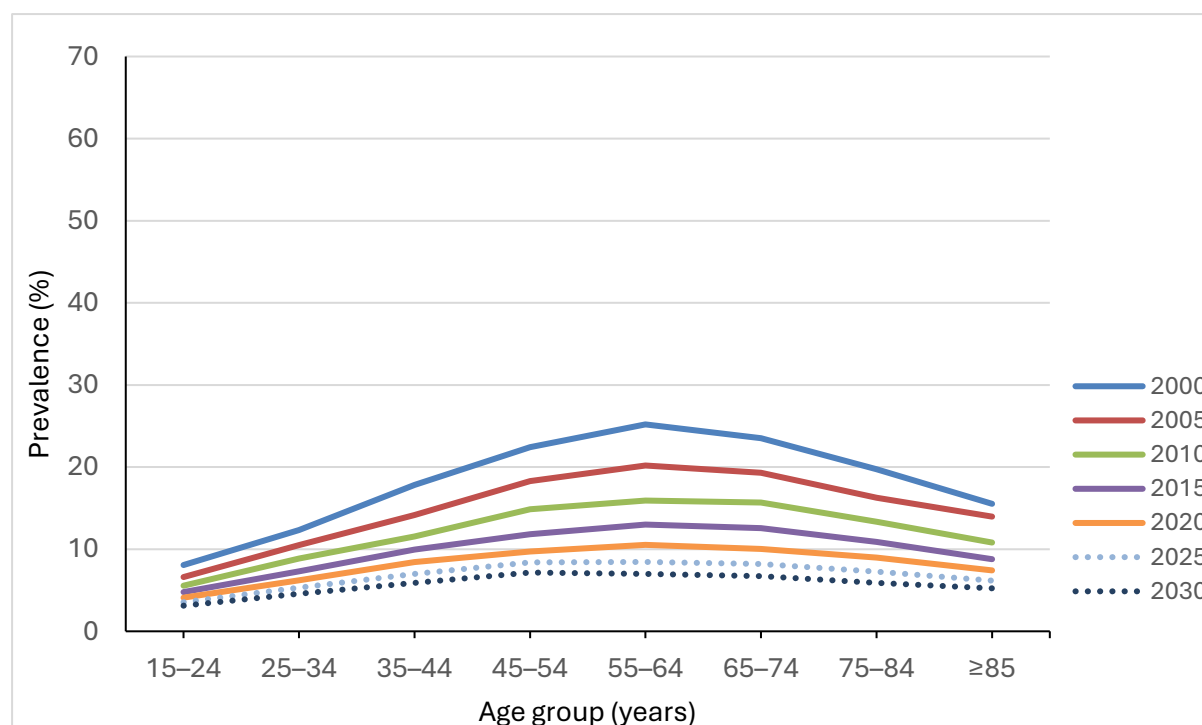


Fig.4: Global trends in age pattern of tobacco use prevalence among females, 2000–2030
(estimates to 2024, projections to 2030)



Globally, there has been a steady decline in tobacco use for both men and women across all age-groups over the observed period 2000–2024. The relative decline has been greater among women than men across all age-specific groups, meaning that the increased gap between women and men consumption have relatively widened across all age groups.

Cross-sectionally by year of survey, the age-specific prevalence tobacco-use rates peak at age-group 45–54 years for men (Fig.3), and for women peak at age group 55–64 years (Fig.4). The absolute prevalence levels in each age group have been consistently higher for men than for women.

Comparing the rates for 2010 to with the projected 2025 rate at each age group indicate the relative changes at each age. The relative reductions over time have been substantially larger for women with reductions of 36–48% compared with 20–25% for men (Table 3). Among men, the reductions by age were somewhat higher among younger men with levels between 23% and 25% for those aged 15–44 years and levels ranging between 20% and 22% for men aged 45–84 years. Among women, the tendency is in the opposite direction. The relative reductions among females aged 15–44 years ranged between 36% and 40% compared with the higher levels of 43–48% among women aged 45 years and older.

3.1.3 Trends in prevalence of tobacco use by WHO region

Across both sexes combined, the results in Table 4 indicate that the NCD GAP target of a 30% reduction in tobacco use prevalence is on track to be achieved by 2025, on average, in only three of the WHO regions: the African Region, Region of the Americas and the South-East Asia Region. Of these three regions, the African Region is projected to just achieve the target (projecting a 2025 prevalence of 9.3% against a target of 9.4% by 2025). The data for this region should be taken as indicative only as the surveillance system in Africa is still relatively fragile and future data may have an unpredictable impact on the average prevalence of the region. The Region of the Americas, currently on track for a 36% relative reduction, also has precarious results because one quarter of its countries have insufficient data to determine the prevalence trend. The South-East Asia region has all countries in the results; it is projecting a 40% relative reduction by 2025 and indeed is estimated to have met the target already in 2021.

The regions currently not on track for a 30% reduction by 2025 are the Eastern Mediterranean Region (projecting a 19% relative reduction), the European Region (projecting a 19% relative reduction) and the Western Pacific Region, which is reducing the slowest at 12% (Table 4).

To note, Indonesia was moved from the South-East Asia Region to the Western Pacific Region in 2025, and the country's results form part of the Western Pacific Region's results throughout this report.

The situation is markedly different when contrasting the results by sex. Consistent with the earlier finding that the women's trend average is on track to achieve the 30% reduction target, the target is expected to be achieved also among women in all WHO regions except one. In the European Region, the reduction is exceptionally low among women at 12% – the target value needed is 13.7% or less by 2025, while the projected prevalence sits at 17.3%. In 2000, the highest tobacco use prevalence among women by WHO region was 38.0% in the South-East Asia Region, but rapidly declining use rates have brought this figure to 9.3% in 2024. Women in the Region of the Americas in 2024 use tobacco at a slightly lower prevalence than in the South-East Asia Region at around 9.1%. In 2024, the highest prevalence among women is instead in the European Region (17.4%). The lowest average rates among women continue to be seen in the African Region, Eastern Mediterranean Region and Western Pacific Region, averaging 2.5–3.7% in 2024 (Fig.5.2).

Table 4: Trends in prevalence of tobacco use among people aged 15 years and older, by WHO region, estimated and *projected*

WHO Region	Estimated prevalence (%)						Projected prevalence (%)		2010—2025 reduction target		
	2000	2005	2010	2015	2020	2024	2025	2030	Maximum 2025 prevalence for target achievement (%)	Expected relative reduction (%) under BAU ^a	Gap (percentage points) ^b
Both sexes											
African Region	17.9	15.4	13.4	11.8	10.4	9.5	9.3	8.4	9.4	30	—
Region of the Americas	29.2	24.8	21.3	18.2	15.7	14.0	13.6	11.9	14.9	36	—
South-East Asia Region	54.1	45.2	37.7	31.5	26.6	23.4	22.7	19.4	26.4	40	—
European Region	34.9	32.0	29.5	27.4	25.5	24.1	23.8	22.3	20.6	19	3.2
Eastern Mediterranean Region	27.0	24.2	22.0	20.2	18.8	18.0	17.8	16.9	15.4	19	2.4
Western Pacific Region	28.7	27.1	25.8	24.7	23.6	22.9	22.7	21.7	18.1	12	4.6
Global	33.1	29.4	26.2	23.5	21.1	19.5	19.2	17.4	18.3	27	0.9
Males											
African Region	28.7	25.2	22.3	20.0	18.0	16.6	16.3	14.9	15.6	27	0.7
Region of the Americas	37.5	32.2	27.9	24.2	21.1	18.9	18.5	16.3	19.5	34	—
South-East Asia Region	70.1	61.6	54.1	47.2	41.5	37.4	36.6	32.1	37.9	32	—
European Region	47.5	43.1	39.3	36.0	33.1	30.8	30.3	27.9	27.5	23	2.8
Eastern Mediterranean Region	44.1	40.6	37.6	35.2	33.4	32.3	32.0	30.7	26.4	15	5.6
Western Pacific Region	51.9	49.7	47.8	46.2	44.4	43.3	43.1	41.4	33.5	10	9.6
Global	49.8	45.3	41.4	37.9	34.7	32.5	32.0	29.4	29.0	23	3.0
Females											
African Region	7.0	5.6	4.4	3.6	2.9	2.5	2.4	2.0	3.1	46	—
Region of the Americas	21.0	17.5	14.7	12.3	10.4	9.1	8.8	7.5	10.3	40	—
South-East Asia Region	38.0	28.7	21.3	15.8	11.8	9.3	8.8	6.6	14.9	59	—
European Region	22.3	20.9	19.6	18.7	17.9	17.4	17.3	16.7	13.7	12	3.6
Eastern Mediterranean Region	10.0	7.9	6.4	5.3	4.3	3.7	3.6	3.1	4.5	44	—
Western Pacific Region	5.5	4.5	3.8	3.2	2.8	2.5	2.4	2.0	2.7	38	—
Global	16.5	13.4	11.0	9.1	7.5	6.6	6.3	5.4	7.7	42	—

Note: Italics denote projections.

^a Business As Usual (BAU) means countries continuing to implement policies at the same rate they have in the past.

^b The target gap is calculated as 2025 projected prevalence minus 2025 target prevalence. If the 2025 projection is already below the target value, this is noted with the "—" symbol.

In contrast, among men, only the Region of the Americas and the South-East Asia Region are on track for the target. The Region of the Americas has maintained its status as the second lowest average prevalence among men all the way from 2000 (37.5%) to 2024 (18.9%) and is projected to reach almost as low as the average for men the African Region by 2030. In the year 2000, the South-East Asia region had the highest rate of tobacco use prevalence among men of all regions at 70.1%; however, by 2024 the prevalence had almost halved to 37.4%. The African Region has a small gap to make up with the average prevalence among men already as low as 16.6% in 2024, and a relative reduction tracking towards 27% by 2025.

The prevalence in the Western Pacific Region, where reductions are the slowest, is projected to remain the highest in the world for men at 43.1% in 2025. The second slowest reduction among men is in the Eastern Mediterranean Region, where prevalence could still be as high as 32.0% in 2025 (Fig.5.1).

Fig.5: Trends in current tobacco use among both sexes combined aged 15 years and older, WHO region averages, 2000–2030 (estimates to 2024; projections to 2030)

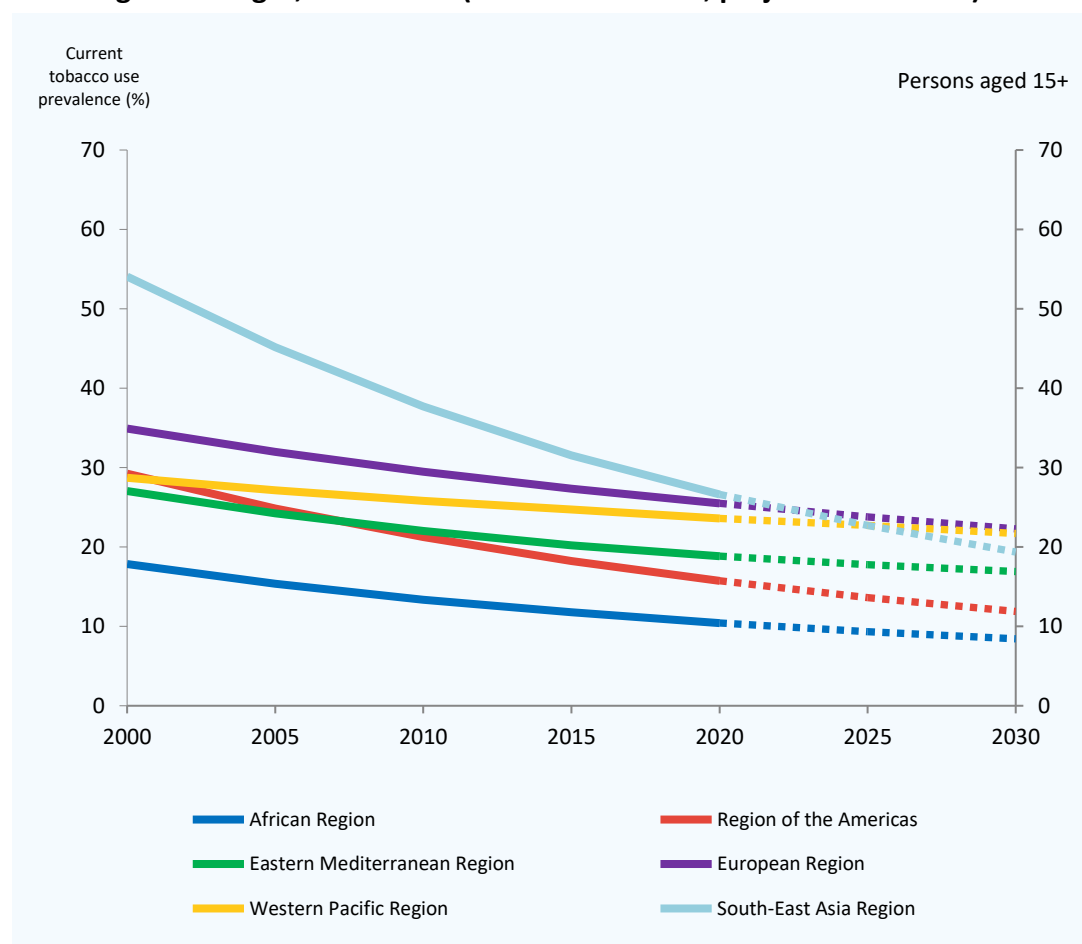


Fig.5.1 Trends in current tobacco use among men aged 15 years and older, WHO region averages, 2000–2030 (estimates to 2024; projections to 2030)

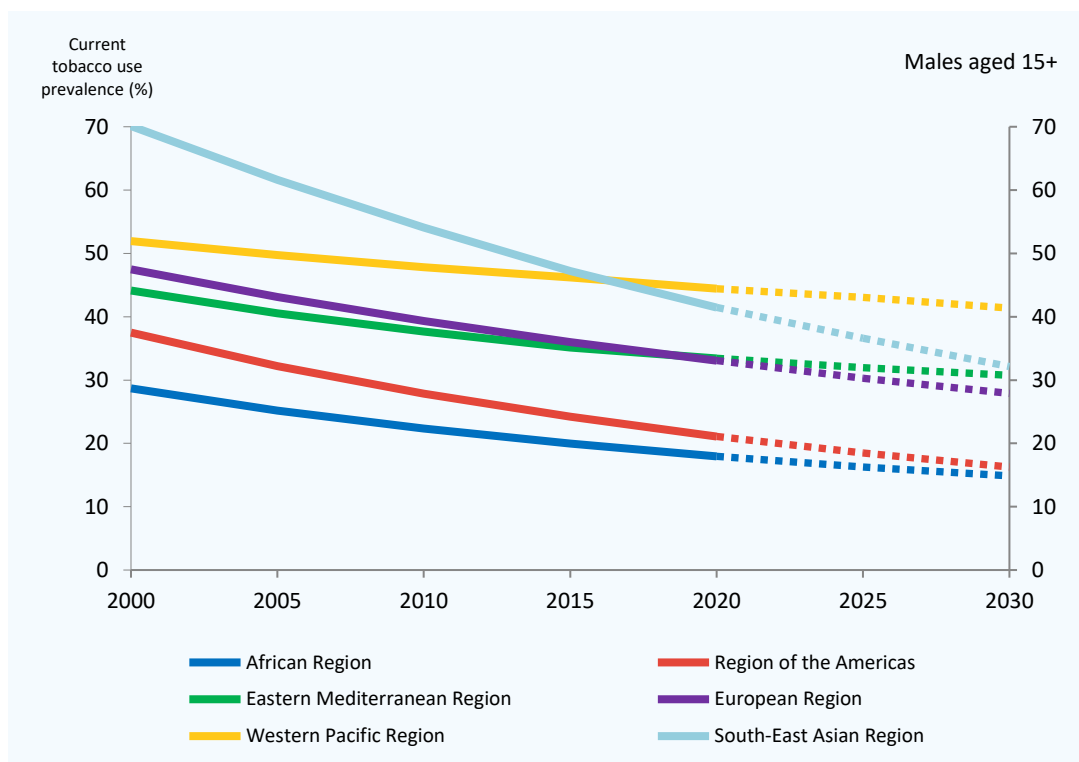
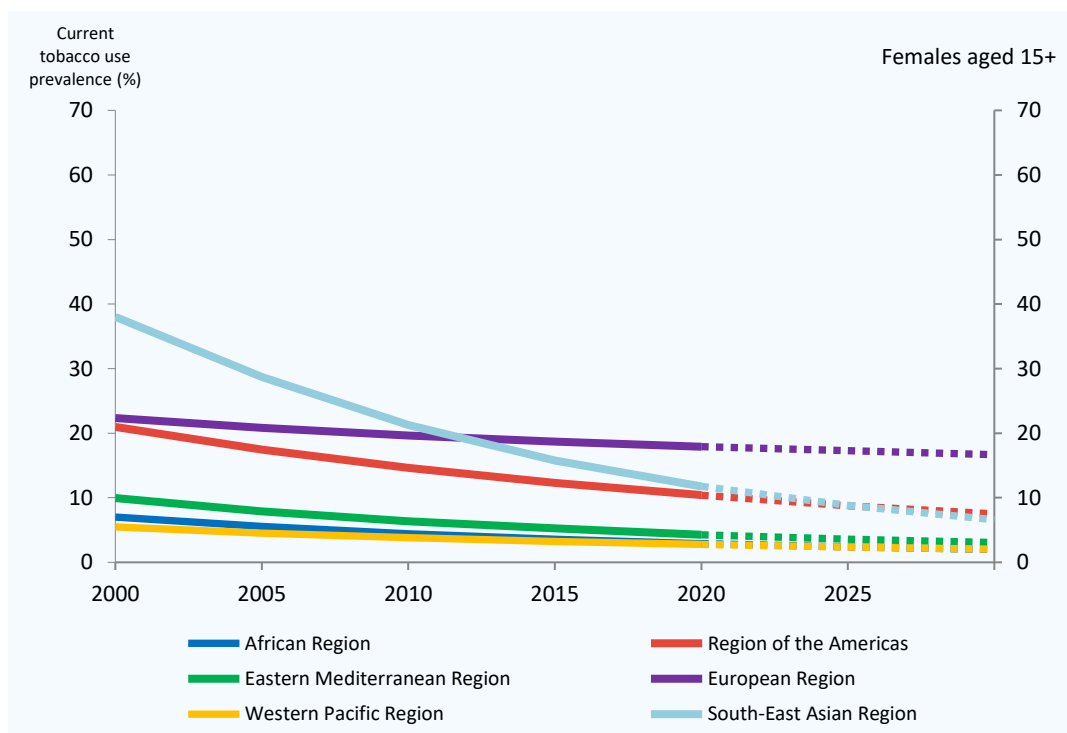


Fig.5.2: Trends in current tobacco use among women aged 15 years and older, WHO region averages, 2000–2030 (estimates to 2024; projections to 2030)



3.1.4 Trends in prevalence of tobacco use by World Bank income group

Table 5: Global trends in prevalence of tobacco use among people aged 15 years and older, by World Bank country income group, estimated and *projected*

World Bank country income group, 2024	Estimated prevalence (%)					Projected prevalence (%)		2010–2025 reduction target		
	2000	2005	2010	2015	2020	2025	2030	Maximum 2025 prevalence for target achievement (%)	Expected relative reduction (%) under BAU ^a	Gap (percentage points) ^b
Both sexes										
Global	33.1	29.4	26.2	23.5	21.1	19.2	17.4	18.3	27	0.9
High-income countries	34.6	30.6	27.1	24.1	21.6	19.3	17.4	19.0	29	0.3
Upper-middle-income countries	27.5	25.9	24.6	23.4	22.3	21.4	20.4	17.2	13	4.2
Lower-middle-income countries	45.3	38.1	32.1	27.1	23.1	19.9	17.1	22.4	38	—
Low-income countries	21.9	19.0	16.7	14.7	13.2	11.8	10.8	11.7	29	0.1
Males										
Global	49.8	45.3	41.4	37.9	34.7	32.0	29.4	29.0	23	3.0
High-income countries	45.3	39.8	35.0	30.9	27.4	24.3	21.7	24.5	31	—
Upper-middle-income countries	48.1	45.9	43.9	42.2	40.3	38.9	37.2	30.7	11	8.2
Lower-middle-income countries	61.2	53.9	47.5	41.7	36.8	32.6	28.9	33.2	31	—
Low-income countries	34.9	31.1	27.9	25.1	22.9	20.9	19.3	19.5	25	1.4
Females										
Global	16.5	13.4	11.0	9.1	7.5	6.3	5.4	7.7	42	—
High-income countries	24.0	21.4	19.2	17.3	15.7	14.3	13.1	13.5	26	0.8
Upper-middle-income countries	6.9	6.0	5.3	4.7	4.3	3.9	3.5	3.7	27	0.2
Lower-middle-income countries	29.4	22.3	16.7	12.5	9.4	7.1	5.3	11.7	58	—
Low-income countries	8.8	6.9	5.4	4.3	3.4	2.8	2.4	3.8	48	—

Note: Italics denote projections.

^a Business As Usual (BAU) means countries continuing to implement policies at the same rate they have in the past.

^b The target gap is calculated as 2025 projected prevalence minus 2025 target prevalence. If the 2025 projection is already below the target value, this is noted with the "—" symbol.

Tobacco use prevalence is continuing to trend downwards over time in all World Bank country income groups. In 2000, the highest average prevalence for both sexes combined was found among lower-middle-income countries (45.3%), but by 2024 their rate was essentially similar to those for high-income and upper-middle-income group countries at around 20%. Low-income countries have

experienced the lowest average prevalence throughout the period 2000–2024, with rates declining from 21.9% in 2000 to 12.1% in 2024. These countries are projected to reach a prevalence rate of 11.8% in 2025 and 10.8% in 2030 (Table 5).

Among men, upper-middle and lower-middle-income countries have the highest average prevalences in 2024 at 39% and 33% respectively. Their prevalences will be substantially higher than the rates for high-income countries as a group (25%) and low-income countries (21%).

Among women, prevalence is highest among women from high-income countries. In 2024, their prevalence stood at 14.6% prevalence compared with 24.0% in 2000. At 7.5%, women from lower-middle-income countries had the second highest prevalence (albeit roughly half the level experienced in high-income countries). All income groups except the high-income group is projected to reduce to close to or just under 5% by 2030.

3.1.5 Trends in the number of tobacco users

As described in the Methods section, the prevalence trend estimates presented above are converted to numbers of tobacco users using the UN population estimates per country.

Table 6: Trends in the global number of tobacco users (millions) aged 15 years and older

WHO Region	Estimated number of tobacco users (millions)					Projected (millions)		Reduction 2010– 2025 (millions) ^a
	2000	2005	2010	2015	2020	2025	2030	
	Both sexes							
African Region	59	59	60	61	63	66	69	- 6
Region of the Americas	172	160	148	136	125	113	103	35
South-East Asia Region	435	412	388	364	341	319	296	69
European Region	234	221	208	195	184	171	160	37
Eastern Mediterranean Region	74	79	85	89	93	100	106	- 15
Western Pacific Region	404	418	427	432	431	427	419	0
Global	1 379	1 349	1 315	1 279	1 237	1 196	1 154	120
	Males							
African Region	48	49	50	52	55	58	61	- 7
Region of the Americas	109	102	96	90	83	76	70	20
South-East Asia Region	295	292	286	277	269	258	245	28
European Region	157	147	137	128	119	109	101	28
Eastern Mediterranean Region	62	67	74	79	84	90	97	- 16
Western Pacific Region	367	383	395	403	404	403	398	- 8
Global	1 037	1 040	1 038	1 029	1 013	995	972	43
	Females							
African Region	12	11	10	9	9	8	8	1
Region of the Americas	63	57	52	47	42	37	33	15
South-East Asia Region	140	121	102	87	73	61	51	42
European Region	77	74	71	68	65	62	59	9
Eastern Mediterranean Region	12	12	11	10	10	9	9	2
Western Pacific Region	38	35	32	29	27	24	22	8
Global	342	309	277	250	224	201	182	76

Note: Italics denote projections.

^a Reductions have no symbol, increases are denoted with a minus sign.

The total number of tobacco users for both sexes combined has declined steadily over the period 2000–2024. In 2000, an estimated 1.379 billion people aged 15 years and older were current users of one or more tobacco products. That number has declined steadily over time to reach 1.202 billion in 2024 and is projected to further decline to 1.196 billion users by 2025 (Table 6).

In 2024, male current tobacco users aged 15 years and older totalled 997 million, and female users aged 15 years and older totalled 206 million; therefore, 83% of users in 2024 were men.

From 2000 to 2005, the number of male tobacco users globally increased, even as prevalence rates fell. The number of male tobacco users is estimated to have peaked in 2005 at 1.040 billion. This number dropped below 1 billion in 2024 and is projected to keep reducing in the future, to 995 million in 2025 and to 972 million by 2030. This decrease among men, however, has not been uniform across WHO regions. In the African and Eastern Mediterranean regions, the absolute number of tobacco users has been increasing at least since 2000 and is projected to continue increasing. The Western Pacific Region saw the number of male users rise until 2020 when it began decreasing. The number of male users has consistently declined since the year 2000 only in the Americas, European and South-East Asia regions.

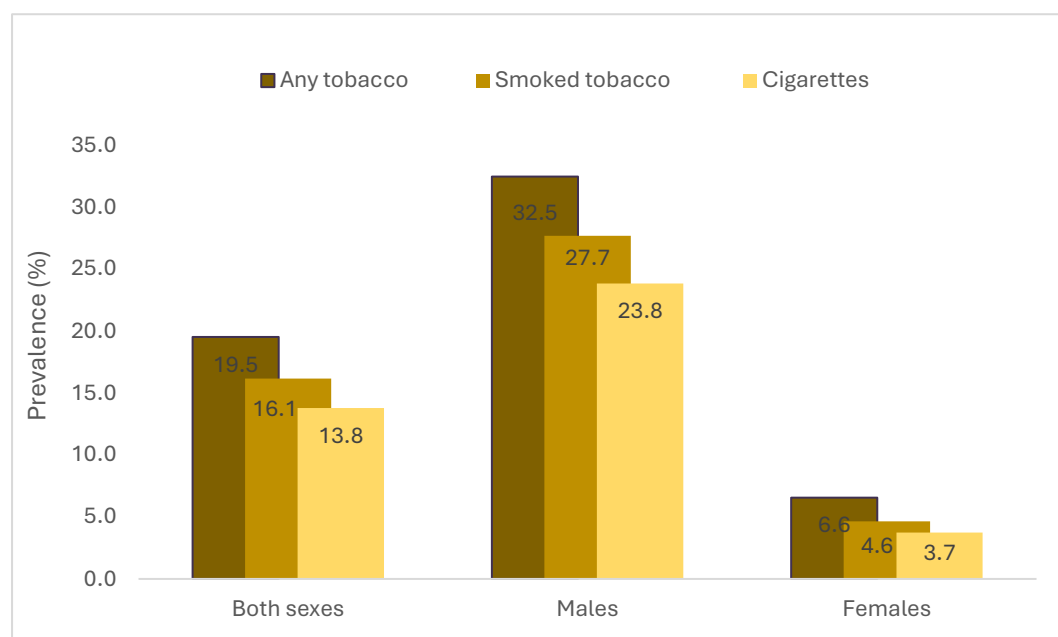
The number of female current tobacco users aged 15 years and older has been declining since 2000, and this trend is expected to continue to 2030. There were around 342 million female tobacco users in 2000, and by 2024 this figure has reduced to 206 million, projected to decrease to 182 million by 2030. Reductions are happening in all WHO regions among women, with the largest reduction seen in the South-East Asia Region, where the 2025 projection would yield 42 million fewer tobacco users compared to 2010. The reductions in the number of female users in the African and Eastern Mediterranean regions are very small, amounting to only 1–2 million fewer users over 15 years.

In the period 2010–2025, the world is on track to achieve a net loss of 120 million current tobacco users, down from 1.315 million to 1.196 million – 43 million male users and 76 million female users. The South-East Asia Region stands to lose 69 million users, which is over half of the total reduction. At the same time, the European Region would lose 37 million users and the Region of the Americas, 35 million. In stark contrast, the Western Pacific Region would not see any change in the number of users between 2010 and 2025, while the African Region would gain 6 million users and the Eastern Mediterranean Region would gain 15 million users.

3.1.6 Levels of tobacco use, smoking and cigarette use among adults in 2024

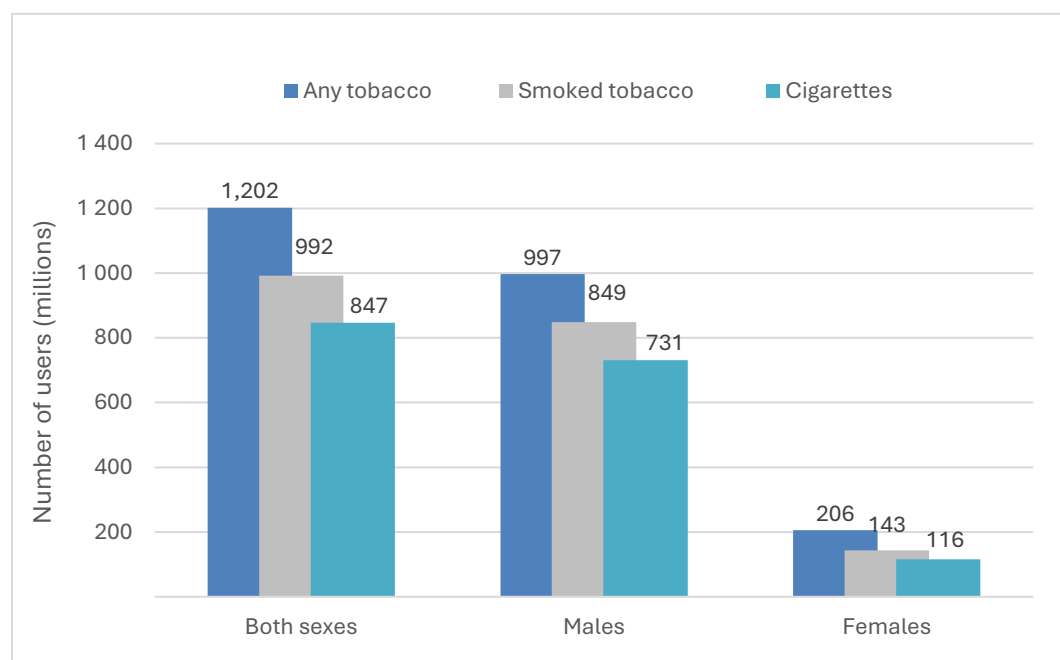
The global dataset indicates that just under 19.5% of all persons aged 15 years and older were current users of some form of tobacco in 2024. Of all tobacco users, 83% were current smokers with a prevalence of current tobacco smoking of 16.1%. Among tobacco smokers, 86% were cigarette smokers with a current cigarette smoking prevalence of 13.8% among all persons aged 15 years and older (Fig.6).

Fig.6: Age-standardized global prevalence of tobacco use by type, 2024



In 2024, the prevalence of current tobacco use among men was 32.5%. Of these, 85% consumed smoked tobacco products (global prevalence of 27.7%). These male smokers mostly used cigarettes (86%), with a prevalence level of 23.8%. In the same year, 6.6% of women were current users of any form of tobacco. Compared with men, a somewhat lower proportion (70%) used any smoking tobacco (prevalence 4.6%), and of those who smoked, 80% smoked cigarettes.

Fig.7: Global number of tobacco users (millions) by type of tobacco, 2024



In 2024, there were an estimated 1.202 billion current tobacco users aged 15 years and older worldwide, of whom 992 million used smoked tobacco products. Among smokers, around 847 million smoked cigarettes (Fig.7). The smoking group includes dual users of smoked and smokeless tobacco. The cigarette smoking group includes dual/multi-users of cigarettes and other smoked tobacco and/or smokeless tobacco. These numbers do not include adolescents younger than 15 years.

Of the 997 million adult male tobacco users in 2024, 849 million were using smoked tobacco, and of these, 731 million were smoking cigarettes. Of the 206 million adult female tobacco users, 143 million were using smoked tobacco, and of these, 116 million were smoking cigarettes.

Table 7: Age-standardized prevalence of tobacco use by type among the population aged 15 years and older, by WHO region and World Bank income group, 2024

	Both sexes			Males			Females		
	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes
WHO region									
African Region	9.5	8.0	6.3	16.6	14.4	11.6	2.5	1.7	1.0
Region of the Americas	14.0	13.5	10.8	18.9	18.0	14.4	9.1	9.1	7.2
South-East Asia Region	23.4	10.7	5.9	37.4	20.0	11.4	9.3	1.4	0.5
European Region	24.1	23.5	21.2	30.8	29.8	26.8	17.4	17.2	15.5
Eastern Mediterranean Region	18.0	15.2	12.0	32.3	28.0	22.6	3.7	2.4	1.4
Western Pacific Region	22.9	22.7	22.2	43.3	43.2	42.3	2.5	2.2	2.0
Global	19.5	16.1	13.8	32.5	27.7	23.8	6.6	4.6	3.7
World Bank country income group									
High-income countries	19.7	19.2	16.3	24.9	24.0	20.2	14.6	14.5	12.3
Upper-middle-income countries	21.5	21.2	20.4	39.1	38.7	37.5	3.9	3.7	3.3
Lower-middle-income countries	20.4	11.5	7.5	33.4	21.2	14.0	7.5	1.8	1.0
Low-income countries	12.1	9.7	7.4	21.2	17.6	14.0	2.9	1.7	0.9

The WHO region with the highest average prevalence of tobacco smoking in 2024 was the European Region at 23.5%, closely followed by the Western Pacific at 22.7%. The lowest prevalence was seen in the African Region at 8.0%. Among men, the highest smoking prevalence is found in the Western Pacific Region at 43.2%, where almost all adult male tobacco users smoke, while the European Region is at 29.8% smoking prevalence, closely followed by the Eastern Mediterranean Region at 28.0%. Among women, the highest smoking prevalence is 17.2% in the European Region, which is almost double the next highest prevalence for women, namely 9.1% in the Region of the Americas (Table 7).

The average tobacco use prevalences of the high- and middle-income groups are similar at around 20–21%. However, when it comes to smoking, the lower-middle income group has a much lower prevalence than the high- and upper-middle income groups (11.5% vs 19.2% and 21.2% respectively). The low-income group has a similarly low smoking prevalence at 9.7%. Concerning cigarette use prevalences, the lower-middle-income and low-income groups have almost the same average at around 7.5%.

Table 8: Global number of tobacco users (millions) aged 15 years and older by type of tobacco used, WHO region and World Bank income group, 2024

	Both sexes			Males			Females		
	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes	Any tobacco	Smoked tobacco	Cigarettes
WHO region									
African Region	65	56	44	57	50	40	8	6	3
Region of the Americas	115	111	88	77	73	58	38	38	30
South-East Asia Region	322	148	82	259	138	79	63	9	3
European Region	173	169	152	111	107	96	63	62	56
Eastern Mediterranean Region	98	84	66	89	78	63	9	6	3
Western Pacific Region	428	425	415	403	403	395	25	22	20
Global	1202	992	847	997	849	731	206	143	116
World Bank country income group									
High-income countries	215	209	177	138	132	112	77	76	65
Upper-middle-income countries	503	496	477	456	452	438	47	44	39
Lower-middle-income countries	435	248	163	359	229	153	76	19	10
Low-income countries	49	39	30	43	36	28	6	4	2

In 2024, the Western Pacific Region had the largest number of tobacco users with 428 million users, almost all of whom (425 million) smoked. The other regions where smoking was the dominant form of tobacco use were Europe and the Americas. In 2024, the South-East Asia Region had the lowest proportion of smokers among tobacco users – while 322 million were current users of tobacco, only 148 million (46%) of them were using a smoked tobacco product, of whom 82 million smoked cigarettes. There was a marked difference in this region by sex, with 53% of male tobacco users consuming a smoked product compared with 15% of female tobacco users who were smokers (Table 8).

With 403 million male tobacco users, the Western Pacific Region has the largest number of men using tobacco of all WHO regions. Almost all of them are tobacco smokers, largely smoking cigarettes. Among women, the largest numbers are found in two regions – the European and the South-East Asia regions at 63 million users each. An important difference between these two regions is that whilst almost all (99%) the European women using tobacco were smokers, only 15% of the women using tobacco in South-East Asia smoked. The 62 million female smokers in the European Region represent over 40% of the 143 million female smokers in the world. In contrast, the 9 million female smokers in the South-East Asia Region represent around 6% of the world's female smokers. The 38 million female smokers in the Americas make up 26% of the world's female smokers. In aggregate, the high-income countries have the largest proportion of female smokers at 53% of all female smokers, or 76 million smokers.

Smoking is the dominant form of tobacco use in all World Bank income groups except the lower middle-income group, where there were 248 million smokers among 435 million tobacco users in 2024, equating to just 56%. The largest proportion of smokers among tobacco users was in the upper-middle-income country group, where 99% of current tobacco users were smokers (99% of male tobacco users and 95% of female tobacco users), slightly ahead of the high-income group, where this figure is 97%. The proportion of smokers among tobacco users in the low-income country group is around 80%.

Cigarette smoking is the most common form of tobacco use in upper-middle-income group countries, with 95% of the 503 million tobacco users smoking cigarettes. In contrast, the lower-middle-income group had 163 million (just 37% of tobacco users) smoking cigarettes. Among high-income countries, this number is 82%. In low-income countries, 61% of current tobacco users smoke cigarettes.

3.2 Progress towards meeting tobacco use reduction targets

The NCD GAP includes a target for countries to reduce the age-standardized prevalence of tobacco use (smoked and smokeless tobacco) among people aged 15 years and older by 30% by the year 2025, relative to 2010. The likelihood of achieving this reduction target was assessed for 194 WHO Member States using the trend estimate presented above and in Annex 1.

In total, 166 countries have trend results in this report. Collectively, they cover 97% of the world's population. Countries were grouped into the following categories: likely to achieve a 30% relative reduction by 2025; likely to achieve a reduction in prevalence but less than 30%; unlikely to experience a significant change in prevalence; likely to experience an increase in prevalence; or did not have enough data for calculating a trend. The results are summarized in Table 9.

Table 9: Global status of tobacco use prevalence reduction target, 2024

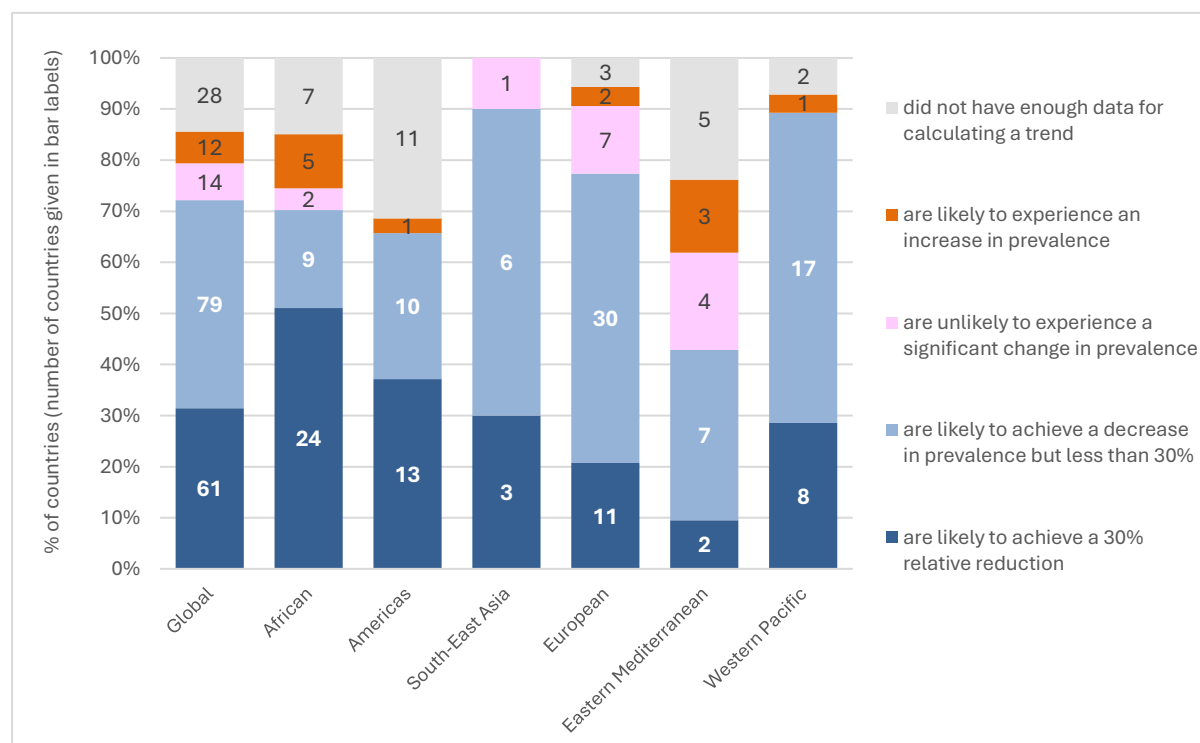
WHO region	Number of countries that...					
	are likely to achieve a 30% relative reduction	are likely to achieve a decrease in prevalence but less than 30%	are unlikely to experience a significant change in prevalence	are likely to experience an increase in prevalence	did not have enough data for calculating a trend	were assessed in total
Global	61	79	14	12	28	194
African Region	24	9	2	5	7	47
Region of the Americas	13	10	—	1	11	35
South-East Asia Region	3	6	1	—	—	10
European Region	11	30	7	2	3	53
Eastern Mediterranean Region	2	7	4	3	5	21
Western Pacific Region	8	17	—	1	2	28

On current trends, 61 countries are likely to achieve at least a 30% relative reduction in current tobacco use by 2025 (using 2010 as baseline), assuming they continue implementing tobacco control measures with the same intensity they have been since the year 2000. Another 79 countries are experiencing a statistically significant downward trend but are unlikely to achieve the target by 2025 without accelerating efforts. Fourteen countries are neither increasing nor decreasing their tobacco use prevalence significantly over time, and 12 countries are seeing increases in tobacco use prevalence. The remaining 28 countries have no trend estimates in this report due to absence of, or insufficiencies in, available survey data. The countries are listed by trend category in Annex Table A1.7.

Compared with the last assessment of countries on track to achieve the NCD GAP target two years ago, there is a net gain of five countries in the group expected to achieve the target, from 56 to 61 countries. Of these 61 countries, 53 countries were already on track two years ago and eight

countries joined the group – seven graduating from the decreasing-trend group and one that previously had an unknown trend. The three countries that left the on-track group went to the decreasing-trend group.

Fig.8: Status of tobacco use prevalence reduction target by WHO region, 2024



The 61 countries currently on track to meet the reduction target represent 31% of the world's countries. They are spread across all six WHO regions, but the African Region has the largest proportion of its countries on track (24 countries, or just over half of its 47 countries), followed by the Region of the Americas with 13 countries (over one third of its 35 countries) on track (Fig.8).

While the African Region has a large number of countries on track, it also has a large number on flat or increasing trends – seven countries, or 15% of its countries. The Eastern Mediterranean Region has the smallest proportion of countries on track (10% of countries) and the largest proportion in the flat or increasing trend groups (33% of countries). The Region of the Americas has the largest proportion of its countries (11 countries, almost one third of its 35 countries) with insufficient data to monitor tobacco use trends, followed by the Eastern Mediterranean Region with 24% of countries having insufficient surveys to monitoring trends.

In terms of the population in each trend category, 46% of the world's population are living in the on-track group of countries. Another 45% live in countries with trends decreasing but not on track for the target. Of all WHO regions, the South-East Asia Region, even with only three countries on track, has the highest proportion of its population living in countries on track – 90% of the Region's population. The lowest proportion is in the Western Pacific Region, where 11% of the population lives in one of the eight countries on track. The European Region has the second lowest population share in their on-track countries, with 17% of its population living in the 11 on-track countries (Table 10).

Table 10: Status of tobacco use prevalence reduction target by WHO region, proportion of region's population in each category, 2024

WHO region	Proportion of region's population ^a living in countries that...					were assessed in total
	are likely to achieve a 30% relative reduction	are likely to achieve a decrease in prevalence but less than 30%	are unlikely to experience a significant change in prevalence	are likely to experience an increase in prevalence	did not have enough data for calculating a trend	
Global	46%	45%	3%	3%	3%	100%
African Region	57%	27%	0.2%	10%	6%	100%
Region of the Americas	71%	25%	—	0.04%	5%	100%
South-East Asia Region	90%	10%	0%	—	—	100%
European Region	17%	63%	18%	1%	1%	100%
Eastern Mediterranean Region	32%	30%	7%	16%	16%	100%
Western Pacific Region	11%	89%	—	0.002%	0.01%	100%

^a Population figures are for all ages in 2024.



Four young ladies collecting mosquito larvae as part of an awareness exercise about mosquito breeding sites © WHO / Jason Chute

3.3 Smokeless tobacco use among people aged 15 years and older

Data on smokeless tobacco use among persons aged 15 years and older were available from 132 countries (68% of WHO's Member States) between 2014 and 2024, representing 86% of the global population aged 15 years and older. These estimates cover both exclusive use of smokeless tobacco products and dual use of such products along with smoked tobacco products. However, the data allow only an estimate of "any smokeless tobacco use", with no distinction between exclusive and dual use.

Although smokeless tobacco use was asked about in only 132 countries, at least 50% of the population were covered by these surveys in every WHO region and in every World Bank income group. For this analysis, for countries where no data were available, it was assumed that use of smokeless tobacco was negligible, and the prevalence was set to zero. This assumption may result in underestimates of smokeless tobacco use at global and regional levels.

Table 11: Prevalence of smokeless tobacco use and number of users aged 15 years and older, by sex, by WHO region and by World Bank country income group

	Prevalence of current smokeless tobacco use (%)			Estimated no. of smokeless tobacco users (millions)		
	Both sexes	Males	Females	Both sexes ^a	Males	Females
WHO region						
African Region	2.2	2.7	1.8	11	7	5
Region of the Americas	1.7	2.7	0.8	8	6	2
South-East Asia Region	21.1	27.5	14.6	288	190	98
European Region	1.2	2.0	0.5	9	7	2
Eastern Mediterranean Region	4.9	7.8	1.9	23	19	4
Western Pacific Region	1.2	1.8	0.6	20	15	5
Global	7.0	9.4	4.5	359	244	116
World Bank country income group						
High-income countries	1.5	2.2	1.0	15	10	5
Upper-middle-income countries	1.2	1.8	0.6	23	17	6
Lower-middle-income countries	15.8	21.0	10.5	310	208	102
Low-income countries	3.6	5.5	1.7	11	8	3

The average estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country's United Nations estimated population in 2023. Refer to Annex 2 for more information.

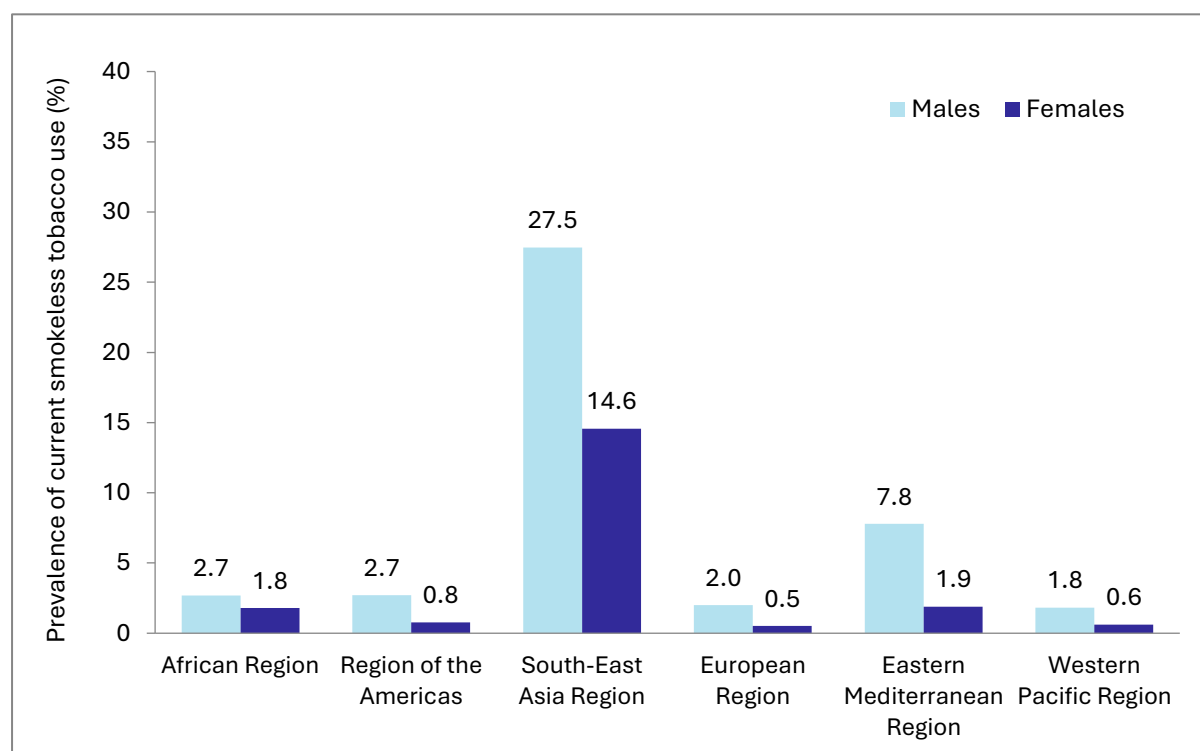
^a Totals may not tally due to rounding.

Based on the available data, the average prevalence of current smokeless tobacco use among adults in the world was estimated at 7.0% for both sexes combined – 9.4% among males and 4.5% among females (Table 11). Among WHO regions, the highest average prevalence was in the South-East Asia Region at 21.1% – 27.5% among males and 14.6% among females. The second highest regional average prevalence was estimated to be 4.9% in the Eastern Mediterranean Region, with 7.8% among males and 1.9% among females. Among males, the lowest average prevalence was in the Western Pacific Region (1.8%), and among females, the lowest average prevalence was found in the European Region (0.5%). In all regions, use among males was higher than among females (Fig.9).

These prevalence estimates translate to some 359 million people aged 15 years and older currently using smokeless tobacco globally – 244 million men and 116 million women. About 288 million smokeless tobacco users, or 80% of the global total, live in the South-East Asia Region. The region with the second highest burden of smokeless tobacco use is the Eastern Mediterranean Region where some 23 million adult smokeless tobacco users live, and around 20 million users live in the Western Pacific Region. The African Region has at least 11 million smokeless tobacco users, the European Region has at least 9 million, while the Region of the Americas has the lowest estimated number of smokeless tobacco users at 8 million.

When countries are categorized by World Bank country income grouping, the heaviest burden of smokeless tobacco use is carried by the lower-middle-income group of countries where prevalence is around 16%, totalling 310 million current users (86% of total users globally). The second highest average prevalence was among low-income countries (3.6%), where an estimated 5.5% of males and 1.7% of females were current users of smokeless tobacco products.

Fig.9: Prevalence of current smokeless tobacco use, people aged 15 years and older



3.4 Any tobacco use among adolescents aged 13–15 years

Between 2014 and 2024, 161 countries (83% of countries) ran at least one school-based survey of children aged 13–15 years asking about tobacco use. Collectively, these surveys are representative of 85% of the world’s school-going adolescents aged 13–15 years, which makes it possible to derive robust global and regional average rates of tobacco use for this age group.

The term “any tobacco use” is defined as use of any type of tobacco – smoked and/or smokeless. This includes heated tobacco products and excludes products that do not contain tobacco, such as e-cigarettes. Note that many of the European Region countries monitor using the Health Behaviour in School-Aged Children Survey (HBSC), which asks about cigarette smoking instead of all tobacco use. To make a global estimate possible despite the data gaps in the European Region, this analysis assumes that cigarette smoking rates closely approximate tobacco use rates in the countries where tobacco use was not measured.

Table 12: Prevalence of tobacco use and number of adolescents aged 13–15 years using tobacco, by sex, by WHO region and by World Bank country income group

	Prevalence among persons aged 13–15 (%)			Estimated number of tobacco users aged 13–15 (millions)		
	Both sexes	Boys	Girls	Both sexes ^a	Boys	Girls
WHO region						
African Region	10.0	11.9	8.1	8.7	5.2	3.5
Region of the Americas	9.3	9.4	9.1	4.3	2.2	2.0
South-East Asia Region	9.0	10.6	7.2	8.6	5.3	3.3
European Region	11.6	11.8	11.4	3.9	2.1	1.9
Eastern Mediterranean Region	11.0	14.2	7.8	5.5	3.6	1.9
Western Pacific Region	10.5	15.7	4.5	9.2	7.3	1.9
Global	10.0	12.4	7.5	40.2	25.7	14.5
World Bank country income group						
High-income countries	8.8	8.5	9.1	4.2	2.1	2.1
Upper-middle-income countries	11.4	15.6	6.8	13.5	9.7	3.8
Lower-middle-income countries	9.2	11.2	7.1	16.7	10.5	6.2
Low-income countries	11.0	12.9	9.1	5.7	3.4	2.3

The average estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country's United Nations population estimate in 2023.

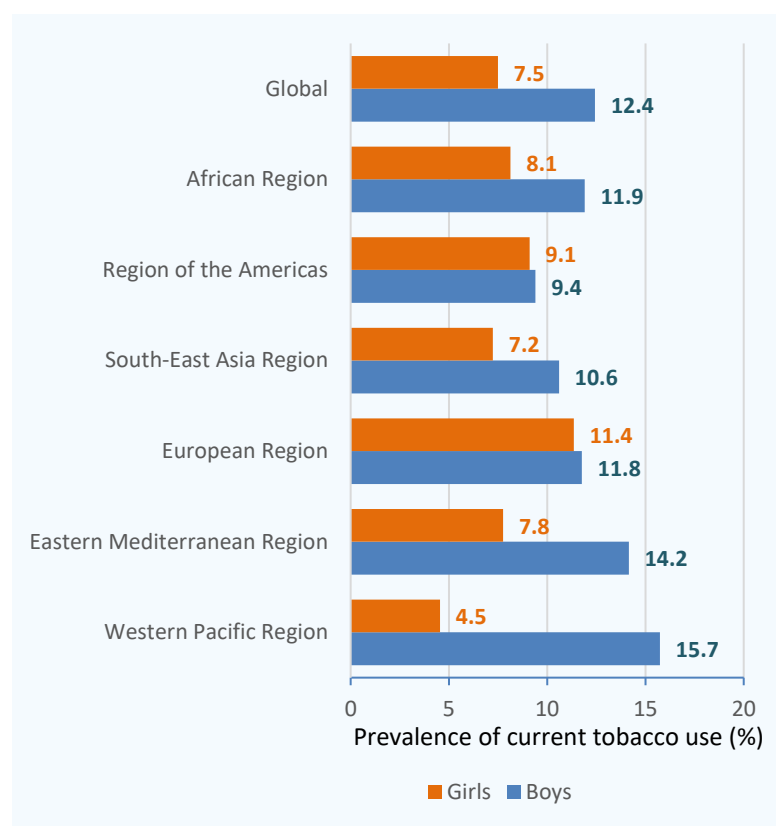
^a Totals may not tally due to rounding.

The global dataset indicates that some 40 million adolescents aged 13–15 years are current users of some form of tobacco – 26 million boys and 14 million girls. Three WHO regions each have 9 million children using tobacco products: the African, South-East Asia and Western Pacific regions, due to their absolute population sizes being similar, along with their prevalence averages. The other regions have at least 3.9 million children each (Table 12).

On average, 10.0% of adolescents aged 13–15 years globally report using one or more types of tobacco product: 12.4% of boys and 7.5% of girls. Prevalence by WHO region shows remarkably narrow band of variation around the global average, ranging from 9.0% in the South-East Asia Region to 11.6% in the European Region (Fig.10). Nevertheless, there are some points of difference to note.

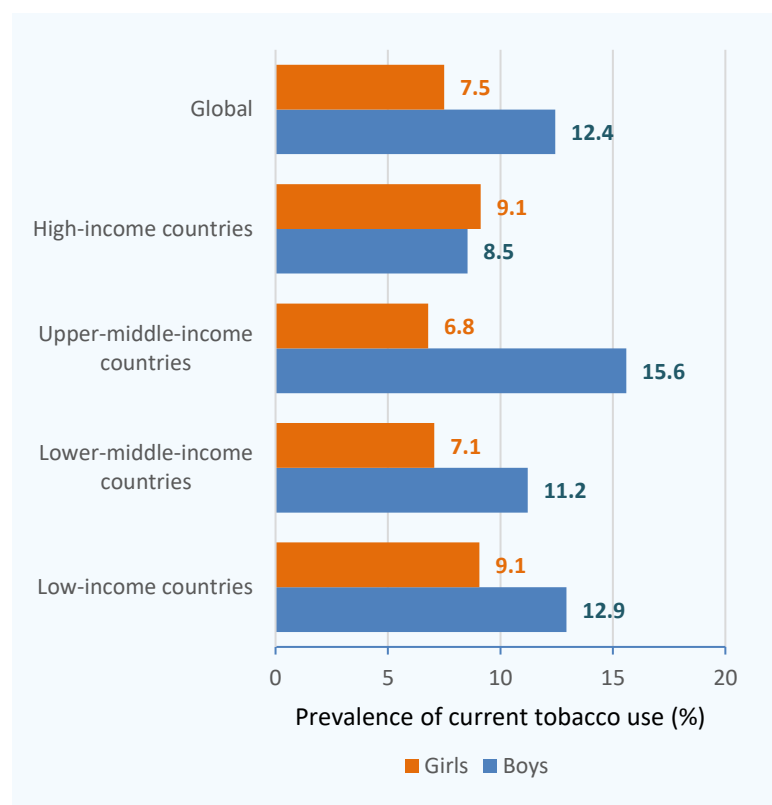
With a prevalence of 15.7%, boys from the Western Pacific Region had the highest prevalence of tobacco use. In contrast, girls from the same region had the lowest prevalence rate at 4.5% compared with girls from any other region. Girls from the European Region had the highest prevalence among girls at 11.4%, which was very close to the prevalence for European boys (11.8%). The Region of the Americas is the only other region where the prevalence among girls (9.1%) is almost the same as that for boys (9.4%). The African Region had the largest absolute number of girls using tobacco at 3.5 million users, ahead of South-East Asia’s 3.3 million users, and representing 24% of all girls using tobacco globally.

Fig.10: Prevalence of current tobacco use, adolescents aged 13–15 years, by WHO region



Note: The average estimates were constructed from the latest survey conducted in each country and applied to each country’s population in 2023. See Annex 2.3 for more information.

Fig.11: Prevalence of current tobacco use, adolescents aged 13–15 years, by World Bank income group



Note: The average estimates were constructed from the latest survey conducted in each country and applied to each country's population in 2023. Refer to Annex 2.3 for more information.

Boys from upper-middle-income (15.6%), lower-middle-income (11.2%) and low-income countries (12.9%) had substantially higher tobacco-use prevalence rates than boys from high-income countries (8.5%). Among girls, the high-income and low-income country groups (both 9.1%) had higher average tobacco-use prevalence rates than middle-income country groups (6.8–7.1%) (Fig.11). It should be noted that the prevalences in high-income countries could be understated, since many countries' data in this group are sourced from the Health Behaviour in School Children survey, which – except in a few countries – asks only about cigarettes, not other forms of tobacco.

3.5 Cigarette smoking among adolescents aged 13–15 years

Between 2014 and 2024, 163 countries (84% of countries) ran at least one school-based survey of adolescents aged 13–15 years asking about cigarette use. Collectively, these surveys are representative of 86% of the world’s school-going adolescents aged 13–15 years, which makes it possible to derive reasonably robust global and regional average rates of cigarette smoking for this age group.

Table 13: Prevalence of current cigarette smoking and number of adolescents aged 13–15 years smoking cigarettes, by sex, by WHO region and by World Bank country income group

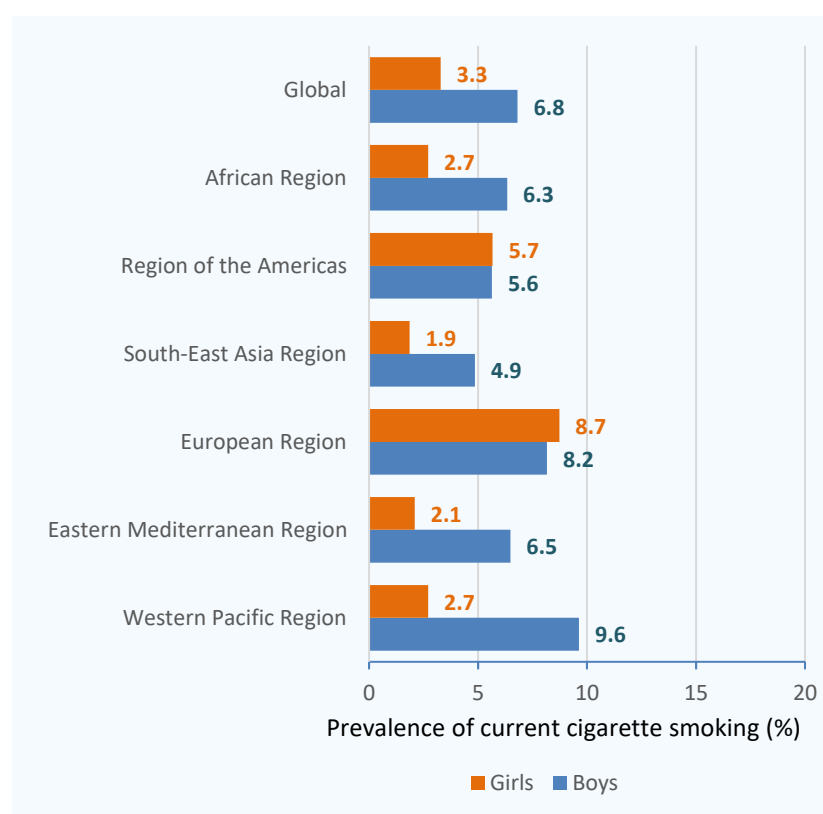
	Prevalence among persons aged 13–15 (%)			Estimated number of cigarette smokers aged 13–15 (millions)		
	Both sexes	Boys	Girls	Both sexes ^a	Boys	Girls
WHO region						
African Region	4.5	6.3	2.7	3.9	2.8	1.2
Region of the Americas	5.7	5.6	5.7	2.6	1.3	1.3
South-East Asia Region	3.4	4.9	1.9	3.3	2.4	0.8
European Region	8.4	8.2	8.7	2.9	1.4	1.5
Eastern Mediterranean Region	4.3	6.5	2.1	2.2	1.6	0.5
Western Pacific Region	6.4	9.6	2.7	5.6	4.5	1.1
Global	5.1	6.8	3.3	20.4	14.1	6.4
World Bank country income group						
High-income countries	5.8	5.3	6.3	2.7	1.3	1.4
Upper-middle-income countries	6.8	9.2	4.1	8.0	5.7	2.3
Lower-middle-income countries	3.8	5.5	2.1	6.9	5.1	1.8
Low-income countries	5.2	7.3	3.2	2.7	1.9	0.8
The average estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country’s United Nations population estimate in 2023.						
^a Totals may not tally due to rounding.						

Globally, around 20 million adolescents aged 13–15 years (14 million boys and 6 million girls) had reported current cigarette smoking in the latest surveys. Over a quarter of the adolescent cigarette smokers globally live in the Western Pacific Region (5.6 million) and the WHO region with the second highest burden is the African Region (3.9 million). Every WHO region has over 2 million children already smoking cigarettes at this young age, and at least 1 million girls among them (Table 13).

On average, around 5% of adolescents aged 13–15 years globally report using current cigarette smoking: 7% of boys and 3% of girls. Prevalence averages by WHO region show some variation around the global average, ranging from 3.4% in the South-East Asia Region to 8.4% in the European Region.

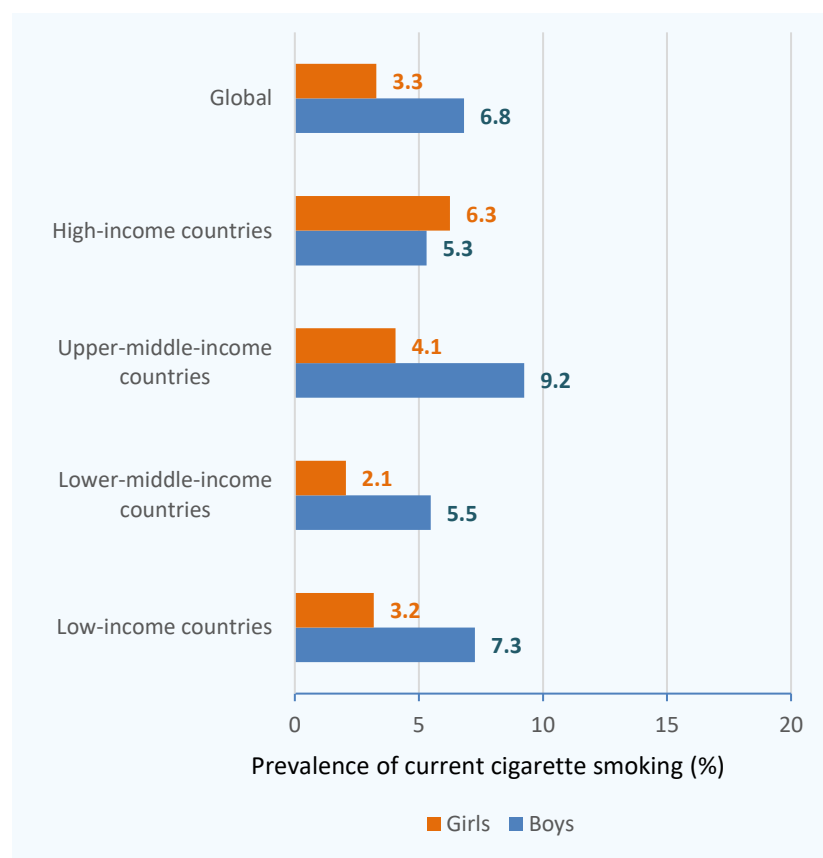
Among boys, prevalence of current cigarette smoking ranges from 4.9% in the South-East Asia Region to 9.6% in the Western Pacific Region. In the European Region, the prevalence among girls (8.7%) was higher than the prevalence among boys (8.2%). European girls also had the highest regional rate in the world for girls, well ahead of the second highest average which is in the Americas (5.7%). The Americas region is the only one where the girls' prevalence was the same as the boys' prevalence. In the other four regions, girls' prevalence is between 2% and 3% (Fig.12).

Fig.12: Average prevalence of current cigarette smoking, adolescents aged 13–15 years, by WHO region



Note: The average estimates were constructed from the latest survey conducted in each country and applied to each country's population in 2023. See Annex 2.3 for more information.

Fig.13: Average prevalence of current cigarette smoking, adolescents aged 13–15 years, by country income group



Note: The average estimates were constructed from the latest survey conducted in each country and applied to each country's population in 2023. See Annex 2.3 for more information.

When analysed by World Bank country income group, adolescents aged 13–15 years from upper-middle-income countries had the highest prevalence of current cigarette smoking (6.8%). Boys from that group also had the highest rate of all income groups (9.2%). For girls, the highest prevalence was in the high-income countries (6.3%), a level substantially higher than the rates for girls in other country income groups who had rates ranging between 2% and 4%, and also higher than the average for boys in high-income countries (5.3%) (Fig.13).

3.6 Smokeless tobacco use among adolescents aged 13–15 years

Between 2014 and 2024, 129 countries (representing 66% of WHO’s Member States and 73% of the global population aged 13–15 years) asked questions about smokeless tobacco use in school-based surveys of adolescents aged 13–15 years old, or in classes where this age group was strongly represented. For the other 65 countries, zero prevalence was assumed, so these results are likely undercounts. For further details, refer to Annex 2.3.

Table 14: Prevalence of smokeless tobacco use and number of users aged 13–15 years, by sex, by WHO region, and by World Bank country income group

	Prevalence among persons aged 13–15 (%)			Estimated number of smokeless tobacco users aged 13–15 (millions)		
	Both sexes	Boys	Girls	Both sexes ^a	Boys	Girls
WHO region						
African Region ^b	4.2	4.7	3.7	1.7	1.0	0.7
Region of the Americas	2.1	2.5	1.7	0.6	0.4	0.2
South-East Asia Region	4.2	4.8	3.6	3.5	2.1	1.4
European Region	2.9	3.4	2.3	0.5	0.3	0.2
Eastern Mediterranean Region	3.9	4.5	3.2	1.6	0.9	0.6
Western Pacific Region	2.6	3.3	1.7	2.1	1.4	0.7
Global	3.4	4.0	2.8	10.0	6.1	3.9
World Bank country income group						
High-income countries	2.2	2.6	1.8	0.6	0.4	0.2
Upper-middle-income countries	2.6	3.3	1.7	2.4	1.7	0.8
Lower-middle-income countries	4.0	4.6	3.4	5.8	3.4	2.4
Low-income countries ^b	4.7	5.2	4.2	1.1	0.6	0.5

Note: The average estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country’s United Nations population estimate in 2023.

^a Totals may not tally due to rounding.

^b Only 46–47% of the population aged 13–15 years in this region/group were surveyed. Hence, the provided results are indicative only and additional surveys may lead to a substantial change in the region/group average prevalence.

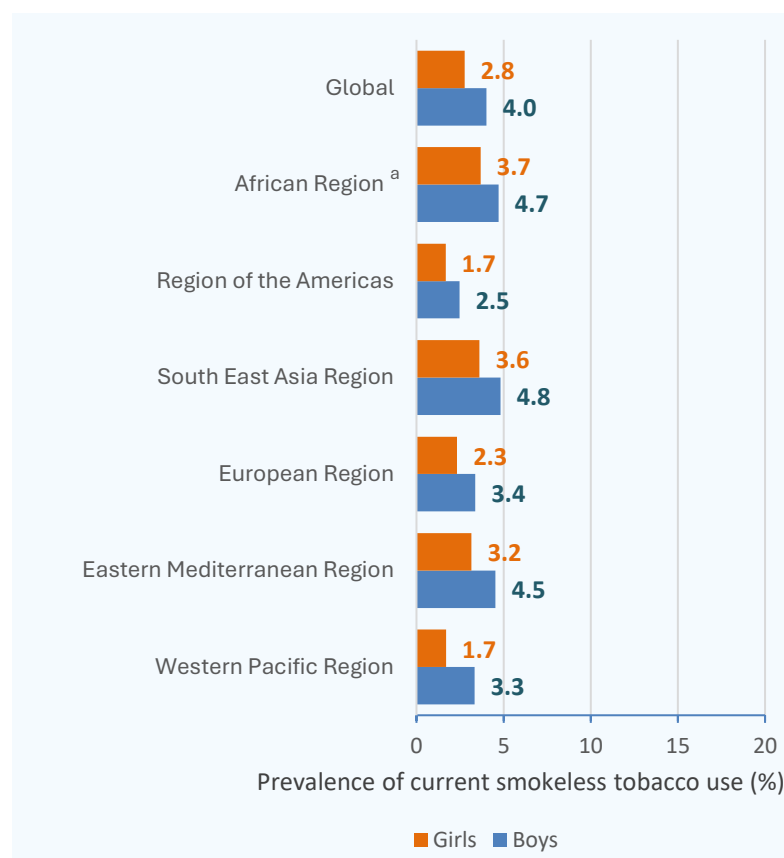
On average, according to the latest surveys, around 3.4% of adolescents both sexes combined aged 13–15 years globally reported currently using smokeless tobacco products: 4.0% of boys and 2.8% of girls. These prevalences translate to at least 10 million adolescents reporting current use of smokeless tobacco products at the time of the survey – approximately 6 million boys and 4 million girls.

Prevalence by WHO region shows remarkably narrow band of variation around the global average, ranging from 2.1% to 4.2%. Nevertheless, the regions can be categorized into three groups: a relatively high use group comprising South-East Asia Region (4.2%), African Region (4.2%), and the Eastern Mediterranean Region (3.9%). A middle group containing the European and Western Pacific regions with prevalence rates of 2.9% and 2.6% respectively. The Region of the Americas had the lowest prevalence at 2.1%. Converting these prevalences to numbers of users, the South-East Asia region has the highest burden at 3.5 million adolescents aged 13–15 already reporting current use, while all other regions have at least half a million children reporting the same (Table 14).

Average prevalence is relatively low in the Western Pacific Region at 2.6%; however, this aggregate masks the fact that the prevalence is remarkably high in some of the Pacific Island nations, for example, above 10% in Kiribati, Marshall Islands, Micronesia (Federated States of), Palau and Papua New Guinea (Annex 2.3).

Prevalence of smokeless tobacco among adolescents aged 13–15 years is highest on average in low-income countries, at 4.7%. This group of countries has the lowest coverage of surveys that ask specifically about smokeless tobacco use – only 46% of the group’s population in nine countries has been surveyed in the period – therefore this income group’s estimate is the least reliable of all income groups.

Fig.14: Prevalence of smokeless tobacco use, adolescents aged 13–15 years, 2014–2024



Note: The average estimates were constructed from the latest survey conducted in each country and applied to each country’s population in 2023. See Annex 2.3 for more information.

^a Only 46–47% of the population aged 13–15 years in this region/group were surveyed.

Globally, more boys (4.0%) than girls (2.8%) used smokeless tobacco. This was true irrespective of region, with prevalences among boys ranging between 2.5% and 4.8% and prevalences among girls ranging between 1.7% and 3.7% (Fig.14).

3.7 Use of e-cigarettes

E-cigarettes heat a liquid to create an aerosol that is inhaled by the user. The liquid contains nicotine and other chemicals that may be toxic to people’s health (13). They are different from heated tobacco products, which are smoked tobacco products and are included (where data exist) in the estimation of tobacco smoking trends. Data on HTP use fall under the categories “smoked tobacco use” and “any tobacco use”, while e-cigarette data are summarized separately in this section of the report.

Between 2014 and 2024, 85 countries asked about current e-cigarette use reported nationally representative population-based surveys among adults, covering 75% of the global adult population. This leaves an information gap for 25% of the world’s adults living in 109 countries. The data used for this analysis are about current use of e-cigarettes, whether used exclusively or alongside tobacco products (dual use or multi-product use).

Table 15: E-cigarette use prevalence among adults, by WHO region and World Bank income group of country

	Survey coverage (%)		Prevalence of current e-cigarette use among adults (%)			Estimated number of adult e-cigarette users (millions)		
	% of population aged 15+ surveyed	% of countries with surveys	Both sexes	Males	Females	Both sexes ^a	Males	Females
WHO region								
African Region ^b	12	11	1.3	2.1	0.4	1.1	0.9	0.2
Region of the Americas	88	49	4.8	5.3	4.3	34.5	18.9	15.5
South East Asia Region	94	50	0.1	0.3	0.0	1.8	1.7	0.1
European Region	88	81	4.6	5.1	4.2	31.4	16.6	14.7
Eastern Mediterranean Region ^c	19	14	0.3	0.4	0.1	0.3	0.2	0.0
Western Pacific Region	93	43	1.0	1.7	0.3	17.1	14.2	2.9
Global	75	44	1.9	2.3	1.5	86.1	52.5	33.5
World Bank country income group								
High-income countries	89	75	6.0	6.6	5.4	61.4	33.1	28.2
Upper-middle-income countries	90	47	1.1	1.7	0.5	21.8	16.8	4.9
Lower-middle-income countries	66	22	0.2	0.3	0.1	2.9	2.5	0.4
Low-income countries ^d	6	4	0.0	0.1	0.0	0.0	0.0	0.0

Note: These estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country’s United Nations population estimate in 2023.

^a Totals may not tally due to rounding.

^b Only 12% of the population in this region were surveyed. Hence, the provided results are indicative only and should be regarded with caution.

^c Only 19% of the population in this region were surveyed. Hence, the provided results are indicative only and should be regarded with caution.

^d Only 6% of the population in this group were surveyed. Hence, the provided results are indicative only and should be regarded with caution.

Among the 85 countries with data, the highest current e-cigarette use prevalences were reported in Serbia (18.4% in 2023), Luxembourg (17% in 2023), New Zealand (14.0% in 2024), Croatia (12.0% in 2023), Ireland (11.2% in 2024), Czechia (11.1% in 2023) and Brunei Darussalam (11.0% in 2023). All

other prevalences are at 10% of adults or lower. The lowest prevalences reported from surveys undertaken since 2021 were in Uganda, (<0.1% in 2023), Senegal (0.4% in 2023), China (0.7% in 2022), Hungary (1% in 2023), Portugal (1% in 2023), Romania (1% in 2023) and Indonesia (1.03% in 2023) (Annex 2.4).

Despite the data gaps, we have summarized existing data since 2014 to calculate a global average prevalence of e-cigarette use and WHO region averages (Table 15). For information on the method used to summarize global and regional average prevalence of current e-cigarette use, refer to Annex 2.4.

The WHO region with the largest proportion of the adult population surveyed is the South-East Asia Region, where 50% of the countries had surveys covering 94% of the region's adults. While the second highest population representation was in the Western Pacific at 93%, only 43% of the countries contributed surveys. Two regions had surveyed less than 50% of their populations in the period 2014–2024: the African Region had surveyed 12% and the Eastern Mediterranean Region had surveyed 19% of adults.

Based on these data, the global estimate of e-cigarette use among people aged 15 years and older, is 1.9% (2.3% among men and 1.5% among women). These prevalences translate to a total of at least 86 million adults currently using e-cigarettes, 53 million men and 34 million women. The WHO region with the highest average prevalence was the Americas with an average of 4.8% of adults currently using e-cigarettes, closely followed by the European Region at 4.6% of adults. The region with the lowest average prevalence was the South-East Asia Region at 0.1%, reflecting largely the very low rate in India. Among World Bank income groups, the high-income group had the highest average prevalence at 6.0%, and over two thirds of the world's known e-cigarette users (61 million). The next highest income group (upper-middle-income) had the next highest prevalence at 1.1%. Lower-middle-income countries had low prevalence at 0.2%, and low-income countries had prevalence below 0.1%, which was the reported number from the only low-income country with a survey (Uganda in 2023).

3.7.1 Use of e-cigarettes among adolescents aged 13–15 years

Concerning current use of e-cigarettes among adolescents aged 13–15 years, data are increasingly available from school-based surveys such as the Global Youth Tobacco Survey (GYTS) since 2013, the HBSC since 2014, the Global School-Based Students Health Survey (GSHS) since 2019, and others run by countries in school settings. Since 2014, 123 surveys covering 51% of the global population aged 13–15 years have reported current e-cigarette use prevalence (Table 16).

The WHO region with the largest proportion of the adolescent population surveyed is the Western Pacific Region, where 82% of the countries had surveys covering almost 100% of the region's adolescents. Only five island nations lacked surveys. The European Region had the second best representation, with 89% of countries and 86% of the population aged 13–15 years covered. E-cigarette use data among adolescents in the South-East Asia Region is particularly scarce, with only 4% of the population aged 13–15 years asked about current e-cigarette use in surveys (two countries) since 2014. The African Region is the other region with insufficient surveys to make a

robust estimate of the region's average prevalence, with only 21% of the adolescents in under a third of the countries having been surveyed.

Table 16: E-cigarette use among adolescents aged 13–15 years

	Survey coverage (%)		Prevalence of current e-cigarette use among persons aged 13–15 (%)			Estimated number of e-cigarette users aged 13–15 (millions)		
	% of population aged 13–15 surveyed	% of countries with surveys	Both sexes	Boys	Girls	Both sexes ^a	Boys	Girls
WHO region								
African Region ^b	21	30	9.3	12.0	6.5	1.7	1.1	0.6
Region of the Americas	81	83	5.3	5.4	5.3	2.0	1.0	1.0
South East Asia Region ^c	4	20	13.6	16.1	10.9	0.5	0.3	0.2
European Region	86	89	14.3	13.6	15.0	4.2	2.0	2.1
Eastern Mediterranean Region	54	38	5.8	8.0	3.5	1.6	1.1	0.5
Western Pacific Region	100	82	5.4	7.5	3.0	4.8	3.5	1.3
Global	51	63	7.2	8.6	5.7	14.7	9.1	5.6
World Bank country income group								
High-income countries	97	86	10.0	9.2	10.8	4.6	2.2	2.4
Upper-middle-income countries	82	72	5.7	7.5	3.8	5.6	3.8	1.7
Lower-middle-income countries ^d	25	51	6.5	8.2	4.6	3.0	1.9	1.0
Low-income countries ^e	27	15	10.9	15.8	5.8	1.5	1.1	0.4
<p>The average estimates were constructed from surveys conducted in countries in the period 2014–2024 and applied to each country's United Nations population estimate in 2023.</p> <p>^a Totals may not tally due to rounding.</p> <p>^b Only 2% of the population aged 13–15 years in this region were surveyed. Hence, the provided results are indicative only and should be regarded with caution.</p> <p>^c Only 4% of the population aged 13–15 years in this group were surveyed. Hence, the provided results are indicative only and should be regarded with caution.</p> <p>^d Only 25% of the population aged 13–15 years in this group were surveyed. Hence, the provided results are indicative only and should be regarded with caution.</p> <p>^e Only 27% of the population aged 13–15 years in this group were surveyed. Hence, the provided results are indicative only and should be regarded with caution.</p>								

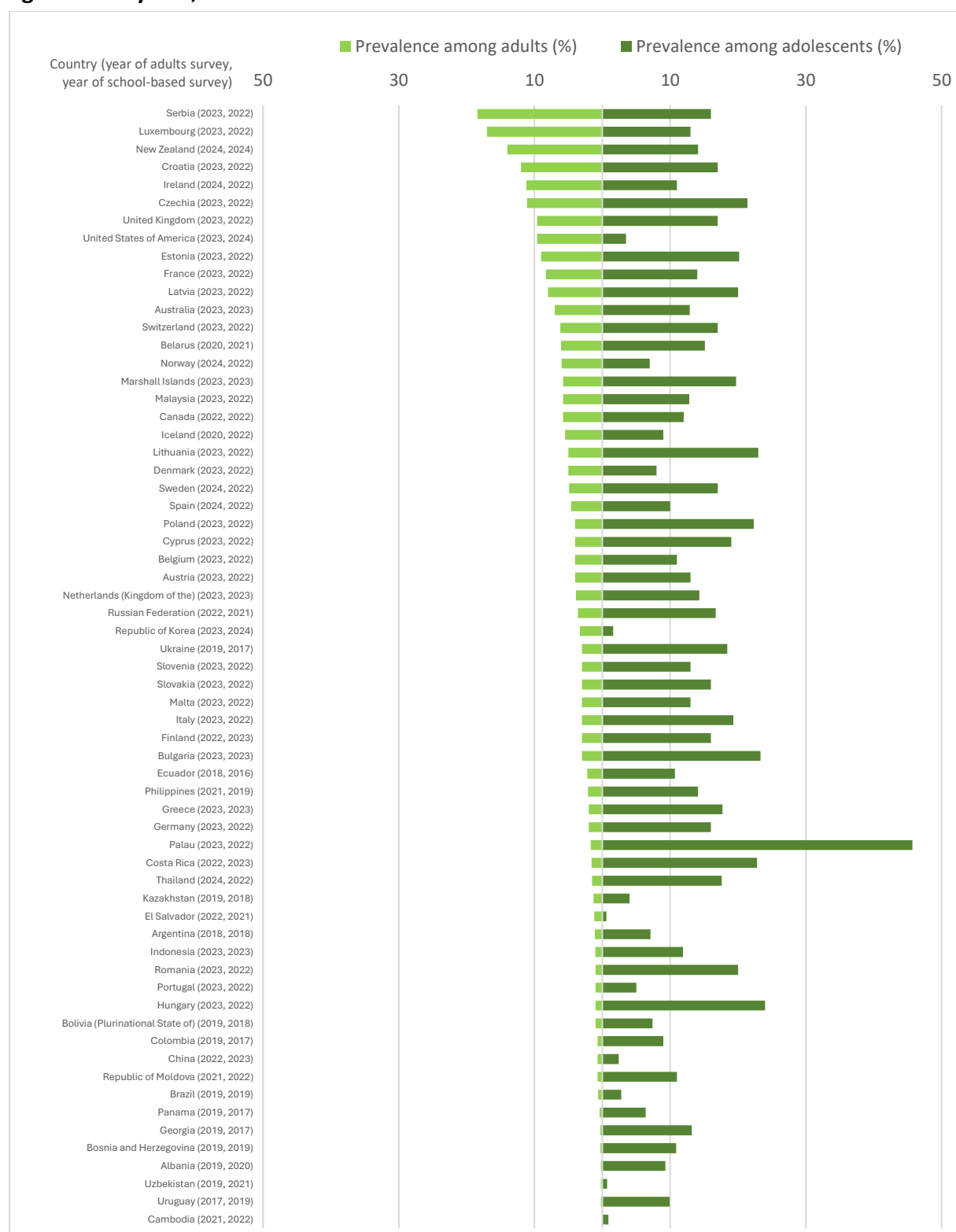
The global estimate of e-cigarette use among adolescents aged 13–15 years, based on these data, is 7.2% (8.6% among boys and 5.7% among girls). These prevalences translate to a total of 14.7 million adolescents aged 13–15 years currently using e-cigarettes – 9.1 million boys and 5.6 million girls.

Given that none of the 123 countries with surveys found prevalence at zero (the lowest was 0.4% in Japan in 2021), it can be assumed that prevalence is unlikely to be zero in any country; therefore, the estimated global total number of children using e-cigarettes is almost certainly an undercount.

A comparison of adult and adolescent surveys per country reveals a notable skew in the use of e-cigarettes towards adolescents. In 63 countries, a population-based survey asking about e-cigarette use was run in the same year or within 1–2 years of a school-based survey asking about e-cigarette use among the population aged 13–15 years (or equivalent school grades). In Fig.15, we compare the two prevalences in these 63 countries. The prevalence among adolescents aged 13–15 years in these 63 countries was on average nine times higher than the prevalence among adults, meaning half of the countries observed had a ratio of 9 to 1 or a higher ratio. Just six countries found adults using e-cigarettes at a higher prevalence than children aged 13–15 years. These were El Salvador in 2021–

2022 (1.2% vs 0.6%), Ireland in 2022-2024 (11.2% vs 11%), Luxembourg in 2022-2023 (17% vs 13%), Republic of Korea in 2023–2024 (3.3% vs 1.6%), Serbia in 2022–2023 (18.4% vs 16%) and United States of America in 2023–2024 (9.6% vs 3.5%).

Fig.15: Prevalence of current e-cigarette use among adults compared with adolescents aged 13–15 years, all countries with data



4. Discussion

A headline result of this report is the progress countries are making towards reducing current tobacco use in their populations (SDG 3.a.1) and achieving the NCD GAP tobacco use reduction target – a 30% relative reduction in age-standardized current tobacco use between 2010 and 2025. Over the past two years, there has been a small improvement in the number of countries that are on track for the NCD GAP target, but equally important to note are the three countries that dropped out of the on-track group and, the 11 countries that regressed from the decreasing trend group to the flat-trend group (five countries) or to the increasing trend group (six countries), making a total of 12 countries now on an increasing trend (Table A1.7). This result is a timely reminder that continued success in tobacco control is not guaranteed, particularly when efforts are being constantly undermined by a well-funded and highly motivated tobacco industry (13).

In Table A1.7, 18 countries are not on track for the 30% reduction target but close to achieving it, with a 25% reduction or more. Six of these countries have not completed a national survey in the past five years, and just one new survey may move them into the target-achieving group. The other 12 could need only a small shift in policy, stronger enforcement, raised prices or increased investment in cessation support, to move the needle on prevalence reductions.

The most recent report of the WHO Global Tobacco Epidemic (3) showed that no country has improved its monitoring over the past two years, and the same is evident in this report. The dataset for this report includes 176 population-based surveys undertaken in the period 2018–2019, 116 undertaken in the period 2020–2021 (when COVID-19 severely hampered the running of face-to-face surveys in many countries), and 114 in the period 2022–2023. Granted that there may be additional 2022 and 2023 surveys yet unreleased, for the moment there is little evidence of post-COVID-19 recovery for surveillance systems which once were stronger. In this report, 28 countries have no estimates due to lack of data, as opposed to two years ago when the number was 29 (14).

At the time the database for this report closed, there were no available national surveys completed by countries in 2025. Hence, we refer to “projections to 2025”. Based on the pace of new survey completion and release we have seen in the past, we can expect that, even two years from now, we may not yet have a full picture of global prevalence in 2025.

The report finds that the number of tobacco users is not yet falling in two regions: the African and the Eastern Mediterranean regions. Although both regions are experiencing reductions in their average prevalence levels, these reductions are not fast enough to overcome the population growth in these regions. The same issue affected the Western Pacific Region, until population growth slowed to a level that allowed the number of tobacco users to start decreasing as of 2015. In countries where population is still growing significantly, much more effort is required to bring tobacco use prevalence down fast enough to halt the rise in the number of tobacco users.

This report presents the first WHO global estimate of e-cigarette use for adults and youth. Current use of e-cigarettes, as reported from available population-based surveys of adults in 85 countries, produces a global average prevalence of 1.9% (Table 15). The global total assumes that 109 countries without data have no e-cigarette users, which we can be reasonably confident is inaccurate; yet we have no way to estimate what the prevalence might be in those countries without survey data. Given the proliferation of these products in many countries, monitoring is expected to improve, thereby reducing information gaps in the future.

The available surveys show that prevalence of current e-cigarette use among adults is generally higher in high-income countries with small populations (Annex 2, Table A2.4), while low prevalences

in the larger low- and middle-income countries (such as Bangladesh, Brazil, China, India, Islamic Republic of Iran, Philippines, Thailand and Viet Nam), where surveys are slightly less recent (except China in 2022), are weighing the global average down. For example, the South-East Asia region, where 23% of the world's adults live, has a combined average e-cigarette use prevalence of 0.1%.

The lowest prevalence among adults reported in the past five years was 0% in the Islamic Republic of Iran in 2021, where e-cigarette sales, import and production have been banned since at least 2012. The three next lowest prevalence countries, India and Cambodia (both at 0.02%) and Uganda (<0.1%), all have sales and import bans in place. Cambodia additionally bans e-cigarette use, while India and Uganda additionally ban e-cigarette manufacture. There are currently 13 countries that have a national e-cigarette use ban (3) and, of these, only Cambodia has conducted a survey after the use ban came into effect. Two other countries ran surveys that began fieldwork before their respective use bans came into effect and finished afterward (Marshall Islands and Palau), with prevalences at 5.8% and 1.7% respectively among the population aged 18 years and older. The other ten countries that banned e-cigarette use have not monitored prevalence afterwards.

Current use of e-cigarettes, as reported from school-based surveys available from 123 countries, produces a global average prevalence of 7.2% (Table 16), which translates to a total of 14.7 million adolescents aged 13–15 years currently using e-cigarettes. This estimate suffers from a severe shortage of data in two WHO regions, the African and South-East Asia regions. As it is not possible to estimate what the prevalence might be in countries with no national survey data, our method assumes zero use in these countries. Given that no country with a recent school-based survey of this age group found current use of e-cigarettes at zero, it is reasonable to assume the WHO estimate is an undercount.

The comparison of adult e-cigarette use with use among adolescents (aged 13–15 years or equivalent school grade) in each country that monitors both groups (Fig.15) demonstrates that adolescents are generally using the products at a higher rate than adults – indeed the average ratio across these countries is nine times higher use among adolescents than adults. This finding is not surprising considering that the industry is aggressively targeting children and young people, including through new digital channels that are underregulated. While countries have made efforts to introduce e-cigarettes regulations or bans in recent years, by the end of 2024, 62 countries still had no policy in place, and 74 countries had no minimum age at which e-cigarettes may be purchased (3).

The almost ubiquitous use of e-cigarettes by adolescents all over the world has raised serious concerns in the public health community. Over the past decade, studies into the health harms, industry marketing practices and gateway effect of nicotine products designed to hook children on nicotine early using attractive features and flavours have multiplied (14,15). The rise in youth use evident from surveys, proliferation of the products in global markets and aggressive marketing including to children and adolescents, prompted WHO to issue a call to action to prevent uptake of e-cigarettes and counter nicotine addiction (16).

4.1 Limitations

Efforts have been made to ensure all available data on tobacco use prevalence among adults and children released by countries up to 28 February 2025 are reflected in the analyses of this report. The Statistical Annexes list all surveys used, and readers can assess if important data are missing.

The WHO estimates use a single model to estimate prevalence trends for all countries, and the results are only as robust as the available data and assumptions allow. Many factors can affect the quality of the information collected in population surveys, such as how the questions are framed,

clarity on which types of tobacco are being asked about, how candid they can expect respondents to be because of the collection mode or privacy concerns, appropriate sampling and training and supervision of data collectors.

Not all countries run regular surveys or use one of the standard survey protocols supported by WHO or other international partners to aid comparability of the data. To help readers understand how recent the information is, Annex Table A1.6 records the year of the survey used in the trend estimate for each country. The variation in products covered by surveys is unfortunately too broad to summarize. Annex Table A1.6 includes an indication of categories of products covered by the most recent population-based survey per country, but within these categories we find numerous inconsistencies among surveys regarding presence or absence of tobacco products such as waterpipe tobacco, smokeless tobacco and heated tobacco products. Where surveys include these products, they form part of the WHO estimates. Where excluded, they are missing from the WHO estimates. Readers are encouraged to seek this information in the survey documentation provided when countries publish the surveys.

Regarding data on e-cigarette use, definitions of these products vary across countries and are not directly comparable. We have assumed the data we compiled all refer to e-cigarettes containing nicotine in e-liquid form, but this may not always be the case.

Estimates of prevalence of tobacco use among adolescents and smokeless use among adults are calculated for a single point in time, although it was necessary to use surveys that ran over a full decade to have sufficient countries represented to make the estimates globally representative. This limitation creates comparability issues because prevalence can change significantly over a decade. We also must acknowledge that the representativeness of school-based surveys for this age group varies from country to country because of the different school participation rates; we did not take this variability into account in the analysis.

5. Conclusions

The report compiles all the data countries are producing about tobacco use in their populations, both among adults and among school-going children, and summarizes the data into a global picture. It concretely shows the impact of the work countries are doing to strengthen the implementation of the WHO FCTC, and highlights that this work needs to be accelerated to achieve the policy goals countries have set through the SDG and NCD GAP targets to reducing tobacco use and its consequent health harms.

One clear message revealed by the latest data is that progress is still being made. The global average prevalence of current tobacco use, as defined under SDG indicator 3.a.1, has already reduced from 26.2% in 2010 to 19.5% in 2024. By 2025, the global prevalence is projected to go lower to 19.2%, which equates to a relative reduction of 27% by 2025 from a 2010 base – only three percentage points away from the 30% reduction goal under the NCD GAP target. Currently, 61 countries are on track to achieve this goal, testament to what countries can collectively achieve if concerted efforts are made to tackle tobacco use.

Countries need to remain vigilant. Continual monitoring of prevalence in countries is needed not only to capture the positive impact of policies as evidence and advocacy for tobacco control and enforcement, but also as a warning system when the industry counters those measures. While countries are still progressing towards full implementation and enforcement of the provisions of the WHO FCTC, including the tobacco demand-reduction measures of the WHO's MPOWER package, a wide variety of unregulated tobacco and nicotine products are making their way into markets globally, adding a regulatory complexity that is impacting the progress of tobacco control. Thanks to the emergence of data and evidence on the rapid uptake of e-cigarettes among adolescents – this report finds that prevalence among adolescents aged 13–15 years is on average nine times the prevalence among adults in the same country – much attention is now given to countering the industry's efforts to snare a new generation of customers.

We are in a position to celebrate achievements countries are making thanks to their monitoring efforts to date. With continued improvement in available data quality and quantity, effective responses to the tobacco epidemic and other nicotine product use will become much easier to realize.

References

1. WHO Framework Convention on Tobacco Control. Geneva: World Health Organization; 2005 (<http://apps.who.int/iris/bitstream/10665/42811/1/9241591013.pdf>).
2. WHO Framework Convention on Tobacco Control list of current Parties (<https://fctc.who.int/who-fctc/overview/parties>).
3. WHO report on the global tobacco epidemic, 2025: warning about the dangers of tobacco. Geneva: World Health Organization; 2025 (<https://iris.who.int/bitstream/handle/10665/381685/9789240112063-eng.pdf>).
4. Resolution A/RES/71/313. Resolution adopted by the General Assembly on 6 July 2017: Work of the Statistical Commission pertaining to the 2030 Agenda for Sustainable Development. New York: United Nations; 2017 (<https://undocs.org/A/RES/71/313>).
5. WHO Global Action Plan for the Prevention and Control of Noncommunicable Diseases 2013–2020. Geneva: World Health Organization; 2013 (<https://iris.who.int/handle/10665/94384>).
6. WHO NCD Accountability Framework, including Global Monitoring Framework for NCD prevention and control (2021 update) in alignment with the extension of the NCD Global Action Plan to 2030. Geneva: World Health Organization; 2021 (<https://cdn.who.int/media/docs/default-source/ncds/ncd-surveillance/who-ncd-accountability-framework-for-ncd-implementation-roadmap.pdf>).
7. DISMOD-MR repository on GitHub. Seattle: Institute of Health Metrics and Evaluation, University of Washington, 2025 (https://github.com/ihmeuw/dismod_mr).
8. Bilano V, Gilmour S, Moffiet T, Tursan d’Espaignet E, Stevens GA, Commar A et al. Global trends and projections for tobacco use, 1990–2025: an analysis of smoking indicators from the WHO Comprehensive Information System for Tobacco Control. *Lancet*. 2015;385(9972):966–76 (doi: 10.1016/S0140-6736(15)60264-1.)
9. WHO GitHub site for WHO tobacco use estimates (<https://github.com/WorldHealthOrganization/tobacco-use-2000-2030>).
10. World Bank country and lending groups. Washington DC: World Bank; 2024 (<https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>).
11. World Population Prospects, 2024. New York: United Nations, Department of Economic and Social Affairs, Population Division, 2024 (<https://population.un.org/wpp/downloads>).
12. Age standardization of rates: a new WHO standard. Geneva: World Health Organization; 2001 (https://cdn.who.int/media/docs/default-source/gho-documents/global-health-estimates/gpe_discussion_paper_series_paper31_2001_age_standardization_rates.pdf).
13. E-cigarettes. Questions and answers. WHO, 2024. (<https://www.who.int/news-room/questions-and-answers/item/tobacco-e-cigarettes>).

14. WHO global report on trends in prevalence of tobacco use 2000–2030. Geneva: World Health Organization; 2025 (<https://iris.who.int/bitstream/handle/10665/375711/9789240088283-eng.pdf>).
15. Gonsalves CL et al. Diagnosis and Acute Management of E-Cigarette or Vaping Product Use - Associated Lung Injury in the Pediatric Population: A Systematic Review. *J Pediatr*. 2021 Jan;228:260-270. doi: 10.1016/j.jpeds.2020.09.040.
16. Electronic cigarettes: call to action. Geneva: World Health Organization; 2023 (<https://cdn.who.int/media/docs/default-source/tobacco-hq/regulating-tobacco-products/ends-call-to-action.pdf>)



Two men having a working lunch in a café with a laptop on a table © WHO / Mikhail Grigorev

Annex 1: Tables

The following tables appear in this annex and are also provided in table format in the WHO Global Health Observatory at <https://www.who.int/data/gho/data/themes/theme-details/GHO/tobacco-control>.

Table A1.1. Current tobacco use prevalence among people aged 15 years and older, 2024 estimates

Table A1.2. Current tobacco smoking prevalence among people aged 15 years and older, 2024 estimates

Table A1.3. Current cigarette smoking prevalence among people aged 15 years and older, 2024 estimates

Table A1.4. Number of tobacco users and tobacco smokers aged 15 years and older, 2024 estimates

Table A1.5. Current tobacco use prevalence trends among people aged 15 years and older, 2000–2030, not age-standardized

Table A1.6. Characteristics of the most recent survey in the survey set used to produce the estimates

Table A1.7. Current tobacco use relative reduction category, 2024

Table A1.1. Current tobacco use prevalence among people aged 15 years and older, 2024 estimates

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
GLOBAL			—	—	—	—	—	—	—	—	—	19.5	32.5	6.6
AFRICAN REGION			—	—	—	—	—	—	—	—	—	9.5	16.6	2.5
Algeria	DZA		15.6	22.9	30.2	30.4	44.3	58.3	0.3	0.6	0.8	22.4	44.2	0.6
Angola	AGO		...	...	...	...	...	...	...	...	...	...	...	...
Benin	BEN		5.1	6.6	8.0	9.4	11.8	14.3	0.9	1.4	1.9	7.4	13.2	1.6
Botswana	BWA		12.8	17.4	21.9	21.7	29.1	36.5	4.1	5.8	7.5	18.0	29.4	6.6
Burkina Faso	BFA		7.5	10.6	13.6	13.0	17.5	22.1	2.2	3.8	5.5	11.6	18.7	4.5
Burundi	BDI		5.0	9.1	13.1	8.2	13.7	19.3	1.8	4.5	7.2	10.1	15.5	4.7
Cabo Verde	CPV		7.3	10.3	13.3	11.3	15.6	20.0	3.2	4.9	6.5	10.4	15.9	4.9
Cameroon	CMR		3.3	5.0	6.6	6.2	8.9	11.6	0.6	1.1	1.7	5.7	10.0	1.3
Central African Republic	CAF		...	...	...	...	...	...	...	...	...	...	...	...
Chad	TCD	^b	4.5	6.8	9.2	8.1	12.2	16.2	0.9	1.6	2.2	7.4	13.0	1.8
Comoros	COM		6.2	8.4	10.5	11.2	14.9	18.6	1.1	1.8	2.4	8.9	15.9	2.0
Congo	COG		8.8	15.7	22.6	16.5	29.4	42.3	1.2	2.2	3.2	16.2	30.0	2.3
Côte d'Ivoire	CIV		5.4	7.2	9.0	9.8	12.9	16.0	0.9	1.3	1.7	7.3	13.4	1.3
Democratic Republic of the Congo	COD		6.7	11.2	15.8	12.1	19.9	27.7	1.5	2.8	4.2	12.3	21.6	3.0
Equatorial Guinea	GNQ		...	...	...	...	...	...	...	...	...	...	...	...
Eritrea	ERI		...	...	...	...	...	...	...	...	...	...	...	...
Eswatini	SWZ		7.5	10.3	13.0	13.9	18.8	23.6	1.5	2.3	3.1	11.5	20.5	2.5
Ethiopia	ETH		3.2	4.5	5.8	5.7	7.7	9.6	0.8	1.5	2.1	5.2	8.8	1.6
Gabon	GAB		9.2	13.5	17.8	16.3	23.3	30.3	1.7	3.2	4.7	13.3	23.2	3.3
Gambia	GMB		7.6	10.0	12.4	15.0	19.6	24.2	0.4	0.7	1.0	11.1	21.4	0.7

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	9.5	16.6	2.5
Ghana	GHA		2.3	3.0	3.7	4.2	5.4	6.6	0.4	0.6	0.8	3.3	6.0	0.6
Guinea	GIN		...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau	GNB		4.6	7.5	10.3	9.2	14.7	20.3	0.3	0.6	0.8	8.2	15.7	0.6
Kenya	KEN		6.5	8.2	9.9	11.7	14.6	17.5	1.3	1.9	2.5	9.6	16.8	2.4
Lesotho	LSO		19.6	25.9	32.3	37.0	47.4	57.9	3.7	6.2	8.7	28.0	49.4	6.6
Liberia	LBR		3.0	4.5	6.0	5.3	7.6	9.9	0.8	1.5	2.2	5.2	8.7	1.7
Madagascar	MDG		17.9	24.6	31.4	29.9	40.6	51.3	6.0	8.8	11.5	25.6	41.8	9.5
Malawi	MWI		5.0	6.6	8.2	9.3	12.1	14.8	1.0	1.5	2.0	8.9	15.0	2.7
Mali	MLI		4.9	7.1	9.2	9.4	13.4	17.4	0.4	0.7	0.9	7.4	14.0	0.8
Mauritania	MRT		7.3	9.6	11.9	13.5	17.6	21.7	1.7	2.2	2.8	9.9	17.3	2.4
Mauritius	MUS	^b	12.4	17.2	22.0	23.4	32.1	40.8	1.4	2.3	3.2	17.7	32.8	2.5
Mozambique	MOZ		6.1	8.7	11.4	11.2	15.8	20.4	1.5	2.5	3.4	10.5	18.2	2.9
Namibia	NAM		...	...	...	...	...	...	...	...	...	...	...	...
Niger	NER		4.6	7.5	10.5	8.5	13.8	19.1	0.5	1.1	1.6	7.4	13.8	1.1
Nigeria	NGA		1.9	2.9	3.8	3.6	5.4	7.1	0.2	0.4	0.5	3.1	5.8	0.4
Rwanda	RWA		5.1	6.8	8.5	7.4	9.7	12.0	3.0	4.2	5.3	10.1	14.5	5.7
Sao Tome and Principe	STP		5.0	7.5	10.0	9.0	13.3	17.5	1.2	1.9	2.7	8.3	14.5	2.1
Senegal	SEN		4.2	5.1	6.1	7.9	9.6	11.3	0.4	0.6	0.8	5.4	10.2	0.7
Seychelles	SYC		11.6	18.8	26.0	18.8	30.2	41.7	2.4	4.2	6.0	17.3	30.4	4.2
Sierra Leone	SLE		7.0	10.0	13.1	11.1	15.3	19.6	2.9	4.8	6.6	11.3	17.5	5.1

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	9.5	16.6	2.5
South Africa	ZAF	^b	17.4	23.3	29.3	29.3	39.3	49.2	6.3	8.5	10.7	23.7	39.0	8.5
South Sudan	SSD		...	...	...	...	...	...	...	...	...	...	...	...
Togo	TGO		3.5	5.1	6.8	6.5	9.5	12.4	0.4	0.8	1.2	5.8	10.8	0.9
Uganda	UGA		4.3	5.3	6.4	7.3	9.0	10.7	1.4	1.8	2.2	7.5	12.0	2.9
United Republic of Tanzania	TZA		4.9	6.1	7.4	8.7	10.8	13.0	1.2	1.6	2.1	7.7	13.1	2.4
Zambia	ZMB		8.7	12.0	15.4	16.1	21.9	27.6	1.5	2.5	3.6	14.3	25.3	3.3
Zimbabwe	ZWE		5.7	8.9	12.2	12.0	18.7	25.3	0.4	0.7	1.1	11.0	21.0	1.0
REGION OF THE AMERICAS			—	—	—	—	—	—	—	—	—	14.0	18.9	9.1
Antigua and Barbuda	ATG		...	...	...	...	...	...	...	...	...	...	...	...
Argentina	ARG		17.8	22.8	27.8	20.9	26.8	32.6	14.8	19.0	23.1	23.5	27.1	19.9
Bahamas	BHS		11.8	16.5	21.1	22.8	31.3	39.8	2.0	3.3	4.5	17.3	31.3	3.4
Barbados	BRB		...	...	...	...	...	...	...	...	...	...	...	...
Belize	BLZ	^b	5.4	8.5	11.6	9.6	15.0	20.4	1.2	2.0	2.7	8.5	15.0	2.0
Bolivia	BOL		6.6	12.2	17.8	11.3	20.5	29.6	2.0	4.1	6.2	12.3	20.6	4.1
Brazil	BRA		8.7	12.0	15.3	11.7	15.7	19.7	5.9	8.5	11.2	11.9	15.4	8.4
Canada	CAN		8.6	10.6	12.5	10.6	13.1	15.5	6.7	8.1	9.6	11.2	13.7	8.7
Chile	CHL	^b	20.3	26.0	31.7	22.7	28.8	34.9	18.0	23.3	28.6	26.7	29.2	24.3
Colombia	COL		5.9	8.0	10.1	8.8	11.9	15.1	3.1	4.2	5.3	8.0	11.9	4.1
Costa Rica	CRI		6.0	7.8	9.7	9.2	11.8	14.4	2.9	4.0	5.1	7.9	11.8	4.1
Cuba	CUB		11.9	17.2	22.5	17.5	25.2	32.8	6.4	9.6	12.7	16.1	23.6	8.7
Dominica	DMA		...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic	DOM		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.1. (continued)

			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	<i>Lower limit^a</i>	<i>Point estimate</i>	<i>Upper limit^a</i>	<i>Lower limit^a</i>	<i>Point estimate</i>	<i>Upper limit^a</i>	<i>Lower limit^a</i>	<i>Point estimate</i>	<i>Upper limit^a</i>	<i>Point estimate</i>	<i>Point estimate</i>	<i>Point estimate</i>
REGION OF THE AMERICAS (continued)			—	—	—	—	—	—	—	—	—	14.0	18.9	9.1
Ecuador	ECU		5.8	10.0	14.2	10.3	17.6	25.0	1.4	2.5	3.6	10.1	17.7	2.5
El Salvador	SLV	^b	5.6	7.7	9.8	10.5	14.1	17.7	1.4	2.2	3.0	8.2	14.1	2.2
Grenada	GRD		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	GTM		6.4	11.3	16.2	12.2	21.2	30.3	0.8	1.7	2.6	11.2	20.7	1.8
Guyana	GUY		7.7	10.9	14.0	14.6	20.4	26.2	1.4	2.1	2.8	11.7	21.2	2.2
Haiti	HTI		4.7	7.3	9.9	8.2	12.6	17.0	1.4	2.3	3.1	8.0	13.6	2.4
Honduras	HND		8.3	12.1	15.9	15.4	22.6	29.7	1.2	1.6	2.1	12.1	22.7	1.6
Jamaica	JAM	^b	6.3	11.4	16.4	10.2	18.5	26.8	2.5	4.5	6.4	11.5	18.5	4.4
Mexico	MEX		12.9	15.4	17.9	20.1	23.9	27.7	6.3	7.6	8.9	15.7	23.9	7.6
Nicaragua	NIC		...	...	...	...	...	...	...	...	...	...	...	...
Panama	PAN		3.5	4.8	6.2	5.7	7.8	9.9	1.3	1.9	2.4	4.8	7.8	1.8
Paraguay	PRY	^b	4.3	6.3	8.4	6.7	10.1	13.4	1.8	2.6	3.5	6.4	10.1	2.7
Peru	PER	^b	6.3	12.2	18.2	10.8	21.9	32.9	1.9	2.9	3.8	12.4	21.9	2.9
Saint Kitts and Nevis	KNA		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia	LCA		8.9	13.8	18.6	16.3	25.0	33.8	1.8	2.9	3.9	13.9	24.9	2.9
Saint Vincent and the Grenadines	VCT		...	...	...	...	...	...	...	...	...	...	...	...
Suriname	SUR		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago	TTO		...	...	...	...	...	...	...	...	...	...	...	...
United States of America	USA		12.4	15.6	18.9	15.8	20.1	24.4	8.9	11.1	13.4	15.8	20.0	11.6
Uruguay	URY		14.9	18.3	21.6	17.7	21.6	25.5	12.4	15.2	18.0	19.3	22.0	16.6
Venezuela (Bolivarian Republic of)	VEN		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.1. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
SOUTH-EAST ASIA REGION			—	—	—	—	—	—	—	—	—	20.2	32.4	8.0
Bangladesh	BGD		23.3	29.9	36.5	38.3	48.5	58.7	9.4	12.7	15.9	32.0	49.9	14.0
Bhutan	BTN		15.0	20.7	26.4	21.3	29.1	36.9	7.7	11.0	14.2	19.6	28.3	11.0
Democratic People's Republic of Korea	PRK	^b	11.4	16.1	20.8	23.3	32.9	42.5	0.0	0.0	0.0	15.6	31.1	0.0
India	IND		17.2	22.4	27.7	26.4	34.8	43.2	7.4	9.4	11.4	22.6	35.6	9.7
Maldives	MDV		22.5	31.0	39.5	31.9	43.3	54.6	5.9	9.2	12.4	25.5	41.7	9.3
Myanmar	MMR		30.3	43.2	56.1	49.9	70.1	90.3	11.2	17.0	22.8	43.4	70.1	16.7
Nepal	NPL		20.6	25.8	30.9	35.8	44.5	53.2	7.4	9.5	11.6	28.7	46.8	10.6
Sri Lanka	LKA		15.8	20.5	25.1	31.1	40.0	48.8	1.9	2.7	3.6	20.7	38.9	2.4
Thailand	THA	^b	14.1	17.7	21.2	28.0	35.0	41.9	1.1	1.5	1.9	17.8	34.2	1.3
Timor-Leste	TLS		36.4	47.3	58.2	59.0	74.6	90.3	13.6	19.7	25.9	48.8	76.2	21.4
EUROPEAN REGION			—	—	—	—	—	—	—	—	—	24.1	30.8	17.4
Albania	ALB	^b	16.3	21.5	26.7	28.7	37.1	45.6	4.5	6.6	8.8	21.4	36.7	6.1
Andorra	AND	^b	22.0	32.7	43.4	22.8	33.0	43.1	21.1	32.4	43.8	35.5	34.6	36.4
Armenia	ARM		19.2	24.4	29.6	40.8	51.7	62.6	1.5	2.0	2.5	26.2	50.5	1.8
Austria	AUT	^b	15.9	20.9	26.0	16.8	21.9	27.0	15.0	20.0	24.9	23.8	24.0	23.5
Azerbaijan	AZE		12.2	18.2	24.3	25.3	37.9	50.4	0.0	0.1	0.2	18.7	37.2	0.1
Belarus	BLR		21.1	27.2	33.2	35.5	45.4	55.4	9.1	11.8	14.5	29.2	44.5	13.9
Belgium	BEL	^b	17.6	21.7	25.9	19.9	24.7	29.5	15.3	18.9	22.5	23.5	26.4	20.6
Bosnia and Herzegovina	BIH	^b	19.1	35.3	51.5	22.2	42.2	62.3	16.3	29.1	41.9	37.1	43.0	31.2
Bulgaria	BGR	^b	27.2	34.9	42.6	30.1	39.3	48.5	24.6	30.9	37.3	38.7	40.6	36.7

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	24.1	30.8	17.4
Croatia	HRV	^b	24.2	30.3	36.5	26.3	32.7	39.1	22.2	28.2	34.1	34.4	35.1	33.6
Cyprus	CYP	^b	23.9	31.7	39.5	34.3	45.4	56.5	13.4	17.9	22.4	32.5	46.1	18.9
Czechia	CZE	^b	21.9	26.3	30.6	25.6	30.8	35.9	18.3	21.9	25.5	28.4	32.2	24.6
Denmark	DNK	^b	12.9	15.6	18.3	13.5	16.5	19.5	12.3	14.7	17.1	15.7	16.5	15.0
Estonia	EST		19.2	23.6	28.0	24.6	30.1	35.7	14.5	17.8	21.1	26.1	30.9	21.4
Finland	FIN		15.3	18.7	22.0	18.8	23.1	27.4	12.1	14.5	16.8	21.4	25.3	17.4
France	FRA	^b	23.0	28.3	33.7	25.5	31.5	37.4	20.7	25.5	30.2	33.6	35.9	31.2
Georgia	GEO		23.2	29.8	36.4	44.2	56.4	68.5	5.8	7.8	9.8	33.0	57.5	8.4
Germany	DEU	^b	15.9	19.3	22.6	18.0	22.1	26.2	13.8	16.5	19.2	22.0	24.3	19.6
Greece	GRC		20.7	27.5	34.2	25.1	32.5	39.9	16.5	22.8	29.1	30.2	34.1	26.2
Hungary	HUN	^b	22.6	28.1	33.6	25.0	31.1	37.2	20.4	25.4	30.3	30.8	32.7	28.9
Iceland	ISL	^b	7.4	9.0	10.6	7.6	9.2	10.8	7.2	8.8	10.3	9.2	9.4	9.0
Ireland	IRL	^b	14.1	17.2	20.3	16.2	20.0	23.7	12.1	14.6	17.1	18.2	21.2	15.3
Israel	ISR	^b	15.3	20.5	25.6	20.9	27.9	34.8	10.0	13.3	16.7	21.2	28.6	13.8
Italy	ITA	^b	16.9	20.3	23.6	20.0	23.8	27.7	14.0	16.9	19.8	22.4	25.6	19.3
Kazakhstan	KAZ		16.6	20.8	24.9	29.0	36.2	43.3	5.3	6.7	8.1	21.1	35.4	6.8
Kyrgyzstan	KGZ		15.9	21.5	27.2	30.4	41.0	51.7	2.2	3.2	4.1	22.2	41.2	3.2
Latvia	LVA		24.4	30.8	37.3	36.7	46.2	55.6	14.1	18.1	22.0	34.6	47.2	21.9
Lithuania	LTU		21.2	28.3	35.5	30.7	40.8	50.9	12.9	17.4	22.0	31.4	41.7	21.2
Luxembourg	LUX	^b	19.2	23.3	27.4	20.1	24.4	28.7	18.3	22.2	26.0	24.5	25.5	23.5
Malta	MLT	^b	18.0	22.9	27.8	19.8	25.2	30.5	16.0	20.4	24.8	24.6	26.0	23.1
Monaco	MCO		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	24.1	30.8	17.4
Montenegro	MNE	^b	24.8	37.0	49.2	29.0	39.8	50.6	21.1	34.5	47.9	37.2	39.9	34.4
Netherlands (Kingdom of the)	NLD	^b	15.4	19.3	23.1	17.6	22.0	26.3	13.3	16.7	20.1	20.5	23.0	18.0
North Macedonia	MKD	^b	26.8	39.9	53.1	28.6	43.4	58.2	25.0	36.7	48.3	39.6	43.4	35.7
Norway	NOR	^b	10.7	12.7	14.7	11.8	14.0	16.3	9.7	11.4	13.0	12.9	14.2	11.6
Poland	POL		16.7	21.2	25.8	20.1	25.5	30.9	13.6	17.3	21.0	21.7	25.0	18.3
Portugal	PRT	^b	18.2	23.4	28.5	24.4	30.8	37.3	12.8	16.7	20.6	28.6	34.8	22.5
Republic of Moldova	MDA	^b	19.5	25.5	31.5	38.2	50.0	61.8	4.4	5.8	7.1	28.8	50.7	6.9
Romania	ROU		21.3	26.9	32.4	29.3	36.8	44.4	14.0	17.7	21.5	29.7	38.4	21.0
Russian Federation	RUS		20.8	24.9	28.9	30.5	36.1	41.8	12.8	15.5	18.2	27.0	35.4	18.5
San Marino	SMR		...	...	...	...	...	...	...	...	...	...	...	...
Serbia	SRB	^b	26.7	36.4	46.1	27.6	37.3	47.0	25.8	35.6	45.3	39.7	39.2	40.2
Slovakia	SVK	^b	19.7	27.4	35.1	22.8	32.3	41.8	16.7	22.8	28.8	29.5	33.1	25.9
Slovenia	SVN	^b	15.7	19.1	22.5	16.4	20.1	23.7	14.9	18.0	21.2	20.9	21.3	20.5
Spain	ESP	^b	19.5	24.1	28.7	21.9	26.9	31.9	17.1	21.3	25.6	27.6	28.9	26.2
Sweden	SWE		15.8	19.7	23.6	20.3	25.3	30.2	11.2	14.0	16.9	20.3	25.9	14.6
Switzerland	CHE	^b	17.1	21.0	24.8	17.9	22.3	26.6	16.3	19.7	23.0	23.1	24.0	22.3
Tajikistan	TJK		...	...	...	...	...	...	...	...	...	...	...	...
Türkiye	TUR		25.3	30.8	36.3	34.6	42.1	49.6	16.2	19.7	23.3	31.1	41.9	20.2
Turkmenistan	TKM		3.1	5.2	7.3	6.1	10.3	14.4	0.3	0.5	0.7	5.4	10.3	0.5
Ukraine	UKR		16.7	21.0	25.3	29.2	36.5	43.8	6.2	8.0	9.8	23.7	36.8	10.5
United Kingdom of Great Britain and Northern Ireland	GBR	^b	9.8	11.8	13.9	11.3	13.6	16.0	8.3	10.1	11.9	12.8	14.6	11.0
Uzbekistan	UZB		11.3	16.1	20.8	22.1	31.2	40.4	0.6	1.0	1.4	16.3	31.6	1.0

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
			Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EASTERN MEDITERRANEAN REGION			—	—	—	—	—	—	—	—	—	18.0	32.3	3.7
Afghanistan	AFG		14.8	21.5	28.3	26.1	37.6	49.2	3.5	5.4	7.4	22.1	37.9	6.3
Bahrain	BHR	^b	11.9	18.5	25.2	17.3	25.5	33.8	2.1	5.7	9.3	15.4	24.9	5.9
Djibouti	DJI		...	...	...	...	...	...	...	...	...	...	...	...
Egypt	EGY	^b	17.8	24.9	31.9	35.4	49.2	63.1	0.2	0.4	0.6	25.0	49.6	0.4
Iran (Islamic Republic of)	IRN		7.6	12.7	17.8	14.4	23.7	33.1	0.7	1.4	2.1	11.9	22.5	1.3
Iraq	IRQ		11.5	19.5	27.5	21.8	37.3	52.8	1.3	2.0	2.6	20.1	38.1	2.2
Jordan	JOR	^b	27.7	34.7	41.8	44.2	55.1	66.0	9.9	12.8	15.8	34.1	55.1	13.1
Kuwait	KWT		14.6	24.5	34.4	22.3	37.3	52.3	1.3	2.4	3.5	19.4	36.4	2.4
Lebanon	LBN		35.1	47.0	58.8	40.4	53.8	67.2	30.3	40.8	51.2	46.9	54.1	39.7
Libya	LBY		18.9	24.7	30.5	37.2	48.6	60.0	0.1	0.2	0.3	24.2	48.2	0.2
Morocco	MAR	^b	8.2	12.6	17.1	15.8	24.0	32.2	0.5	1.2	1.9	12.5	23.8	1.2
Oman	OMN		8.7	11.7	14.8	13.0	17.6	22.1	0.2	0.4	0.6	8.5	16.6	0.4
Pakistan	PAK		11.9	16.2	20.6	19.9	26.7	33.6	3.7	5.5	7.4	17.9	29.5	6.2
Qatar	QAT		14.2	18.4	22.6	18.5	23.3	28.2	1.3	3.7	6.2	12.5	21.5	3.6
Saudi Arabia	SAU		14.3	18.4	22.6	21.1	27.1	33.1	2.5	3.4	4.3	14.7	25.8	3.6
Somalia	SOM		...	...	...	...	...	...	...	...	...	...	...	...
Sudan	SDN		...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic	SYR		...	...	...	...	...	...	...	...	...	...	...	...
Tunisia	TUN		19.1	24.0	29.0	37.6	46.8	56.1	1.5	2.3	3.1	24.4	46.6	2.3
United Arab Emirates	ARE	^b	7.2	11.1	15.1	10.0	15.5	20.9	1.5	2.6	3.6	9.0	15.3	2.6
Yemen	YEM		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.1. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION			—	—	—	—	—	—	—	—	—	26.1	49.3	2.8
Australia	AUS	^b	8.9	11.0	13.2	10.1	12.9	15.6	7.7	9.3	10.8	11.6	13.4	9.9
Brunei Darussalam	BRN	^b	12.4	15.8	19.3	21.9	27.8	33.7	1.5	2.1	2.7	14.5	26.9	2.1
Cambodia	KHM		13.4	17.2	21.0	23.6	30.0	36.4	4.0	5.3	6.7	18.6	31.7	5.5
China	CHN	^b	19.2	24.4	29.5	36.6	46.4	56.1	1.5	1.9	2.4	22.8	44.2	1.5
Cook Islands	COK	^b	20.8	26.2	31.6	23.3	29.7	36.1	18.5	23.0	27.4	28.4	32.4	24.4
Fiji	FJI	^b	18.5	25.4	32.2	28.6	38.8	49.0	8.7	12.4	16.0	25.8	39.1	12.4
Indonesia	IDN		24.6	31.2	37.8	47.0	59.7	72.3	2.3	2.8	3.4	31.0	59.3	2.7
Japan	JPN	^b	12.7	15.4	18.1	20.0	24.2	28.3	5.7	7.1	8.4	17.5	26.2	8.9
Kiribati	KIR	^b	24.9	36.2	47.4	34.4	49.5	64.7	16.4	24.1	31.9	37.7	50.4	25.0
Lao People's Democratic Republic	LAO		17.7	24.4	31.1	30.3	41.0	51.8	5.2	7.8	10.5	25.4	42.5	8.3
Malaysia	MYS		11.2	17.9	24.7	21.0	33.6	46.1	0.3	0.6	0.9	16.9	33.1	0.6
Marshall Islands	MHL		22.5	30.9	39.4	38.5	52.4	66.3	5.8	8.5	11.3	29.9	51.3	8.5
Micronesia (Federated States of)	FSM		...	...	...	...	...	...	...	...	...	...	...	...
Mongolia	MNG		22.2	29.5	36.7	39.6	52.3	65.1	5.5	7.4	9.3	29.5	51.7	7.3
Nauru	NRU		26.2	35.3	44.3	21.7	29.3	36.9	30.9	41.4	51.9	34.8	28.7	40.9
New Zealand	NZL	^b	5.8	8.6	11.5	6.4	9.7	12.9	5.2	7.7	10.1	9.3	10.3	8.4
Niue	NIU		...	...	...	...	...	...	...	...	...	...	...	...
Palau	PLW		13.9	23.0	32.1	20.9	33.5	46.1	5.7	10.6	15.5	23.0	35.0	11.1
Papua New Guinea	PNG	^b	28.3	40.1	52.0	39.8	54.4	69.1	16.2	25.1	34.0	39.3	53.5	25.2
Philippines	PHL	^b	15.3	19.7	24.1	27.8	35.6	43.5	3.1	4.2	5.2	19.9	35.4	4.4

Table A1.1. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION (continued)			—	—	—	—	—	—	—	—	—	26.1	49.3	2.8
Republic of Korea	KOR	^b	14.1	17.6	21.1	24.3	30.2	36.1	3.9	5.1	6.3	18.6	31.5	5.6
Samoa	WSM		14.3	22.5	30.7	20.0	31.5	43.0	8.7	13.6	18.5	23.1	32.3	13.8
Singapore	SGP	^b	10.8	13.9	17.0	17.2	22.0	26.9	3.9	5.2	6.5	13.8	22.1	5.6
Solomon Islands	SLB	^b	23.2	39.2	55.3	33.8	57.1	80.3	12.2	20.8	29.4	38.4	56.2	20.6
Tonga	TON	^b	22.3	30.2	38.0	35.2	47.4	59.6	11.8	16.1	20.5	32.1	47.9	16.3
Tuvalu	TUV	^b	23.2	33.5	43.8	33.0	47.6	62.2	13.2	19.2	25.2	33.4	47.6	19.2
Vanuatu	VUT	^b	19.9	25.3	30.7	32.8	41.4	50.0	7.1	9.4	11.6	24.9	40.8	8.9
Viet Nam	VNM		16.9	21.3	25.7	34.1	42.8	51.5	1.0	1.3	1.7	21.1	41.1	1.1

^a Lower and upper limits are around a 95% credible interval.

^b Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

Table A1.2. Current tobacco smoking prevalence among people aged 15 years and older, 2024 estimates

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
GLOBAL			—	—	—	—	—	—	—	—	—	16.1	27.7	4.6
AFRICAN REGION			—	—	—	—	—	—	—	—	—	8.0	14.4	1.7
Algeria	DZA		12.3	17.7	23.1	23.8	34.2	44.5	0.4	0.6	0.9	17.4	34.1	0.6
Angola	AGO		...	...	...	...	...	...	...	...	...	...	...	...
Benin	BEN		3.6	4.5	5.4	6.8	8.4	9.9	0.5	0.7	0.9	5.0	9.3	0.7
Botswana	BWA		10.3	14.2	18.2	18.6	25.7	32.8	2.0	3.0	3.9	14.7	25.9	3.4
Burkina Faso	BFA		5.6	7.5	9.3	10.0	12.9	15.8	1.3	2.2	3.0	7.9	13.4	2.5
Burundi	BDI		4.4	7.3	10.2	7.9	12.9	18.0	1.0	1.8	2.6	8.2	14.4	2.0
Cabo Verde	CPV		5.3	7.3	9.4	8.7	11.9	15.1	1.7	2.6	3.4	7.3	12.1	2.6
Cameroon	CMR		3.2	4.6	6.0	6.2	8.9	11.6	0.2	0.3	0.5	5.2	10.0	0.4
Central African Republic	CAF		...	...	...	...	...	...	...	...	...	...	...	...
Chad	TCD		4.5	6.8	9.2	8.1	12.2	16.2	0.9	1.6	2.2	7.4	13.0	1.8
Comoros	COM		4.9	6.5	8.1	9.3	12.3	15.3	0.5	0.7	1.0	6.8	12.8	0.8
Congo	COG		8.4	15.2	22.0	16.5	29.4	42.3	0.4	1.2	1.9	15.6	30.0	1.2
Côte d'Ivoire	CIV		5.3	7.1	8.9	9.8	12.9	16.0	0.6	1.0	1.4	7.2	13.4	1.0
Democratic Republic of the Congo	COD		4.9	8.9	12.8	9.2	16.3	23.4	0.8	1.7	2.6	9.7	17.6	1.8
Equatorial Guinea	GNQ		...	...	...	...	...	...	...	...	...	...	...	...
Eritrea	ERI		...	...	...	...	...	...	...	...	...	...	...	...
Eswatini	SWZ		6.1	8.6	11.1	11.4	15.8	20.2	1.1	1.7	2.4	9.4	17.0	1.9
Ethiopia	ETH		2.2	3.1	4.0	3.9	5.3	6.7	0.5	0.9	1.3	3.5	6.1	1.0
Gabon	GAB		8.1	11.2	14.3	14.3	19.6	24.9	1.6	2.4	3.2	11.0	19.5	2.5
Gambia	GMB		7.4	9.5	11.7	14.7	18.9	23.0	0.3	0.5	0.6	10.6	20.8	0.5

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	8.0	14.4	1.7
Ghana	GHA		1.6	2.2	2.8	3.0	4.0	5.0	0.3	0.5	0.7	2.4	4.4	0.5
Guinea	GIN		...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau	GNB		4.6	7.4	10.1	9.2	14.7	20.3	0.1	0.3	0.6	8.0	15.7	0.4
Kenya	KEN		5.0	6.4	7.8	9.6	12.1	14.5	0.6	0.9	1.2	7.3	13.6	1.1
Lesotho	LSO		16.9	21.3	25.6	34.2	42.7	51.3	1.0	1.5	2.0	23.0	44.5	1.5
Liberia	LBR		3.0	4.3	5.6	5.4	7.5	9.6	0.7	1.2	1.7	5.0	8.8	1.2
Madagascar	MDG		12.7	15.9	19.1	24.6	30.8	36.9	0.8	1.1	1.4	16.1	31.0	1.2
Malawi	MWI		4.6	6.0	7.4	9.1	11.5	13.8	0.5	1.0	1.5	7.9	14.2	1.6
Mali	MLI		4.6	6.0	7.4	8.9	11.5	14.0	0.3	0.4	0.6	6.1	11.7	0.5
Mauritania	MRT		6.9	9.2	11.4	13.1	17.0	21.0	1.2	2.0	2.7	9.0	16.0	1.9
Mauritius	MUS		12.4	17.2	22.0	23.4	32.1	40.8	1.4	2.3	3.2	17.7	32.8	2.5
Mozambique	MOZ		4.8	7.0	9.2	9.1	13.0	17.0	1.0	1.6	2.2	8.5	15.0	1.9
Namibia	NAM		...	...	...	...	...	...	...	...	...	...	...	...
Niger	NER		3.5	6.1	8.7	6.7	11.6	16.4	0.2	0.5	0.9	6.1	11.5	0.6
Nigeria	NGA		1.9	2.9	3.8	3.6	5.4	7.1	0.2	0.3	0.5	3.0	5.8	0.3
Rwanda	RWA		4.1	5.6	7.1	6.5	8.6	10.6	2.0	2.9	3.9	8.4	12.9	4.0
Sao Tome and Principe	STP		3.0	5.2	7.3	5.5	9.4	13.4	0.5	1.0	1.5	5.6	10.2	1.0
Senegal	SEN		4.2	5.1	6.1	7.9	9.6	11.3	0.4	0.6	0.8	5.4	10.2	0.6
Seychelles	SYC		11.6	18.8	26.0	18.8	30.2	41.7	2.4	4.2	6.0	17.3	30.4	4.2
Sierra Leone	SLE		7.2	10.0	12.7	11.5	15.2	19.0	2.9	4.8	6.6	11.2	17.3	5.1

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	8.0	14.4	1.7
South Africa	ZAF		17.4	23.3	29.3	29.3	39.3	49.2	6.3	8.5	10.7	23.7	39.0	8.5
South Sudan	SSD		...	...	...	...	...	...	...	...	...	...	...	...
Togo	TGO		3.2	4.5	5.9	6.1	8.6	11.2	0.2	0.4	0.6	5.1	9.7	0.4
Uganda	UGA		3.3	4.4	5.5	5.8	7.8	9.8	0.9	1.2	1.5	6.1	10.3	1.9
United Republic of Tanzania	TZA		3.8	5.0	6.3	7.1	9.2	11.4	0.6	1.0	1.4	6.2	11.1	1.3
Zambia	ZMB		7.9	10.5	13.1	15.0	19.8	24.6	1.1	1.6	2.1	12.6	22.5	2.6
Zimbabwe	ZWE		5.4	8.1	10.9	11.5	17.0	22.5	0.2	0.6	1.0	9.9	19.0	0.7
REGION OF THE AMERICAS			—	—	—	—	—	—	—	—	—	13.5	18.0	9.1
Antigua and Barbuda	ATG		...	...	...	...	...	...	...	...	...	...	...	...
Argentina	ARG		17.8	22.8	27.8	20.9	26.8	32.6	14.8	19.0	23.1	23.5	27.1	19.9
Bahamas	BHS		8.3	13.0	17.6	16.2	25.0	33.7	1.2	2.3	3.3	13.6	24.9	2.3
Barbados	BRB		...	...	...	...	...	...	...	...	...	...	...	...
Belize	BLZ		5.4	8.5	11.6	9.6	15.0	20.4	1.2	2.0	2.7	8.5	15.0	2.0
Bolivia	BOL		6.6	12.2	17.8	11.3	20.5	29.6	2.0	4.1	6.2	12.3	20.6	4.1
Brazil	BRA		8.7	12.0	15.3	11.7	15.7	19.7	5.9	8.5	11.2	11.9	15.4	8.4
Canada	CAN		8.6	10.6	12.5	10.6	13.1	15.5	6.6	8.1	9.6	11.2	13.7	8.7
Chile	CHL		20.3	26.0	31.7	22.7	28.8	34.9	18.0	23.3	28.6	26.7	29.2	24.3
Colombia	COL		5.9	8.0	10.1	8.8	11.9	15.1	3.1	4.2	5.3	8.0	11.9	4.1
Costa Rica	CRI		6.0	7.8	9.7	9.2	11.8	14.4	2.9	4.0	5.1	7.9	11.8	4.1
Cuba	CUB		11.9	17.2	22.5	17.5	25.2	32.8	6.4	9.6	12.7	16.1	23.6	8.7
Dominica	DMA		...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic	DOM		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
REGION OF THE AMERICAS (continued)			—	—	—	—	—	—	—	—	—	13.5	18.0	9.1
Ecuador	ECU		5.8	10.0	14.2	10.3	17.6	25.0	1.4	2.5	3.6	10.1	17.7	2.5
El Salvador	SLV		5.6	7.7	9.8	10.5	14.1	17.7	1.4	2.2	3.0	8.2	14.1	2.2
Grenada	GRD		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	GTM		6.4	11.3	16.2	12.2	21.2	30.3	0.8	1.7	2.6	11.2	20.7	1.8
Guyana	GUY		7.7	10.9	14.0	14.6	20.4	26.2	1.4	2.1	2.8	11.7	21.2	2.2
Haiti	HTI		4.7	7.3	9.9	8.2	12.6	17.0	1.4	2.3	3.1	8.0	13.6	2.4
Honduras	HND		8.3	12.1	15.9	15.4	22.6	29.7	1.2	1.6	2.1	12.1	22.7	1.6
Jamaica	JAM		6.3	11.4	16.4	10.2	18.5	26.8	2.5	4.5	6.4	11.5	18.5	4.4
Mexico	MEX		12.9	15.4	17.9	20.1	23.9	27.7	6.3	7.6	8.9	15.7	23.9	7.6
Nicaragua	NIC		...	...	...	...	...	...	...	...	...	...	...	...
Panama	PAN		3.1	4.5	5.9	4.9	7.2	9.5	1.3	1.9	2.4	4.5	7.2	1.8
Paraguay	PRY		4.3	6.3	8.4	6.7	10.1	13.4	1.8	2.6	3.5	6.4	10.1	2.7
Peru	PER		6.3	12.2	18.2	10.8	21.9	32.9	1.9	2.9	3.8	12.4	21.9	2.9
Saint Kitts and Nevis	KNA		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia	LCA		8.9	13.8	18.6	16.3	25.0	33.8	1.8	2.9	3.9	13.9	24.9	2.9
Saint Vincent and the Grenadines	VCT		...	...	...	...	...	...	...	...	...	...	...	...
Suriname	SUR		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago	TTO		...	...	...	...	...	...	...	...	...	...	...	...
United States of America	USA		11.2	14.1	17.0	13.6	17.1	20.5	8.9	11.1	13.4	14.6	17.6	11.6
Uruguay	URY		14.9	18.3	21.6	17.7	21.6	25.5	12.4	15.2	18.0	19.3	22.0	16.6
Venezuela (Bolivarian Republic of)	VEN		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
SOUTH-EAST ASIA REGION			—	—	—	—	—	—	—	—	—	9.2	17.3	1.2
Bangladesh	BGD		12.1	15.9	19.6	24.9	32.5	40.1	0.2	0.3	0.5	16.7	33.1	0.4
Bhutan	BTN		5.2	7.8	10.5	7.8	12.0	16.1	2.0	3.0	4.0	7.3	11.6	3.0
Democratic People's Republic of Korea	PRK		11.4	16.1	20.8	23.3	32.9	42.5	0.0	0.0	0.0	15.6	31.1	0.0
India	IND		6.9	9.3	11.6	12.5	16.7	20.9	1.0	1.4	1.7	9.2	17.1	1.4
Maldives	MDV		21.2	28.8	36.5	31.9	43.3	54.6	2.1	3.2	4.2	22.4	41.7	3.2
Myanmar	MMR		17.9	24.2	30.6	32.6	43.8	54.9	3.6	5.2	6.9	24.5	43.8	5.1
Nepal	NPL		12.0	14.9	17.8	21.2	26.1	30.9	4.0	5.2	6.5	16.6	27.3	5.8
Sri Lanka	LKA		9.4	12.9	16.5	19.4	26.6	33.8	0.3	0.5	0.7	13.3	26.1	0.4
Thailand	THA		14.1	17.7	21.2	28.0	35.0	41.9	1.1	1.5	1.9	17.8	34.2	1.3
Timor-Leste	TLS		32.8	42.0	51.2	59.0	74.6	90.3	6.5	9.1	11.7	43.3	76.2	10.3
EUROPEAN REGION			—	—	—	—	—	—	—	—	—	23.5	29.8	17.2
Albania	ALB		16.3	21.5	26.7	28.7	37.1	45.6	4.5	6.6	8.8	21.4	36.7	6.1
Andorra	AND		22.0	32.7	43.4	22.8	33.0	43.1	21.1	32.4	43.8	35.5	34.6	36.4
Armenia	ARM		19.2	24.3	29.5	40.8	51.7	62.6	1.4	1.9	2.3	26.1	50.5	1.7
Austria	AUT		15.9	20.9	26.0	16.8	21.9	27.0	15.0	20.0	24.9	23.8	24.0	23.5
Azerbaijan	AZE		12.2	18.2	24.3	25.3	37.9	50.4	0.0	0.1	0.2	18.7	37.2	0.1
Belarus	BLR		18.3	22.9	27.5	31.1	38.7	46.4	7.4	9.6	11.7	24.8	38.0	11.5
Belgium	BEL		17.6	21.7	25.9	19.9	24.7	29.5	15.3	18.9	22.5	23.5	26.4	20.6
Bosnia and Herzegovina	BIH		19.1	35.3	51.5	22.2	42.2	62.3	16.3	29.1	41.9	37.1	43.0	31.2
Bulgaria	BGR		27.2	34.9	42.6	30.1	39.3	48.5	24.6	30.9	37.3	38.7	40.6	36.7

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	23.5	29.8	17.2
Croatia	HRV		24.2	30.3	36.5	26.3	32.7	39.1	22.2	28.2	34.1	34.4	35.1	33.6
Cyprus	CYP		23.9	31.7	39.5	34.3	45.4	56.5	13.4	17.9	22.4	32.5	46.1	18.9
Czechia	CZE		21.9	26.3	30.6	25.6	30.8	35.9	18.3	21.9	25.5	28.4	32.2	24.6
Denmark	DNK		12.9	15.6	18.3	13.5	16.5	19.5	12.3	14.7	17.1	15.7	16.5	15.0
Estonia	EST		17.6	21.6	25.6	22.3	27.1	31.9	13.4	16.7	20.0	24.0	27.8	20.2
Finland	FIN		11.7	14.4	17.1	13.6	16.6	19.5	9.8	12.2	14.7	16.5	18.2	14.8
France	FRA		23.0	28.3	33.7	25.5	31.5	37.4	20.7	25.5	30.2	33.6	35.9	31.2
Georgia	GEO		21.7	28.0	34.3	40.7	52.4	64.1	5.9	7.8	9.6	31.0	53.6	8.4
Germany	DEU		15.9	19.3	22.6	18.0	22.1	26.2	13.8	16.5	19.2	22.0	24.3	19.6
Greece	GRC		20.7	27.5	34.2	25.1	32.5	39.9	16.5	22.8	29.1	30.2	34.1	26.2
Hungary	HUN		22.6	28.1	33.6	25.0	31.1	37.2	20.4	25.4	30.3	30.8	32.7	28.9
Iceland	ISL		7.4	9.0	10.6	7.6	9.2	10.8	7.2	8.8	10.3	9.2	9.4	9.0
Ireland	IRL		14.1	17.2	20.3	16.2	20.0	23.7	12.1	14.6	17.1	18.2	21.2	15.3
Israel	ISR		15.3	20.5	25.6	20.9	27.9	34.8	10.0	13.3	16.7	21.2	28.6	13.8
Italy	ITA		16.9	20.3	23.6	20.0	23.8	27.7	14.0	16.9	19.8	22.4	25.6	19.3
Kazakhstan	KAZ		16.6	20.0	23.4	29.0	34.6	40.2	5.3	6.7	8.1	20.3	33.8	6.8
Kyrgyzstan	KGZ		12.6	17.4	22.2	23.9	32.8	41.8	2.0	2.9	3.8	17.9	33.0	2.9
Latvia	LVA		22.3	27.5	32.6	33.2	40.9	48.6	13.3	16.3	19.3	30.9	41.8	19.9
Lithuania	LTU		19.8	24.9	30.1	29.0	36.2	43.4	11.7	15.1	18.5	28.4	37.3	19.5
Luxembourg	LUX		19.2	23.3	27.4	20.1	24.4	28.7	18.3	22.2	26.0	24.5	25.5	23.5
Malta	MLT		18.0	22.9	27.8	19.8	25.2	30.5	16.0	20.4	24.8	24.6	26.0	23.1
Monaco	MCO		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	23.5	29.8	17.2
Montenegro	MNE		24.8	37.0	49.2	29.0	39.8	50.6	21.1	34.5	47.9	37.2	39.9	34.4
Netherlands (Kingdom of the)	NLD		15.4	19.3	23.1	17.6	22.0	26.3	13.3	16.7	20.1	20.5	23.0	18.0
North Macedonia	MKD		26.8	39.9	53.1	28.6	43.4	58.2	25.0	36.7	48.3	39.6	43.4	35.7
Norway	NOR		10.7	12.7	14.7	11.8	14.0	16.3	9.7	11.4	13.0	12.9	14.2	11.6
Poland	POL		16.7	21.2	25.8	20.1	25.5	30.9	13.6	17.3	21.0	21.7	25.0	18.3
Portugal	PRT		18.2	23.4	28.5	24.4	30.8	37.3	12.8	16.7	20.6	28.6	34.8	22.5
Republic of Moldova	MDA		19.5	25.5	31.5	38.2	50.0	61.8	4.4	5.8	7.1	28.8	50.7	6.9
Romania	ROU		19.8	26.0	32.2	27.5	36.2	44.9	12.7	16.6	20.5	28.7	37.7	19.6
Russian Federation	RUS		19.4	23.0	26.6	30.5	36.1	41.8	10.1	12.1	14.0	24.9	35.4	14.3
San Marino	SMR		...	...	...	...	...	...	...	...	...	...	...	...
Serbia	SRB		26.7	36.4	46.1	27.6	37.3	47.0	25.8	35.6	45.3	39.7	39.2	40.2
Slovakia	SVK		19.7	27.4	35.1	22.8	32.3	41.8	16.7	22.8	28.8	29.5	33.1	25.9
Slovenia	SVN		15.7	19.1	22.5	16.4	20.1	23.7	14.9	18.0	21.2	20.9	21.3	20.5
Spain	ESP		19.5	24.1	28.7	21.9	26.9	31.9	17.1	21.3	25.6	27.6	28.9	26.2
Sweden	SWE		8.0	9.9	11.9	9.6	11.7	13.8	6.3	8.1	9.9	10.2	12.0	8.5
Switzerland	CHE		17.1	21.0	24.8	17.9	22.3	26.6	16.3	19.7	23.0	23.1	24.0	22.3
Tajikistan	TJK		...	...	...	...	...	...	...	...	...	...	...	...
Türkiye	TUR		25.3	30.8	36.3	34.6	42.1	49.6	16.2	19.7	23.3	31.1	41.9	20.2
Turkmenistan	TKM		3.1	4.8	6.5	6.2	9.5	12.8	0.2	0.4	0.6	5.0	9.5	0.4
Ukraine	UKR		16.4	20.4	24.5	28.9	35.7	42.5	5.9	7.6	9.3	23.0	36.0	10.0
United Kingdom of Great Britain and Northern Ireland	GBR		9.8	11.8	13.9	11.3	13.6	16.0	8.3	10.1	11.9	12.8	14.6	11.0
Uzbekistan	UZB		6.6	10.1	13.6	12.7	19.4	26.1	0.5	0.9	1.3	10.1	19.3	0.9

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EASTERN MEDITERRANEAN REGION			—	—	—	—	—	—	—	—	—	15.2	28.0	2.4
Afghanistan	AFG		5.9	8.7	11.6	10.7	15.8	20.9	1.0	1.6	2.2	8.5	15.4	1.7
Bahrain	BHR		11.9	18.5	25.2	17.3	25.5	33.8	2.1	5.7	9.3	15.4	24.9	5.9
Djibouti	DJI		...	...	...	...	...	...	...	...	...	...	...	...
Egypt	EGY		17.8	24.9	31.9	35.4	49.2	63.1	0.2	0.4	0.6	25.0	49.6	0.4
Iran (Islamic Republic of)	IRN		5.5	8.4	11.4	10.5	16.2	21.8	0.2	0.5	0.7	8.0	15.4	0.5
Iraq	IRQ		11.3	19.3	27.4	21.8	37.3	52.8	1.0	1.7	2.4	20.0	38.1	1.8
Jordan	JOR		27.7	34.7	41.8	44.2	55.1	66.0	9.9	12.8	15.8	34.1	55.1	13.1
Kuwait	KWT		14.6	24.5	34.4	22.3	37.3	52.3	1.3	2.4	3.5	19.4	36.4	2.4
Lebanon	LBN		35.1	47.0	58.8	40.4	53.8	67.2	30.3	40.8	51.2	46.9	54.1	39.7
Libya	LBY		16.9	23.3	29.7	33.3	45.8	58.3	0.0	0.2	0.3	22.8	45.4	0.2
Morocco	MAR		8.2	12.6	17.1	15.8	24.0	32.2	0.5	1.2	1.9	12.5	23.8	1.2
Oman	OMN		8.0	10.7	13.4	12.1	16.1	20.1	0.2	0.3	0.4	7.8	15.2	0.3
Pakistan	PAK		8.5	11.6	14.8	15.3	20.6	25.8	1.6	2.6	3.5	12.8	22.8	2.8
Qatar	QAT		11.8	17.4	22.9	15.4	21.9	28.5	1.3	3.7	6.2	11.9	20.3	3.6
Saudi Arabia	SAU		12.3	16.6	21.0	18.5	24.3	30.2	1.5	3.1	4.8	13.4	23.5	3.3
Somalia	SOM		...	...	...	...	...	...	...	...	...	...	...	...
Sudan	SDN		...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic	SYR		...	...	...	...	...	...	...	...	...	...	...	...
Tunisia	TUN		17.7	23.4	29.1	34.7	45.6	56.4	1.5	2.3	3.1	23.8	45.4	2.3
United Arab Emirates	ARE		7.2	11.1	15.1	10.0	15.5	20.9	1.5	2.6	3.6	9.0	15.3	2.6
Yemen	YEM		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION			—	—	—	—	—	—	—	—	—	25.9	49.3	2.5
Australia	AUS		8.9	11.0	13.2	10.1	12.9	15.6	7.7	9.3	10.8	11.6	13.4	9.9
Brunei Darussalam	BRN		12.4	15.8	19.3	21.9	27.8	33.7	1.5	2.1	2.7	14.5	26.9	2.1
Cambodia	KHM		10.9	14.1	17.2	21.2	27.3	33.4	1.4	1.8	2.2	15.3	28.7	1.9
China	CHN		19.2	24.4	29.5	36.6	46.4	56.1	1.5	1.9	2.4	22.8	44.2	1.5
Cook Islands	COK		20.8	26.2	31.6	23.3	29.7	36.1	18.5	23.0	27.4	28.4	32.4	24.4
Fiji	FJI		18.5	25.4	32.2	28.6	38.8	49.0	8.7	12.4	16.0	25.8	39.1	12.4
Indonesia	IDN		23.9	30.4	36.8	47.0	59.7	72.3	0.9	1.2	1.5	30.2	59.3	1.2
Japan	JPN		12.7	15.4	18.1	20.0	24.2	28.3	5.7	7.1	8.4	17.5	26.2	8.9
Kiribati	KIR		24.9	36.2	47.4	34.4	49.5	64.7	16.4	24.1	31.9	37.7	50.4	25.0
Lao People's Democratic Republic	LAO		16.4	22.7	29.0	30.3	41.0	51.8	2.6	4.5	6.4	23.6	42.5	4.7
Malaysia	MYS		11.2	17.9	24.6	21.0	33.6	46.1	0.3	0.5	0.7	16.8	33.1	0.5
Marshall Islands	MHL		17.2	24.2	31.1	31.1	43.4	55.8	2.8	4.0	5.3	23.3	42.6	4.1
Micronesia (Federated States of)	FSM		...	...	...	...	...	...	...	...	...	...	...	...
Mongolia	MNG		21.6	27.9	34.2	38.8	49.9	61.0	5.0	6.7	8.4	27.9	49.3	6.6
Nauru	NRU		25.0	34.1	43.2	19.8	27.6	35.5	30.3	40.7	51.2	33.7	27.2	40.3
New Zealand	NZL		5.8	8.6	11.5	6.4	9.7	12.9	5.2	7.7	10.1	9.3	10.3	8.4
Niue	NIU		...	...	...	...	...	...	...	...	...	...	...	...
Palau	PLW		11.7	17.7	23.8	17.6	26.2	34.8	4.7	7.7	10.8	17.7	27.4	8.0
Papua New Guinea	PNG		28.3	40.1	52.0	39.8	54.4	69.1	16.2	25.1	34.0	39.3	53.5	25.2
Philippines	PHL		15.3	19.7	24.1	27.8	35.6	43.5	3.1	4.2	5.2	19.9	35.4	4.4

Table A1.2. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION (continued)			—	—	—	—	—	—	—	—	—	25.9	49.3	2.5
Republic of Korea	KOR		14.1	17.6	21.1	24.3	30.2	36.1	3.9	5.1	6.3	18.6	31.5	5.6
Samoa	WSM		14.3	22.5	30.7	20.0	31.5	43.0	8.7	13.6	18.5	23.1	32.3	13.8
Singapore	SGP		10.8	13.9	17.0	17.2	22.0	26.9	3.9	5.2	6.5	13.8	22.1	5.6
Solomon Islands	SLB		23.2	39.2	55.3	33.8	57.1	80.3	12.2	20.8	29.4	38.4	56.2	20.6
Tonga	TON		22.3	30.2	38.0	35.2	47.4	59.6	11.8	16.1	20.5	32.1	47.9	16.3
Tuvalu	TUV		23.2	33.5	43.8	33.0	47.6	62.2	13.2	19.2	25.2	33.4	47.6	19.2
Vanuatu	VUT		19.9	25.3	30.7	32.8	41.4	50.0	7.1	9.4	11.6	24.9	40.8	8.9
Viet Nam	VNM		16.2	20.6	25.0	32.9	41.8	50.6	0.6	0.8	1.1	20.5	40.2	0.8

^a Lower and upper limits are around a 95% credible interval.

Table A1.3. Current cigarette smoking prevalence among people aged 15 years and older, 2024 estimates

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
GLOBAL			—	—	—	—	—	—	—	—	—	13.8	23.8	3.7
AFRICAN REGION			—	—	—	—	—	—	—	—	—	6.3	11.6	1.0
Algeria	DZA		9.6	15.3	21.0	18.8	29.8	40.8	0.1	0.3	0.4	15.0	29.7	0.3
Angola	AGO		...	...	...	...	...	...	...	...	...	...	...	...
Benin	BEN		2.9	3.6	4.4	5.5	7.0	8.4	0.2	0.3	0.5	4.0	7.8	0.3
Botswana	BWA		9.4	13.4	17.4	17.5	24.9	32.3	1.4	2.1	2.9	13.5	24.7	2.3
Burkina Faso	BFA		4.8	6.2	7.6	9.2	11.7	14.2	0.5	0.8	1.2	6.5	12.1	0.9
Burundi	BDI		3.1	5.7	8.3	5.9	10.7	15.5	0.5	0.9	1.3	6.5	11.9	1.0
Cabo Verde	CPV		3.6	5.5	7.4	6.5	9.7	13.0	0.7	1.2	1.6	5.5	9.8	1.2
Cameroon	CMR		2.7	3.9	5.1	5.3	7.7	10.1	0.1	0.2	0.3	4.4	8.7	0.2
Central African Republic	CAF		...	...	...	...	...	...	...	...	...	...	...	...
Chad	TCD		3.3	4.9	6.5	6.4	9.4	12.5	0.3	0.5	0.6	5.3	10.1	0.5
Comoros	COM		3.4	4.7	6.1	6.5	9.1	11.7	0.2	0.3	0.4	4.9	9.5	0.3
Congo	COG		6.7	11.5	16.3	13.2	22.6	32.1	0.2	0.5	0.8	11.8	23.1	0.5
Côte d'Ivoire	CIV		4.6	6.3	8.0	8.6	11.7	14.9	0.4	0.7	0.9	6.4	12.2	0.7
Democratic Republic of the Congo	COD		4.7	7.9	11.1	9.5	15.7	21.9	0.2	0.4	0.5	8.5	16.6	0.4
Equatorial Guinea	GNQ		...	...	...	...	...	...	...	...	...	...	...	...
Eritrea	ERI		...	...	...	...	...	...	...	...	...	...	...	...
Eswatini	SWZ		5.4	7.5	9.6	10.7	14.6	18.5	0.5	0.8	1.2	8.3	15.7	0.9
Ethiopia	ETH		1.8	2.5	3.3	3.4	4.7	6.0	0.2	0.4	0.6	3.0	5.5	0.5
Gabon	GAB		7.9	10.9	13.9	14.3	19.6	24.9	1.3	1.9	2.4	10.7	19.5	1.9
Gambia	GMB		6.3	8.1	10.0	12.7	16.3	19.9	0.1	0.2	0.3	9.1	18.0	0.2

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	6.3	11.6	1.0
Ghana	GHA		1.3	1.8	2.3	2.5	3.3	4.2	0.2	0.3	0.4	2.0	3.7	0.3
Guinea	GIN		...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau	GNB		3.9	6.0	8.1	7.9	12.1	16.3	0.2	0.3	0.4	6.6	12.9	0.3
Kenya	KEN		4.3	5.6	6.9	8.4	10.9	13.4	0.3	0.5	0.6	6.4	12.3	0.5
Lesotho	LSO		15.8	19.6	23.4	32.3	39.9	47.5	0.5	0.9	1.2	21.1	41.4	0.9
Liberia	LBR		2.4	3.4	4.4	4.6	6.4	8.3	0.3	0.5	0.7	4.0	7.5	0.5
Madagascar	MDG		10.4	13.6	16.8	20.2	26.3	32.5	0.6	0.9	1.1	13.7	26.6	0.9
Malawi	MWI		3.9	5.0	6.1	8.0	10.0	12.1	0.1	0.3	0.6	6.5	12.4	0.6
Mali	MLI		4.0	5.4	6.8	7.8	10.5	13.1	0.2	0.3	0.4	5.5	10.7	0.3
Mauritania	MRT		5.5	7.2	8.9	10.8	13.8	16.9	0.7	1.1	1.5	7.1	13.0	1.1
Mauritius	MUS		11.3	15.6	19.9	21.2	29.1	37.0	1.3	2.1	2.8	16.0	29.8	2.2
Mozambique	MOZ		4.2	6.3	8.4	8.1	11.9	15.7	0.8	1.3	1.8	7.8	14.1	1.5
Namibia	NAM		...	...	...	...	...	...	...	...	...	...	...	...
Niger	NER		3.4	5.9	8.3	6.7	11.6	16.4	0.0	0.0	0.1	5.8	11.5	0.0
Nigeria	NGA		1.6	2.3	3.0	3.2	4.4	5.7	0.1	0.2	0.2	2.5	4.7	0.2
Rwanda	RWA		2.4	3.6	4.9	4.6	6.9	9.1	0.4	0.7	1.0	4.6	8.3	0.8
Sao Tome and Principe	STP		2.0	3.6	5.2	3.8	6.8	9.7	0.2	0.5	0.8	3.9	7.3	0.5
Senegal	SEN		3.6	4.4	5.3	6.9	8.5	10.0	0.2	0.3	0.5	4.7	9.0	0.4
Seychelles	SYC		10.7	16.3	21.9	17.7	26.5	35.2	1.9	3.3	4.7	14.9	26.6	3.3
Sierra Leone	SLE		6.0	8.1	10.2	10.2	13.6	16.9	1.8	2.6	3.5	9.1	15.5	2.8

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
AFRICAN REGION (continued)			—	—	—	—	—	—	—	—	—	6.3	11.6	1.0
South Africa	ZAF		12.2	17.2	22.1	21.0	29.2	37.5	4.1	6.0	7.9	17.5	29.0	6.0
South Sudan	SSD		...	...	...	...	...	...	...	...	...	...	...	...
Togo	TGO		2.6	3.6	4.6	5.0	7.0	9.0	0.1	0.1	0.2	4.0	7.9	0.1
Uganda	UGA		2.9	3.7	4.5	5.4	6.9	8.5	0.4	0.6	0.8	5.1	9.2	1.0
United Republic of Tanzania	TZA		3.3	4.3	5.3	6.5	8.4	10.2	0.3	0.4	0.6	5.3	10.0	0.5
Zambia	ZMB		7.2	9.3	11.5	14.1	18.2	22.3	0.5	0.8	1.0	11.0	20.7	1.2
Zimbabwe	ZWE		4.6	6.8	9.0	9.9	14.6	19.2	0.1	0.2	0.3	8.3	16.3	0.2
REGION OF THE AMERICAS			—	—	—	—	—	—	—	—	—	10.8	14.4	7.2
Antigua and Barbuda	ATG		...	...	...	...	...	...	...	...	...	...	...	...
Argentina	ARG		15.6	20.4	25.2	18.4	23.9	29.4	12.8	16.9	21.0	21.0	24.2	17.8
Bahamas	BHS		5.6	11.3	17.1	11.3	22.5	33.7	0.5	1.4	2.3	11.9	22.5	1.4
Barbados	BRB		...	...	...	...	...	...	...	...	...	...	...	...
Belize	BLZ		4.6	7.2	9.9	8.3	12.9	17.4	0.9	1.6	2.3	7.2	12.9	1.6
Bolivia	BOL		5.0	9.9	14.8	8.5	16.6	24.6	1.5	3.3	5.1	10.0	16.7	3.3
Brazil	BRA		6.9	10.4	13.8	9.0	13.6	18.3	4.8	7.2	9.7	10.2	13.4	7.1
Canada	CAN		6.5	8.3	10.0	8.3	10.5	12.8	4.9	6.1	7.2	8.8	11.0	6.5
Chile	CHL		17.2	22.9	28.7	19.1	25.8	32.4	15.2	20.1	25.0	23.6	26.2	21.0
Colombia	COL		4.4	6.9	9.3	6.6	10.3	14.1	2.4	3.6	4.8	6.9	10.3	3.5
Costa Rica	CRI		5.3	7.1	8.9	7.9	10.7	13.5	2.7	3.6	4.5	7.2	10.7	3.6
Cuba	CUB		7.1	11.2	15.4	10.9	17.2	23.5	3.4	5.5	7.6	10.6	16.1	5.0
Dominica	DMA		...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic	DOM		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.3. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
REGION OF THE AMERICAS (continued)			—	—	—	—	—	—	—	—	—	10.8	14.4	7.2
Ecuador	ECU		4.6	8.4	12.1	8.4	15.0	21.5	0.9	1.9	2.9	8.5	15.1	1.9
El Salvador	SLV		4.7	6.7	8.6	8.8	12.4	15.9	1.3	1.8	2.4	7.1	12.4	1.8
Grenada	GRD		...	...	...	...	...	...	...	...	...	...	...	...
Guatemala	GTM		6.3	9.8	13.4	12.0	18.7	25.3	0.7	1.3	1.9	9.8	18.2	1.3
Guyana	GUY		5.8	8.7	11.5	11.0	16.3	21.5	1.1	1.7	2.4	9.3	16.9	1.7
Haiti	HTI		3.1	5.8	8.5	5.4	10.3	15.1	0.8	1.4	2.1	6.3	11.1	1.5
Honduras	HND		7.6	10.7	13.8	14.3	20.0	25.8	1.0	1.4	1.8	10.8	20.1	1.4
Jamaica	JAM		3.3	8.5	13.7	5.3	14.3	23.2	1.3	2.9	4.6	8.6	14.2	2.9
Mexico	MEX		11.5	14.1	16.6	18.0	22.0	26.1	5.5	6.8	8.1	14.4	22.0	6.8
Nicaragua	NIC		...	...	...	...	...	...	...	...	...	...	...	...
Panama	PAN		2.5	3.9	5.3	4.0	6.2	8.4	1.0	1.6	2.2	3.9	6.2	1.6
Paraguay	PRY		2.8	4.3	5.7	4.2	6.6	8.9	1.4	2.0	2.6	4.3	6.6	2.0
Peru	PER		4.6	9.5	14.4	7.7	17.0	26.3	1.6	2.3	2.9	9.6	17.0	2.3
Saint Kitts and Nevis	KNA		...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia	LCA		5.1	10.4	15.6	9.6	19.3	29.0	0.8	1.8	2.7	10.5	19.2	1.8
Saint Vincent and the Grenadines	VCT		...	...	...	...	...	...	...	...	...	...	...	...
Suriname	SUR		...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago	TTO		...	...	...	...	...	...	...	...	...	...	...	...
United States of America	USA		7.6	9.6	11.6	9.0	11.3	13.5	6.2	7.9	9.6	9.9	11.6	8.2
Uruguay	URY		13.2	16.2	19.3	15.9	19.4	23.0	10.8	13.3	15.8	17.2	19.8	14.6
Venezuela (Bolivarian Republic of)	VEN		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
SOUTH-EAST ASIA REGION			—	—	—	—	—	—	—	—	—	5.1	9.9	0.4
Bangladesh	BGD		9.3	12.1	14.9	19.3	25.0	30.6	0.1	0.1	0.2	12.8	25.4	0.1
Bhutan	BTN		3.6	6.3	9.0	5.8	10.0	14.1	1.1	2.1	3.0	5.9	9.7	2.0
Democratic People's Republic of Korea	PRK		9.5	14.1	18.7	19.3	28.7	38.1	0.0	0.0	0.0	13.6	27.2	0.0
India	IND		3.0	4.1	5.2	5.6	7.6	9.6	0.3	0.4	0.5	4.1	7.7	0.4
Maldives	MDV		17.2	23.9	30.7	26.4	36.7	46.9	0.7	1.2	1.7	18.3	35.3	1.2
Myanmar	MMR		9.8	14.2	18.7	19.2	27.5	35.9	0.6	1.3	1.9	14.4	27.5	1.2
Nepal	NPL		10.2	12.9	15.7	18.9	23.4	28.0	2.7	3.9	5.0	14.4	24.5	4.3
Sri Lanka	LKA		6.6	9.3	12.0	13.9	19.4	25.0	0.0	0.1	0.1	9.6	19.1	0.1
Thailand	THA		12.4	16.0	19.6	24.9	31.8	38.8	0.9	1.3	1.7	16.1	31.2	1.1
Timor-Leste	TLS		25.2	36.9	48.5	44.9	65.2	85.4	5.4	8.3	11.3	38.0	66.6	9.4
EUROPEAN REGION			—	—	—	—	—	—	—	—	—	21.2	26.8	15.5
Albania	ALB		13.4	18.1	22.8	24.2	32.3	40.3	3.0	4.6	6.1	18.0	31.9	4.2
Andorra	AND		15.1	26.6	38.1	14.8	26.7	38.6	15.4	26.5	37.6	28.9	28.0	29.8
Armenia	ARM		18.0	22.8	27.6	38.6	48.7	58.8	1.1	1.5	1.9	24.5	47.6	1.4
Austria	AUT		11.4	16.1	20.8	12.1	16.7	21.2	10.7	15.5	20.3	18.3	18.2	18.3
Azerbaijan	AZE		8.8	13.2	17.7	18.2	27.5	36.8	0.0	0.1	0.1	13.5	27.0	0.1
Belarus	BLR		16.6	21.5	26.5	27.7	36.2	44.8	7.2	9.2	11.2	23.3	35.6	11.0
Belgium	BEL		13.8	19.0	24.2	15.0	20.9	26.8	12.6	17.1	21.6	20.5	22.3	18.7
Bosnia and Herzegovina	BIH		16.4	28.2	39.9	19.3	33.7	48.1	13.8	23.3	32.7	29.6	34.3	24.9
Bulgaria	BGR		24.5	32.4	40.4	27.5	36.2	45.0	21.8	29.0	36.1	35.9	37.4	34.4

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	21.2	26.8	15.5
Croatia	HRV		21.7	28.3	35.0	23.7	30.7	37.7	19.8	26.1	32.5	32.1	33.0	31.2
Cyprus	CYP		20.7	27.3	33.9	31.1	39.8	48.4	10.2	14.8	19.3	28.0	40.4	15.7
Czechia	CZE		17.9	22.5	27.2	20.6	26.6	32.5	15.2	18.7	22.1	24.4	27.8	20.9
Denmark	DNK		8.2	10.5	12.8	8.3	10.5	12.7	8.2	10.6	12.9	10.6	10.5	10.7
Estonia	EST		15.7	19.6	23.5	20.0	24.8	29.6	11.9	15.0	18.1	21.8	25.5	18.2
Finland	FIN		8.0	10.7	13.4	9.5	12.4	15.3	6.6	9.1	11.6	12.3	13.6	11.0
France	FRA		18.8	25.4	32.0	21.2	27.7	34.3	16.7	23.2	29.8	30.1	31.7	28.5
Georgia	GEO		19.6	25.3	31.0	36.9	47.3	57.7	5.2	7.0	8.9	28.0	48.4	7.6
Germany	DEU		11.5	15.0	18.5	12.6	16.7	20.8	10.6	13.5	16.4	17.2	18.3	16.0
Greece	GRC		18.4	25.5	32.7	22.1	30.3	38.6	14.9	21.1	27.3	28.1	31.8	24.3
Hungary	HUN		19.9	26.1	32.3	21.8	29.1	36.5	18.2	23.3	28.5	28.6	30.6	26.6
Iceland	ISL		2.8	4.8	6.7	2.7	4.8	6.8	2.9	4.7	6.6	4.9	4.9	4.9
Ireland	IRL		10.1	13.8	17.4	12.0	16.4	20.8	8.3	11.2	14.2	14.6	17.4	11.8
Israel	ISR		14.2	18.5	22.8	19.0	24.6	30.2	9.6	12.6	15.5	19.2	25.3	13.0
Italy	ITA		16.5	19.9	23.3	19.3	23.4	27.4	13.8	16.6	19.4	22.0	25.1	18.9
Kazakhstan	KAZ		15.0	18.7	22.4	26.2	32.5	38.7	4.8	6.1	7.5	19.0	31.7	6.3
Kyrgyzstan	KGZ		12.6	17.4	22.2	23.9	32.8	41.8	2.0	2.9	3.8	17.9	33.0	2.9
Latvia	LVA		18.5	24.3	30.1	27.7	36.0	44.4	10.8	14.5	18.2	27.3	36.9	17.8
Lithuania	LTU		17.7	22.5	27.4	26.3	32.9	39.5	10.3	13.5	16.8	25.7	33.9	17.4
Luxembourg	LUX		15.0	19.6	24.3	15.6	20.5	25.3	14.4	18.8	23.3	20.7	21.4	19.9
Malta	MLT		14.9	20.6	26.2	17.3	23.3	29.4	12.4	17.6	22.8	22.0	24.1	20.0
Monaco	MCO		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.3. (continued)

WHO region and country			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EUROPEAN REGION (continued)			—	—	—	—	—	—	—	—	—	21.2	26.8	15.5
Montenegro	MNE		22.5	33.3	44.1	25.3	35.4	45.4	20.0	31.5	42.9	33.5	35.4	31.6
Netherlands (Kingdom of the)	NLD		10.1	14.2	18.3	11.4	16.1	20.8	8.8	12.3	15.9	15.1	16.9	13.3
North Macedonia	MKD		26.8	39.9	53.1	28.6	43.4	58.2	25.0	36.7	48.3	39.6	43.4	35.7
Norway	NOR		4.1	6.5	8.9	4.5	7.3	10.0	3.6	5.7	7.9	6.6	7.4	5.8
Poland	POL		15.7	19.8	24.0	18.8	23.7	28.5	12.7	16.3	19.8	20.2	23.2	17.2
Portugal	PRT		14.8	20.7	26.5	19.5	26.8	34.1	10.6	15.2	19.8	25.4	30.3	20.4
Republic of Moldova	MDA		18.1	23.5	28.9	35.5	45.9	56.4	4.0	5.3	6.6	26.5	46.6	6.4
Romania	ROU		17.9	23.5	29.1	24.8	32.9	41.0	11.5	14.9	18.3	25.9	34.3	17.6
Russian Federation	RUS		18.8	22.7	26.5	29.6	35.7	41.7	9.8	11.8	13.9	24.5	35.0	14.1
San Marino	SMR		...	...	...	...	...	...	...	...	...	...	...	...
Serbia	SRB		25.9	33.0	40.1	26.5	33.6	40.8	25.4	32.5	39.5	36.0	35.3	36.7
Slovakia	SVK		15.8	23.2	30.6	18.5	27.6	36.7	13.3	19.1	24.9	25.0	28.2	21.7
Slovenia	SVN		14.7	17.9	21.2	15.8	19.0	22.3	13.7	16.9	20.1	19.7	20.2	19.2
Spain	ESP		17.0	22.4	27.8	19.4	25.2	30.9	14.7	19.8	24.8	25.7	27.0	24.3
Sweden	SWE		3.8	5.6	7.5	3.7	5.4	7.2	3.8	5.8	7.8	5.8	5.6	6.0
Switzerland	CHE		13.1	17.1	21.2	12.9	16.9	20.9	13.2	17.4	21.5	18.9	18.2	19.6
Tajikistan	TJK		...	...	...	...	...	...	...	...	...	...	...	...
Türkiye	TUR		23.3	29.1	34.9	31.4	39.5	47.6	15.3	18.8	22.3	29.3	39.3	19.3
Turkmenistan	TKM		2.5	4.1	5.7	5.0	8.1	11.2	0.2	0.4	0.5	4.2	8.1	0.4
Ukraine	UKR		15.0	19.2	23.3	26.0	33.3	40.5	5.8	7.3	8.8	21.6	33.6	9.6
United Kingdom of Great Britain and Northern Ireland	GBR		6.2	8.2	10.3	7.4	9.6	11.9	5.1	6.9	8.7	8.9	10.4	7.5
Uzbekistan	UZB		4.3	8.1	11.9	8.3	15.6	22.9	0.4	0.7	1.0	8.1	15.5	0.7

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
EASTERN MEDITERRANEAN REGION			—	—	—	—	—	—	—	—	—	12.0	22.6	1.4
Afghanistan	AFG		4.5	7.3	10.1	8.7	14.0	19.2	0.4	0.6	0.9	7.1	13.5	0.7
Bahrain	BHR		7.5	13.0	18.6	11.4	19.4	27.3	0.4	1.5	2.5	10.2	18.9	1.5
Djibouti	DJI		...	...	...	...	...	...	...	...	...	...	...	...
Egypt	EGY		12.5	20.0	27.5	24.9	39.8	54.7	0.1	0.1	0.2	20.1	40.1	0.1
Iran (Islamic Republic of)	IRN		4.5	7.2	10.0	8.7	14.0	19.3	0.1	0.3	0.4	6.8	13.3	0.3
Iraq	IRQ		7.3	16.5	25.6	14.3	32.5	50.6	0.4	0.7	1.0	17.0	33.2	0.8
Jordan	JOR		20.8	27.1	33.5	34.2	44.4	54.6	6.3	8.6	10.9	26.6	44.4	8.8
Kuwait	KWT		8.7	18.6	28.6	13.5	28.8	44.1	0.5	1.1	1.8	14.6	28.1	1.1
Lebanon	LBN		24.1	36.4	48.7	31.4	46.4	61.3	17.4	27.3	37.1	36.6	46.6	26.6
Libya	LBY		12.9	17.5	22.2	25.4	34.5	43.7	0.0	0.1	0.1	17.2	34.2	0.1
Morocco	MAR		6.2	9.6	13.1	12.2	18.5	24.9	0.2	0.7	1.2	9.6	18.4	0.7
Oman	OMN		6.7	9.3	11.8	10.2	14.0	17.8	0.0	0.1	0.1	6.6	13.1	0.1
Pakistan	PAK		7.1	9.2	11.2	13.2	16.8	20.3	0.9	1.4	1.9	10.0	18.6	1.5
Qatar	QAT		8.0	12.9	17.9	10.4	16.7	23.0	0.9	1.9	2.8	8.6	15.4	1.8
Saudi Arabia	SAU		7.4	11.9	16.4	11.2	17.7	24.2	0.8	1.8	2.8	9.5	17.1	1.9
Somalia	SOM		...	...	...	...	...	...	...	...	...	...	...	...
Sudan	SDN		...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic	SYR		...	...	...	...	...	...	...	...	...	...	...	...
Tunisia	TUN		14.7	19.3	23.9	29.2	38.1	47.0	0.8	1.3	1.8	19.6	38.0	1.3
United Arab Emirates	ARE		3.4	7.2	10.9	4.8	10.1	15.4	0.6	1.3	2.0	5.7	10.0	1.4
Yemen	YEM		...	...	...	...	...	...	...	...	...	...	...	...

Table A1.3. (continued)

				Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
				Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country		Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION				—	—	—	—	—	—	—	—	—	25.2	48.2	2.3
	Australia	AUS		4.6	7.7	10.8	5.4	9.0	12.6	3.9	6.4	9.0	8.1	9.4	6.9
	Brunei Darussalam	BRN		9.6	13.6	17.6	17.0	24.0	31.0	1.1	1.6	2.2	12.4	23.2	1.6
	Cambodia	KHM		9.5	12.2	14.8	18.5	23.7	28.9	1.2	1.5	1.8	13.2	24.9	1.5
	China	CHN		19.1	24.3	29.4	36.6	46.4	56.1	1.3	1.7	2.2	22.7	44.2	1.3
	Cook Islands	COK		16.6	22.8	29.0	18.6	25.5	32.4	14.7	20.3	25.8	24.6	27.7	21.6
	Fiji	FJI		13.9	22.0	30.0	21.9	33.4	45.0	6.2	10.9	15.6	22.3	33.6	11.0
	Indonesia	IDN		23.9	30.4	36.8	47.0	59.7	72.3	0.9	1.2	1.5	30.2	59.3	1.2
	Japan	JPN		12.1	14.8	17.4	19.2	23.2	27.3	5.4	6.8	8.2	16.9	25.2	8.6
	Kiribati	KIR		20.5	30.3	40.0	28.9	42.1	55.2	13.0	19.7	26.4	31.6	42.8	20.4
	Lao People's Democratic Republic	LAO		12.5	18.4	24.3	23.2	33.9	44.6	1.8	2.9	4.0	19.1	35.2	3.0
	Malaysia	MYS		11.9	17.5	23.2	22.5	33.1	43.6	0.2	0.3	0.5	16.5	32.6	0.3
	Marshall Islands	MHL		14.1	21.2	28.2	25.7	38.3	50.9	2.1	3.3	4.5	20.4	37.6	3.3
	Micronesia (Federated States of)	FSM		...	...	...	...	...	...	...	...	...	...	...	...
	Mongolia	MNG		20.3	25.9	31.4	36.5	46.3	56.1	4.7	6.2	7.6	25.9	45.7	6.1
	Nauru	NRU		20.2	27.0	33.7	14.2	19.8	25.4	26.3	34.3	42.2	26.7	19.5	33.9
	New Zealand	NZL		5.8	8.6	11.5	6.4	9.7	12.9	5.2	7.7	10.1	9.3	10.3	8.4
	Niue	NIU		...	...	...	...	...	...	...	...	...	...	...	...
	Palau	PLW		7.1	14.0	20.9	10.6	20.5	30.5	3.0	6.2	9.5	14.0	21.5	6.5
	Papua New Guinea	PNG		20.4	29.4	38.4	26.1	37.6	49.2	14.5	20.9	27.2	29.0	37.0	21.0
	Philippines	PHL		12.4	17.3	22.1	22.5	31.6	40.6	2.6	3.3	4.1	17.5	31.4	3.5

Table A1.3. (continued)

			Crude adjusted prevalence (%)									Age-standardised prevalence (%)		
			Both sexes			Male			Female			Both sexes	Male	Female
WHO region and country	Country code	Notes	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Lower limit ^a	Point estimate	Upper limit ^a	Point estimate	Point estimate	Point estimate
WESTERN PACIFIC REGION (continued)			—	—	—	—	—	—	—	—	—	25.2	48.2	2.3
Republic of Korea	KOR		13.3	16.7	20.0	22.9	28.6	34.4	3.8	4.8	5.8	17.6	29.9	5.3
Samoa	WSM		11.8	18.6	25.4	16.9	25.9	34.9	6.7	11.4	16.0	19.1	26.6	11.5
Singapore	SGP		9.4	12.3	15.1	15.3	19.4	23.6	3.1	4.6	6.1	12.2	19.5	4.9
Solomon Islands	SLB		20.8	31.6	42.3	30.8	46.6	62.4	10.4	16.0	21.6	30.9	45.9	15.9
Tonga	TON		18.7	25.6	32.5	29.3	39.5	49.8	10.1	14.2	18.4	27.2	39.9	14.4
Tuvalu	TUV		18.5	27.3	36.2	26.9	39.1	51.3	9.9	15.4	20.8	27.2	39.1	15.4
Vanuatu	VUT		17.5	22.7	28.0	29.1	37.4	45.8	6.0	8.1	10.2	22.3	36.9	7.8
Viet Nam	VNM		11.8	15.5	19.3	24.2	31.7	39.3	0.3	0.5	0.6	15.5	30.6	0.4

^a Lower and upper limits are around a 95% credible interval.

Table A1.4. Number of tobacco users and tobacco smokers aged 15 years and older, 2024 estimates

WHO region and country	Country code	Notes	Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
			Both sexes	Male	Female	Both sexes	Male	Female
GLOBAL			1 202 107	996 525	205 582	992 319	849 038	143 281
AFRICAN REGION			65 451	57 136	8 315	55 826	50 035	5 791
Algeria	DZA		7 268	7 177	98	5 673	5 574	98
Angola	AGO	^a	2 920	2 460	460	2 694	2 303	391
Benin	BEN		551	494	58	377	347	29
Botswana	BWA		293	244	49	241	216	25
Burkina Faso	BFA		1 422	1 166	256	1 008	861	147
Burundi	BDI		671	506	165	544	476	68
Cabo Verde	CPV		40	31	9	28	23	5
Cameroon	CMR		827	735	92	764	735	29
Central African Republic	CAF	^a	335	276	59	308	258	50
Chad	TCD	^b	731	646	85	731	646	85
Comoros	COM		45	40	5	35	33	2
Congo	COG		569	530	39	550	530	20
Côte d'Ivoire	CIV		1 335	1 225	117	1 317	1 225	92
Democratic Republic of the Congo	COD		6 380	5 568	812	5 069	4 587	482
Equatorial Guinea	GNQ	^a	186	162	24	172	152	20
Eritrea	ERI	^a	143	121	22	113	99	13
Eswatini	SWZ		84	75	9	70	63	7
Ethiopia	ETH		3 601	3 028	573	2 452	2 092	360
Gabon	GAB		212	188	24	177	159	18
Gambia	GMB		163	158	6	155	152	4
Ghana	GHA		652	587	65	480	428	52
Guinea	GIN	^a	380	341	39	345	317	28
Guinea-Bissau	GNB		90	93	4	96	93	2
Kenya	KEN		2 892	2 552	340	2 259	2 099	159
Lesotho	LSO		391	343	47	323	311	12
Liberia	LBR		150	124	25	144	124	20
Madagascar	MDG		4 590	3 816	774	3 032	2 932	100
Malawi	MWI		839	740	99	767	703	64
Mali	MLI		918	876	42	782	754	28
Mauritania	MRT		282	248	33	270	241	30
Mauritius	MUS	^b	184	172	12	184	172	12
Mozambique	MOZ		1 636	1 395	241	1 315	1 158	157
Namibia	NAM	^a	270	226	44	249	212	37
Niger	NER		1 051	980	72	857	822	36
Nigeria	NGA		3 740	3 627	247	3 833	3 627	206
Rwanda	RWA		604	413	191	491	364	127

Table A1.4. (continued)

			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
WHO region and country	Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
AFRICAN REGION (continued)			65 451	57 136	8 315	55 826	50 035	5 791
Sao Tome and Principe	STP		11	9	1	7	7	1
Senegal	SEN		578	547	36	580	547	33
Seychelles	SYC		19	17	2	19	17	2
Sierra Leone	SLE		522	402	125	524	399	125
South Africa	ZAF		10 880	8 816	2 064	10 880	8 816	2 064
South Sudan	SSD	^a	477	405	72	378	334	43
Togo	TGO		289	268	21	256	245	11
Uganda	UGA		1 491	1 237	254	1 235	1 070	165
United Republic of Tanzania	TZA		2 394	2 073	321	1 964	1 763	201
Zambia	ZMB		1 485	1 328	157	1 300	1 202	99
Zimbabwe	ZWE		861	824	37	778	747	31
REGION OF THE AMERICAS			115 071	77 180	37 891	110 763	72 875	37 888
Antigua and Barbuda	ATG	^a	9	7	2	9	7	2
Argentina	ARG		8 091	4 679	3 412	8 091	4 679	3 412
Bahamas	BHS		53	48	6	42	38	4
Barbados	BRB	^a	30	22	8	30	22	8
Belize	BLZ	^b	25	23	3	25	23	3
Bolivia	BOL		1 017	852	166	1 017	852	166
Brazil	BRA		20 118	12 808	7 310	20 118	12 808	7 310
Canada	CAN		3 535	2 162	1 374	3 535	2 162	1 374
Chile	CHL		4 223	2 314	1 910	4 223	2 314	1 910
Colombia	COL		3 337	2 435	902	3 337	2 435	902
Costa Rica	CRI		323	238	85	323	238	85
Cuba	CUB		1 571	1 124	446	1 571	1 124	446
Dominica	DMA	^a	7	5	2	7	5	2
Dominican Republic	DOM	^a	989	755	233	984	751	233
Ecuador	ECU		1 320	1 156	164	1 320	1 156	164
El Salvador	SLV	^b	361	306	55	361	306	55
Grenada	GRD	^a	12	9	3	12	9	3
Guatemala	GTM		1 365	1 259	106	1 365	1 259	106
Guyana	GUY		63	57	6	63	57	6
Haiti	HTI		578	487	91	578	487	91
Honduras	HND		890	830	60	890	830	60
Jamaica	JAM	^b	248	198	50	248	198	50
Mexico	MEX		15 161	11 246	3 915	15 161	11 246	3 915
Nicaragua	NIC		...	...	...	...	...	...

Table A1.4. (continued)

			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
WHO region and country	Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
REGION OF THE AMERICAS (continued)			115 071	77 180	37 891	110 763	72 875	37 888
Panama	PAN		160	129	31	150	119	31
Paraguay	PRY	^b	307	242	65	307	242	65
Peru	PER	^b	2 970	2 601	369	2 970	2 601	369
Saint Kitts and Nevis	KNA	^a	5	4	1	5	4	1
Saint Lucia	LCA		20	18	2	20	18	2
Saint Vincent and the Grenadines	VCT	^a	10	8	2	10	8	2
Suriname	SUR	^a	62	41	21	62	41	21
Trinidad and Tobago	TTO	^a	157	119	38	157	119	38
United States of America	USA		44 128	28 397	15 730	39 848	24 117	15 730
Uruguay	URY		501	285	217	501	285	217
Venezuela (Bolivarian Republic of)	VEN	^a	2 729	1 780	949	2 729	1 780	949
SOUTH-EAST ASIA REGION			321 986	259 185	62 801	147 535	138 398	9 137
Bangladesh	BGD		37 141	29 055	8 087	19 717	19 497	220
Bhutan	BTN		127	96	31	48	39	9
Democratic People's Republic of Korea	PRK	^b	3 388	3 387	0	3 388	3 387	0
India	IND		243 480	194 149	49 331	100 214	92 991	7 223
Maldives	MDV		129	116	14	120	116	5
Myanmar	MMR		17 488	14 035	3 453	7 515	6 980	536
Nepal	NPL		5 434	4 363	1 071	3 140	2 553	587
Sri Lanka	LKA		3 660	3 408	251	2 301	2 259	42
Thailand	THA	^b	10 704	10 231	474	10 704	10 231	474
Timor-Leste	TLS		435	346	89	387	346	42
EUROPEAN REGION			173 324	110 773	62 551	169 302	107 406	61 896
Albania	ALB	^b	493	417	77	493	417	77
Andorra	AND	^b	23	12	11	23	12	11
Armenia	ARM		581	555	26	579	555	24
Austria	AUT	^b	1 618	826	792	1 618	826	792
Azerbaijan	AZE		1 429	1 425	4	1 429	1 425	4
Belarus	BLR		2 035	1 556	479	1 723	1 331	392
Belgium	BEL	^b	2 126	1 184	942	2 126	1 184	942
Bosnia and Herzegovina	BIH	^b	939	528	410	939	528	410
Bulgaria	BGR	^b	2 004	1 082	922	2 004	1 082	922
Croatia	HRV	^b	1 002	515	487	1 002	515	487
Cyprus	CYP	^b	357	256	100	357	256	100
Czechia	CZE	^b	2 369	1 360	1 009	2 369	1 360	1 009

Table A1.4. (continued)

			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
WHO region and country	Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
EUROPEAN REGION (continued)			173 324	110 773	62 551	169 302	107 406	61 896
Denmark	DNK	^b	781	409	372	781	409	372
Estonia	EST		268	161	108	246	145	101
Finland	FIN		890	540	350	687	390	297
France	FRA	^b	15 660	8 344	7 316	15 660	8 344	7 316
Georgia	GEO		890	762	127	834	708	127
Germany	DEU	^b	13 937	7 864	6 072	13 937	7 864	6 072
Greece	GRC		2 646	1 625	1 021	2 367	1 346	1 021
Hungary	HUN	^b	2 297	1 206	1 092	2 297	1 206	1 092
Iceland	ISL	^b	29	15	14	29	15	14
Ireland	IRL	^b	730	416	314	730	416	314
Israel	ISR	^b	1 379	923	456	1 379	923	456
Italy	ITA	^b	10 559	6 025	4 533	10 559	6 025	4 533
Kazakhstan	KAZ		2 992	2 488	504	2 882	2 378	504
Kyrgyzstan	KGZ		1 032	954	78	832	760	72
Latvia	LVA		484	329	155	431	291	140
Lithuania	LTU		680	456	224	603	407	196
Luxembourg	LUX	^b	131	69	62	131	69	62
Malta	MLT	^b	106	61	46	106	61	46
Monaco	MCO	^a	6	3	3	6	3	3
Montenegro	MNE	^b	188	96	92	188	96	92
Netherlands (Kingdom of the)	NLD	^b	2 969	1 670	1 300	2 969	1 670	1 300
North Macedonia	MKD	^b	589	307	282	589	307	282
Norway	NOR	^b	589	327	263	589	327	263
Poland	POL		6 895	3 951	2 944	6 895	3 951	2 944
Portugal	PRT	^b	2 104	1 309	796	2 104	1 309	796
Republic of Moldova	MDA	^b	616	539	76	616	539	76
Romania	ROU		4 260	2 799	1 461	4 113	2 743	1 370
Russian Federation	RUS		27 355	19 525	7 830	27 355	19 525	7 830
San Marino	SMR	^a	7	4	3	7	4	3
Serbia	SRB	^b	2 074	996	1 079	2 074	996	1 079
Slovakia	SVK	^b	1 251	714	538	1 251	714	538
Slovenia	SVN	^b	342	180	161	342	180	161
Spain	ESP	^b	9 970	5 447	4 523	9 970	5 447	4 523
Sweden	SWE		1 718	1 106	612	867	513	354
Switzerland	CHE	^b	1 583	830	753	1 583	830	753
Tajikistan	TJK	^a	1 579	1 111	468	1 516	1 056	460

Table A1.4. (continued)

			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
WHO region and country	Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
EUROPEAN REGION (continued)			173 324	110 773	62 551	169 302	107 406	61 896
Türkiye	TUR		21 059	14 277	6 783	21 059	14 277	6 783
Turkmenistan	TKM		260	247	12	238	227	11
Ukraine	UKR		6 793	5 379	1 413	6 615	5 282	1 334
United Kingdom of Great Britain and Northern Ireland	GBR	^b	6 720	3 787	2 933	6 720	3 787	2 933
Uzbekistan	UZB		3 928	3 804	124	2 480	2 375	105
EASTERN MEDITERRANEAN REGION			98 382	89 125	9 257	83 769	77 689	6 080
Afghanistan	AFG		5 161	4 520	641	2 060	1 873	188
Bahrain	BHR	^b	237	212	25	237	212	25
Djibouti	DJI	^a	59	51	9	47	42	5
Egypt	EGY	^b	19 487	19 343	144	19 487	19 343	144
Iran (Islamic Republic of)	IRN		8 746	8 290	456	5 839	5 678	161
Iraq	IRQ		5 501	5 225	277	5 462	5 225	237
Jordan	JOR	^b	2 757	2 266	491	2 757	2 266	491
Kuwait	KWT		966	932	34	966	932	34
Lebanon	LBN		1 986	1 087	899	1 986	1 087	899
Libya	LBY		1 302	1 298	4	1 226	1 222	4
Morocco	MAR	^b	3 500	3 341	160	3 500	3 341	160
Oman	OMN		459	454	5	421	417	4
Pakistan	PAK		25 489	21 228	4 261	18 263	16 287	1 975
Qatar	QAT		469	447	22	442	420	22
Saudi Arabia	SAU		4 705	4 394	311	4 234	3 951	283
Somalia	SOM	^a	652	561	91	519	464	55
Sudan	SDN	^a	6 158	6 061	99	5 854	5 755	99
Syrian Arab Republic	SYR	^a	3 180	2 674	506	3 087	2 598	489
Tunisia	TUN		2 215	2 107	108	2 163	2 055	108
United Arab Emirates	ARE	^b	1 006	929	77	1 006	929	77
Yemen	YEM	^a	4 346	3 705	641	4 214	3 594	620
WESTERN PACIFIC REGION			427 894	403 126	24 768	425 124	402 634	22 490
Australia	AUS	^b	2 402	1 378	1 024	2 402	1 378	1 024
Brunei Darussalam	BRN	^b	57	54	4	57	54	4
Cambodia	KHM		2 112	1 775	338	1 731	1 616	116
China	CHN	^b	288 271	276 957	11 314	288 271	276 957	11 314
Cook Islands	COK	^b	3	1	1	3	1	1
Fiji	FJI	^b	169	127	42	169	127	42
Indonesia	IDN		66 181	63 166	3 015	64 431	63 166	1 265

Table A1.4. (continued)

			Estimated number of current tobacco users (thousands)			Estimated number of current tobacco smokers (thousands)		
WHO region and country	Country code	Notes	Both sexes	Male	Female	Both sexes	Male	Female
WESTERN PACIFIC REGION (continued)			427 894	403 126	24 768	425 124	402 634	22 490
Japan	JPN	^b	16 939	12 962	3 977	16 939	12 962	3 977
Kiribati	KIR	^b	30	20	11	30	20	11
Lao People's Democratic Republic	LAO		1 304	1 095	210	1 213	1 095	118
Malaysia	MYS		4 829	4 796	78	4 857	4 796	61
Marshall Islands	MHL		7	6	1	6	5	0
Micronesia (Federated States of)	FSM	^a	28	19	9	28	19	9
Mongolia	MNG		688	600	88	652	572	79
Nauru	NRU		3	1	2	2	1	1
New Zealand	NZL	^b	364	201	163	364	201	163
Niue	NIU	^a	0	0	0	0	0	0
Palau	PLW		3	3	1	3	2	0
Papua New Guinea	PNG	^b	2 770	1 926	844	2 770	1 926	844
Philippines	PHL	^b	16 299	14 553	1 745	16 299	14 553	1 745
Republic of Korea	KOR	^b	8 059	6 885	1 173	8 059	6 885	1 173
Samoa	WSM		30	21	9	30	21	9
Singapore	SGP	^b	709	583	127	709	583	127
Solomon Islands	SLB	^b	196	145	51	196	145	51
Tonga	TON	^b	20	14	6	20	14	6
Tuvalu	TUV	^b	2	2	1	2	2	1
Vanuatu	VUT	^b	50	41	9	50	41	9
Viet Nam	VNM		16 367	15 841	525	15 828	15 491	337

^a No estimates are available. The number of users and smokers are approximations arrived at by applying the average prevalence of the UN subregion in which the country belongs to the country's population aged 15 years and older.

^b Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

Table A1.5. Current tobacco use prevalence trends among people aged 15 years and older, 2000–2030, not age-standardized

		Both sexes							Male							Female						
WHO region and country	Notes	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
GLOBAL		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
AFRICAN REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Algeria		21.6	21.6	21.8	22.1	22.4	23.0	23.9	40.3	40.8	41.5	42.3	43.2	44.6	46.6	1.9	1.4	1.1	0.9	0.7	0.6	0.5
Angola		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Benin		12.3	10.7	9.3	8.2	7.2	6.4	5.7	20.6	18.2	16.1	14.5	12.9	11.6	10.3	4.7	3.6	2.8	2.2	1.7	1.3	1.0
Botswana		30.6	26.4	23.3	20.9	18.7	17.1	15.8	39.2	36.6	34.4	32.5	30.4	28.9	27.5	22.6	16.8	12.7	9.6	7.2	5.5	4.3
Burkina Faso		28.7	22.6	18.2	14.9	12.3	10.1	8.5	36.2	30.8	26.5	22.9	19.7	16.9	14.6	21.7	14.8	10.3	7.2	5.1	3.6	2.5
Burundi		21.2	19.1	15.4	12.6	10.5	8.7	7.4	23.8	24.8	20.9	17.9	15.5	13.3	11.6	18.7	13.6	10.0	7.5	5.6	4.3	3.3
Cabo Verde		18.9	16.4	14.4	12.7	11.4	10.0	9.0	26.8	23.6	20.9	18.8	17.0	15.3	13.8	11.7	9.5	7.8	6.5	5.6	4.7	4.0
Cameroon		13.4	10.7	8.6	7.0	5.8	4.7	3.9	24.0	19.1	15.5	12.6	10.3	8.5	7.0	3.2	2.5	2.0	1.6	1.3	1.1	0.9
Central African Republic		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Chad	^a	9.7	9.0	8.4	7.8	7.3	6.8	6.4	17.2	16.0	14.9	13.8	12.9	12.1	11.4	2.6	2.3	2.1	1.9	1.7	1.5	1.4
Comoros		50.7	31.9	20.9	14.7	10.7	7.9	6.0	48.9	37.6	29.2	23.1	18.2	14.2	11.2	52.2	26.6	12.9	6.4	3.1	1.6	0.8
Congo		11.1	11.7	12.5	13.4	14.6	15.9	17.6	18.2	19.9	22.0	24.3	27.0	30.0	33.6	4.2	3.6	3.1	2.7	2.4	2.1	1.9
Côte d'Ivoire		20.2	16.1	13.0	10.7	8.6	6.9	5.6	37.3	29.6	23.7	19.1	15.4	12.3	10.0	2.8	2.4	2.0	1.7	1.5	1.3	1.1
Democratic Republic of the Congo		18.1	16.1	14.4	13.1	12.0	11.0	10.4	31.0	27.8	25.1	22.9	21.1	19.6	18.6	5.8	4.9	4.2	3.6	3.1	2.7	2.4
Equatorial Guinea		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eritrea		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Eswatini		8.8	8.8	8.9	9.4	10.0	10.4	10.9	14.8	15.4	15.9	16.9	18.0	19.0	20.2	3.4	3.1	2.8	2.6	2.4	2.3	2.1
Ethiopia		5.4	5.2	4.9	4.8	4.6	4.5	4.5	9.5	9.1	8.5	8.1	7.9	7.6	7.5	1.5	1.5	1.5	1.4	1.4	1.5	1.5
Gabon		13.9	13.7	13.7	13.6	13.5	13.5	13.4	23.2	23.0	23.1	23.0	23.2	23.3	23.6	5.0	4.5	4.0	3.7	3.4	3.2	3.0
Gambia		18.6	16.0	14.0	12.3	10.9	9.9	8.8	34.5	30.2	26.7	23.8	21.3	19.3	17.3	3.4	2.4	1.7	1.2	0.9	0.7	0.5

Table A1.5. (continued)

WHO region and country	Notes	Both sexes							Male							Female						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
AFRICAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Ghana		6.2	5.3	4.5	3.9	3.4	2.9	2.5	11.5	9.7	8.3	7.2	6.1	5.2	4.5	1.1	0.9	0.8	0.7	0.7	0.6	0.5
Guinea		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guinea-Bissau		18.8	15.0	12.1	9.9	8.2	7.3	6.4	37.5	29.9	24.1	19.6	16.2	14.3	12.7	2.1	1.6	1.2	0.9	0.7	0.5	0.4
Kenya		15.7	13.6	11.9	10.5	9.2	7.9	6.9	27.4	23.9	21.0	18.6	16.4	14.2	12.4	4.3	3.5	2.9	2.5	2.2	1.8	1.6
Lesotho		23.9	23.7	23.9	24.6	25.3	26.0	26.9	38.3	39.4	40.9	43.4	45.7	47.6	49.9	10.8	9.5	8.3	7.4	6.7	6.1	5.6
Liberia		15.9	12.1	9.3	7.2	5.6	4.3	3.4	26.7	20.3	15.6	12.1	9.3	7.2	5.8	5.6	4.2	3.2	2.5	1.9	1.5	1.1
Madagascar		49.9	41.5	35.1	30.5	27.0	24.1	21.9	55.8	51.9	48.2	45.3	42.7	40.2	37.9	44.0	31.2	22.1	15.8	11.4	8.2	6.0
Malawi		18.6	15.0	11.8	9.5	7.7	6.4	5.4	29.8	24.4	20.1	16.7	13.9	11.7	10.0	8.3	6.5	4.3	2.9	2.0	1.4	1.1
Mali		16.0	13.3	11.3	9.6	8.1	6.9	5.9	28.1	23.9	20.7	17.8	15.2	13.0	11.2	3.7	2.6	1.8	1.3	0.9	0.6	0.4
Mauritania		19.5	16.6	14.2	12.2	10.7	9.4	8.3	32.0	28.2	24.7	21.9	19.5	17.3	15.4	7.4	5.7	4.4	3.5	2.7	2.1	1.7
Mauritius	^a	27.8	25.0	22.6	20.4	18.7	16.8	15.2	49.7	45.3	41.3	37.6	34.6	31.5	28.7	5.5	4.5	3.8	3.2	2.7	2.3	1.9
Mozambique		26.0	20.3	16.0	12.7	10.3	8.4	6.9	40.1	32.8	26.8	22.0	18.2	15.1	12.6	13.4	9.4	6.6	4.6	3.2	2.3	1.6
Namibia		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Niger		9.7	9.1	8.6	8.1	7.8	7.5	7.3	16.7	16.0	15.2	14.6	14.1	13.8	13.5	2.6	2.2	1.8	1.5	1.2	1.0	0.9
Nigeria		8.7	6.8	5.3	4.2	3.3	2.8	2.4	15.8	12.4	9.8	7.8	6.1	5.2	4.4	1.6	1.2	0.9	0.6	0.5	0.4	0.3
Rwanda		25.3	20.2	15.6	11.9	8.8	6.4	4.6	37.8	30.0	23.1	17.5	12.7	9.0	6.4	14.5	11.6	9.0	6.9	5.3	3.9	3.0
Sao Tome and Principe		5.9	6.0	6.3	6.7	7.2	7.6	8.1	9.1	9.6	10.4	11.4	12.4	13.4	14.7	2.9	2.6	2.4	2.2	2.0	1.9	1.8
Senegal		13.6	11.0	9.0	7.4	6.0	5.0	4.2	26.4	21.3	17.4	14.1	11.3	9.3	7.9	1.5	1.2	1.0	0.9	0.7	0.6	0.5
Seychelles		27.5	25.0	22.9	21.5	20.0	18.4	16.9	43.8	40.2	37.0	34.4	32.0	29.7	27.8	10.8	8.8	7.2	5.9	4.9	4.1	3.4
Sierra Leone		39.2	29.2	21.9	16.3	12.3	9.6	7.5	57.4	43.5	32.9	24.8	18.9	14.6	11.3	21.8	15.6	11.2	8.1	5.9	4.6	3.8
South Africa	^a	20.8	21.0	21.5	22.2	22.7	23.2	23.7	33.5	34.2	35.3	36.7	38.1	39.2	40.5	10.0	9.6	9.2	9.0	8.7	8.5	8.2
South Sudan		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table A1.5. (continued)

WHO region and country	Notes	Both sexes							Male							Female						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
AFRICAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Togo		12.8	10.4	8.5	7.1	5.9	5.0	4.2	21.5	17.9	15.0	12.7	10.8	9.1	7.8	4.2	2.9	2.0	1.4	1.0	0.7	0.5
Uganda		17.3	13.3	10.2	8.0	6.3	5.1	4.2	25.8	20.5	16.2	13.0	10.5	8.7	7.3	9.3	6.4	4.5	3.2	2.3	1.7	1.3
United Republic of Tanzania		23.0	17.0	13.0	9.9	7.5	5.8	4.5	41.1	30.4	23.3	17.6	13.4	10.3	8.0	5.5	4.2	3.3	2.5	2.0	1.5	1.2
Zambia		15.4	14.3	13.6	13.0	12.4	11.9	11.5	24.8	23.9	23.2	22.7	22.2	21.7	21.3	6.9	5.5	4.4	3.6	2.9	2.5	2.1
Zimbabwe		16.6	14.2	12.5	11.1	9.8	8.8	7.8	32.5	28.6	25.6	23.1	20.5	18.3	16.3	3.2	2.2	1.6	1.2	0.9	0.7	0.5
REGION OF THE AMERICAS		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Antigua and Barbuda		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Argentina		32.4	30.1	28.0	26.0	24.1	22.5	20.9	39.5	36.3	33.6	31.0	28.6	26.4	24.4	25.7	24.1	22.6	21.3	19.8	18.7	17.5
Bahamas		13.3	13.7	14.2	14.9	15.7	16.7	17.8	21.5	23.0	24.9	27.0	29.3	31.8	34.7	5.4	4.9	4.3	3.9	3.5	3.2	2.9
Barbados		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Belize	^a	13.7	12.3	11.0	10.0	9.1	8.4	7.7	24.4	21.9	19.7	17.8	16.1	14.7	13.5	2.9	2.6	2.4	2.2	2.1	1.9	1.8
Bolivia		29.5	23.5	19.1	16.0	13.7	11.9	10.6	32.9	29.5	26.4	24.0	22.0	20.1	18.6	26.1	17.5	11.8	8.0	5.5	3.8	2.6
Brazil		22.7	19.8	17.4	15.2	13.3	11.7	10.2	28.0	24.7	22.0	19.4	17.2	15.3	13.5	17.5	15.0	13.0	11.2	9.7	8.3	7.2
Canada		28.5	23.1	18.7	15.3	12.4	10.1	8.3	30.6	25.5	21.3	18.0	15.0	12.6	10.6	26.4	20.7	16.2	12.7	9.9	7.7	6.0
Chile	^a	47.3	41.5	36.6	32.3	28.7	25.3	22.2	51.5	45.4	40.1	35.5	31.8	27.9	24.6	43.3	37.8	33.2	29.2	25.8	22.6	19.8
Colombia		13.9	12.3	10.9	9.8	8.7	7.8	7.1	20.1	18.0	16.0	14.4	13.0	11.7	10.7	7.9	6.9	6.0	5.3	4.6	4.1	3.7
Costa Rica		17.2	14.5	12.3	10.4	8.9	7.6	6.5	25.1	21.2	18.2	15.5	13.4	11.4	9.7	9.6	8.0	6.6	5.6	4.7	3.9	3.3
Cuba		41.2	34.1	28.4	23.7	19.7	16.6	13.9	52.0	44.5	38.3	32.8	28.2	24.4	21.0	30.5	24.0	18.7	14.8	11.6	9.1	7.1
Dominica		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Dominican Republic		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Ecuador		13.7	12.7	11.8	11.1	10.5	9.9	9.4	21.6	20.7	19.7	18.9	18.2	17.6	17.0	5.9	4.9	4.1	3.4	2.9	2.4	2.1
El Salvador	^a	14.5	12.5	10.9	9.6	8.4	7.5	6.7	27.0	23.5	20.3	17.8	15.6	13.7	12.1	3.4	3.1	2.8	2.6	2.3	2.1	2.0

Table A1.5. (continued)

		Male							Female							Both sexes						
WHO region and country	Notes	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
REGION OF THE AMERICAS (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Grenada		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Guatemala		26.1	24.8	23.8	22.9	22.0	21.2	20.4	3.1	2.7	2.4	2.1	1.9	1.7	1.5	14.4	13.6	12.9	12.3	11.8	11.3	10.8
Guyana		49.0	41.2	34.1	28.3	23.5	19.7	16.6	5.1	4.2	3.5	2.9	2.4	2.1	1.7	26.8	22.5	18.6	15.2	12.5	10.5	8.8
Haiti		15.3	14.5	13.8	13.2	12.8	12.5	12.1	5.0	4.1	3.5	3.0	2.5	2.2	1.9	10.0	9.2	8.6	8.0	7.6	7.2	6.9
Honduras		30.3	28.3	26.5	24.9	23.6	22.4	21.3	2.9	2.6	2.3	2.0	1.8	1.6	1.4	16.6	15.4	14.4	13.5	12.7	12.0	11.4
Jamaica	^a	27.3	24.9	22.7	21.0	19.6	18.2	17.1	9.1	7.7	6.6	5.7	5.0	4.3	3.8	18.0	16.1	14.6	13.3	12.1	11.2	10.3
Mexico		31.2	29.6	28.0	26.5	25.0	23.7	22.4	11.4	10.5	9.7	8.9	8.2	7.5	6.9	20.9	19.7	18.5	17.3	16.3	15.2	14.3
Nicaragua		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Panama		21.7	17.6	14.2	11.5	9.3	7.6	6.1	4.6	3.8	3.1	2.6	2.2	1.8	1.5	13.1	10.7	8.6	7.0	5.7	4.7	3.8
Paraguay	^a	46.6	33.8	24.4	17.7	12.9	9.5	6.9	14.5	10.1	7.1	5.0	3.5	2.5	1.8	30.6	22.0	15.7	11.3	8.2	6.0	4.3
Peru	^a	54.8	44.9	36.8	30.4	25.2	21.1	17.8	11.8	8.7	6.5	4.8	3.6	2.7	2.0	33.1	26.7	21.6	17.5	14.3	11.8	9.8
Saint Kitts and Nevis		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Saint Lucia		32.3	30.6	28.9	27.3	26.0	24.8	23.7	7.1	5.8	4.8	4.0	3.3	2.8	2.4	19.5	18.0	16.8	15.5	14.5	13.6	12.8
Saint Vincent and the Grenadines		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Suriname		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Trinidad and Tobago		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
United States of America		49.1	40.6	33.7	28.0	23.4	19.4	16.3	28.2	23.4	19.4	15.9	13.1	10.6	8.8	38.5	31.9	26.5	21.9	18.2	15.0	12.5
Uruguay		39.3	35.0	30.7	27.1	24.0	21.1	18.6	27.1	24.1	21.2	18.7	16.7	14.7	13.0	32.9	29.3	25.7	22.7	20.2	17.8	15.7
Venezuela (Bolivarian Republic of)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table A1.5. (continued)

		Both sexes							Male							Female						
WHO region and country	Notes	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
SOUTH-EAST ASIA REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Bangladesh		50.6	45.0	39.9	35.7	32.3	29.5	27.4	62.6	59.2	55.8	52.7	50.4	48.0	45.9	38.3	30.8	24.4	19.7	15.4	12.2	10.0
Bhutan		32.8	29.7	26.6	24.3	22.2	20.4	18.8	35.9	34.7	32.9	31.6	30.3	28.9	27.6	29.4	23.7	19.2	15.6	12.7	10.5	8.7
Democratic People's Republic of Korea	a	28.9	25.7	22.5	19.9	17.7	15.8	14.0	60.2	53.5	46.6	41.0	36.2	32.2	28.5	0.0	0.0	0.0	0.0	0.0	0.0	0.0
India		49.8	42.3	35.6	29.9	25.4	21.9	18.8	64.8	57.7	50.6	44.0	38.6	34.2	30.1	34.0	26.0	19.7	15.0	11.5	8.9	6.9
Maldives		42.1	37.5	35.9	34.6	33.1	30.5	27.3	59.1	54.8	51.6	48.8	45.9	42.7	39.2	23.4	18.7	15.3	12.6	10.6	8.8	7.4
Myanmar		61.1	56.6	52.5	48.6	45.3	42.4	40.0	80.6	78.1	76.1	73.6	71.3	69.4	67.4	41.9	35.6	29.4	24.1	19.9	16.3	13.4
Nepal		55.4	46.9	39.2	32.8	28.7	25.2	22.3	67.3	61.6	56.6	51.3	47.6	44.1	40.5	43.5	32.7	23.1	16.6	12.1	9.0	6.6
Sri Lanka		27.9	26.0	24.2	22.7	21.4	20.3	19.3	47.0	45.9	44.3	42.9	41.3	39.7	38.4	9.3	7.2	5.6	4.3	3.4	2.6	2.0
Thailand	a	26.8	24.6	22.7	20.8	19.0	17.3	15.8	51.3	47.5	43.9	40.6	37.4	34.4	31.7	3.2	2.8	2.4	2.0	1.7	1.5	1.2
Timor-Leste		46.2	46.1	46.4	46.4	46.9	47.4	48.5	73.7	73.3	73.8	73.8	74.4	74.8	75.9	17.2	17.5	18.1	18.5	19.1	19.9	20.9
EUROPEAN REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Albania	a	33.2	30.2	27.5	25.0	23.1	21.3	19.4	57.5	52.1	47.3	43.1	39.8	36.7	33.5	10.4	9.4	8.6	7.8	7.1	6.5	5.9
Andorra	a	35.6	34.9	34.2	33.7	33.0	32.6	31.9	42.8	40.5	38.3	36.5	34.4	32.6	30.5	27.8	28.9	29.8	30.8	31.6	32.6	33.4
Armenia		30.7	28.6	27.0	26.0	25.4	24.1	22.6	64.7	60.8	58.1	56.1	54.1	50.9	47.8	2.4	2.3	2.2	2.1	2.1	2.0	1.9
Austria	a	46.7	39.5	33.5	28.3	24.0	20.2	17.0	52.5	43.8	36.6	30.3	25.3	21.1	17.6	41.5	35.5	30.7	26.4	22.7	19.4	16.5
Azerbaijan		28.2	25.5	23.0	21.0	19.6	17.8	16.1	60.9	54.5	49.0	44.6	40.8	37.0	33.3	0.3	0.3	0.2	0.2	0.1	0.1	0.1
Belarus		40.3	37.0	34.2	31.6	29.2	26.7	24.3	71.4	64.9	59.1	54.1	49.4	44.5	39.8	14.0	13.6	13.2	12.8	12.2	11.6	11.1
Belgium	a	28.4	26.9	25.5	24.1	22.9	21.6	20.3	35.3	32.8	30.5	28.4	26.4	24.5	22.6	22.0	21.4	20.8	20.1	19.5	18.8	18.1
Bosnia and Herzegovina	a	45.3	42.9	40.7	38.5	36.5	35.0	33.4	58.4	54.2	51.0	47.6	44.3	41.8	39.2	33.6	32.7	31.5	30.5	29.6	28.9	28.3
Bulgaria	a	41.4	39.8	38.5	37.2	35.9	34.9	33.6	54.8	51.1	47.9	44.7	41.6	39.0	35.9	29.0	29.3	29.7	30.2	30.6	31.2	31.5
Croatia	a	33.1	32.4	32.0	31.4	30.8	30.3	29.9	41.6	39.5	38.0	36.0	34.1	32.5	30.9	25.5	26.0	26.7	27.3	27.7	28.3	29.1

Table A1.5. (continued)

WHO region and country	Notes	Both sexes							Male							Female						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
EUROPEAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Cyprus	^a	40.0	38.0	36.2	34.5	33.0	31.4	29.7	58.9	55.7	52.6	49.8	47.5	45.0	42.4	20.7	20.0	19.6	18.9	18.4	17.7	17.0
Czechia	^a	33.5	31.9	30.4	28.7	27.2	25.9	24.6	40.5	38.5	36.2	34.1	32.3	30.4	28.7	27.0	25.8	24.8	23.6	22.4	21.6	20.6
Denmark	^a	38.5	32.0	26.5	22.0	18.1	15.1	12.4	41.6	34.2	28.4	23.4	19.3	15.9	13.2	35.6	29.9	24.7	20.6	17.0	14.2	11.7
Estonia		44.5	38.9	34.1	29.7	26.2	23.0	20.1	65.2	55.4	47.4	40.3	34.5	29.2	24.7	27.2	25.0	22.9	20.7	18.9	17.5	16.0
Finland		36.9	32.2	27.9	24.2	21.0	18.2	15.8	47.6	41.0	35.3	30.4	26.1	22.4	19.3	26.9	23.8	20.8	18.4	16.1	14.1	12.5
France	^a	31.7	31.0	30.2	29.4	28.8	28.3	27.7	36.9	35.8	34.6	33.2	32.4	31.3	30.4	26.9	26.6	26.2	25.8	25.6	25.4	25.2
Georgia		31.7	31.2	30.7	30.5	30.0	29.6	29.5	64.6	62.7	60.5	58.9	57.5	55.8	54.3	5.4	5.9	6.3	6.8	7.3	7.9	8.6
Germany	^a	33.0	29.2	26.1	23.5	21.1	18.8	16.6	38.9	34.1	30.2	27.0	24.3	21.5	19.0	27.5	24.7	22.3	20.1	18.1	16.1	14.3
Greece		49.8	44.3	39.2	34.3	30.4	26.9	23.7	60.8	53.6	47.3	41.0	36.2	31.9	27.8	39.2	35.3	31.6	28.1	25.1	22.4	19.9
Hungary	^a	36.2	34.4	32.7	30.9	29.4	27.8	26.3	44.7	41.5	38.6	35.6	33.3	30.7	28.3	28.8	28.0	27.4	26.6	25.8	25.1	24.5
Iceland	^a	30.7	23.8	18.4	14.2	11.1	8.5	6.6	32.2	24.8	19.0	14.6	11.4	8.7	6.7	29.2	22.7	17.7	13.8	10.7	8.4	6.5
Ireland	^a	35.6	30.8	26.6	22.7	19.4	16.7	14.4	35.4	31.8	28.4	24.9	22.0	19.5	17.2	35.8	29.8	24.9	20.5	17.0	14.0	11.6
Israel	^a	29.7	27.4	25.3	23.4	21.7	20.2	18.7	38.2	35.7	33.4	31.2	29.1	27.4	25.7	21.6	19.4	17.6	16.0	14.5	13.1	11.8
Italy	^a	24.8	23.9	23.0	22.0	21.1	20.1	19.2	32.4	30.6	28.8	27.0	25.2	23.5	22.0	17.9	17.8	17.6	17.4	17.2	16.8	16.5
Kazakhstan		32.5	29.1	26.7	24.6	22.6	20.4	18.1	59.6	52.8	48.0	44.0	39.8	35.5	31.2	9.2	8.5	8.1	7.7	7.1	6.6	6.0
Kyrgyzstan		30.3	28.1	26.5	25.1	23.0	21.4	19.6	61.7	56.3	51.5	48.0	44.0	40.7	36.9	2.8	2.8	2.9	3.0	3.1	3.2	3.3
Latvia		40.9	38.6	36.4	34.1	32.2	30.4	28.6	62.0	58.0	54.8	51.6	48.5	45.6	42.6	23.7	22.6	21.4	19.9	18.7	17.8	16.8
Lithuania		40.6	37.4	34.3	31.7	29.5	27.8	25.8	61.2	55.8	51.1	47.0	43.3	40.0	36.7	23.3	21.9	20.4	19.0	17.7	17.2	16.3
Luxembourg	^a	27.1	26.1	25.2	24.6	23.9	23.0	22.2	32.7	30.7	28.6	27.0	25.6	23.9	22.3	21.8	21.8	21.9	22.1	22.2	22.2	22.1
Malta	^a	31.6	29.2	27.1	25.2	24.3	22.6	21.1	40.4	36.4	32.8	29.6	27.4	24.7	22.3	23.0	22.3	21.4	20.8	20.9	20.3	19.8

Table A1.5. (continued)

WHO region and country	Notes	Both sexes							Male							Female						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
EUROPEAN REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Monaco		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Montenegro	^a	36.6	36.4	36.5	36.4	36.9	37.1	37.4	40.9	40.2	40.0	39.8	39.8	39.9	39.9	32.8	33.0	33.3	33.4	34.3	34.5	35.2
Netherlands (Kingdom of the)	^a	34.3	30.4	26.9	23.8	21.1	18.8	16.8	37.5	33.6	29.9	26.6	23.9	21.4	19.4	31.2	27.4	24.0	21.0	18.5	16.2	14.2
North Macedonia	^a	41.1	40.7	40.2	40.1	39.9	39.9	40.2	54.0	51.5	49.0	46.8	44.7	43.0	41.3	29.2	30.5	32.0	33.7	35.4	37.0	39.1
Norway	^a	44.8	34.6	26.6	20.6	15.8	12.0	9.2	45.7	35.7	27.9	22.0	17.1	13.3	10.4	44.0	33.5	25.3	19.1	14.4	10.7	8.1
Poland		39.3	34.5	30.4	27.0	23.8	20.7	17.8	47.5	41.6	36.6	32.5	28.5	24.7	21.3	31.8	28.0	24.7	21.8	19.4	17.0	14.6
Portugal	^a	21.5	22.1	22.5	22.7	23.0	23.4	23.9	31.3	31.5	31.6	31.3	30.9	30.8	30.6	12.6	13.6	14.4	15.1	16.0	16.9	17.9
Republic of Moldova	^a	21.6	22.4	23.5	24.4	24.9	25.7	26.5	41.8	43.0	45.1	46.8	48.5	50.4	51.8	4.8	5.2	5.4	5.5	5.6	5.8	6.0
Romania		36.7	34.4	32.2	30.2	28.3	26.6	24.9	50.8	47.5	44.6	41.6	38.8	36.4	33.8	23.9	22.5	21.0	19.8	18.6	17.6	16.6
Russian Federation		37.4	34.2	31.6	29.3	26.9	24.3	22.1	58.3	52.4	47.6	43.6	39.7	35.3	31.5	19.8	19.0	18.2	17.4	16.4	15.3	14.3
San Marino		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Serbia	^a	39.9	39.1	38.2	37.5	36.8	36.2	35.8	48.0	45.6	43.2	41.0	38.6	36.9	35.3	32.7	33.3	33.8	34.4	35.2	35.6	36.2
Slovakia	^a	31.9	30.9	30.0	29.0	27.9	27.1	26.4	45.0	42.2	39.4	36.7	34.0	31.7	29.5	19.8	20.4	21.2	21.7	22.2	22.8	23.4
Slovenia	^a	23.4	22.5	21.7	20.6	19.8	18.8	17.9	27.2	25.7	24.3	22.5	21.2	19.8	18.3	19.9	19.4	19.1	18.8	18.4	17.9	17.5
Spain	^a	32.5	31.1	29.4	27.3	25.5	23.7	22.0	40.7	37.9	35.1	31.7	28.9	26.4	23.9	24.8	24.5	23.9	23.0	22.2	21.1	20.1
Sweden		48.4	40.0	33.2	27.5	22.9	18.9	15.7	55.4	47.1	39.9	34.0	28.8	24.4	20.7	41.7	33.2	26.7	21.2	16.9	13.4	10.6
Switzerland	^a	28.9	26.9	25.2	23.8	22.2	20.6	19.2	36.1	32.5	29.4	26.8	24.3	21.7	19.6	22.2	21.6	21.1	20.8	20.2	19.5	18.8
Tajikistan		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Turkey		33.3	32.7	32.3	32.0	31.4	30.8	30.2	51.9	49.8	48.0	46.0	43.9	41.8	39.9	14.8	15.9	16.9	18.1	19.0	19.9	20.7
Turkmenistan		13.5	10.8	8.8	7.2	6.0	5.0	4.2	27.0	21.6	17.6	14.3	11.9	9.9	8.3	0.7	0.6	0.6	0.5	0.5	0.5	0.4
Ukraine		38.6	34.2	30.3	26.8	23.5	20.7	18.2	69.1	60.5	53.3	46.9	41.1	35.7	31.1	13.0	12.0	10.9	9.8	8.7	8.0	7.2
United Kingdom of Great Britain and Northern Ireland	^a	36.3	28.6	22.8	18.0	14.3	11.3	9.0	38.5	30.9	25.1	20.1	16.2	13.1	10.5	34.4	26.6	20.7	16.1	12.4	9.6	7.5
Uzbekistan		27.2	24.0	21.2	19.0	17.3	15.7	14.3	53.0	46.8	41.2	37.0	33.6	30.5	27.7	1.7	1.5	1.3	1.2	1.1	1.0	0.9

Table A1.5. (continued)

WHO region and country	Notes	Both sexes							Male							Female						
		2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
EASTERN MEDITERRANEAN REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Afghanistan		36.3	32.1	28.6	25.6	23.1	21.2	19.4	57.0	51.9	47.3	43.3	39.8	37.2	34.4	16.3	12.8	10.1	8.0	6.4	5.2	4.2
Bahrain	^a	24.9	23.5	22.4	20.9	19.6	18.2	17.1	36.5	33.4	31.4	29.2	27.1	25.1	23.5	5.9	5.6	5.6	5.6	5.7	5.7	5.7
Djibouti		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Egypt	^a	19.0	19.8	21.0	22.3	23.7	25.2	26.6	37.0	38.6	41.3	44.0	46.9	49.9	52.7	0.7	0.6	0.5	0.5	0.4	0.4	0.3
Iran (Islamic Republic of)		21.0	17.7	15.9	14.7	13.6	12.5	11.3	32.8	29.3	27.6	26.4	25.0	23.4	21.6	8.8	5.7	3.8	2.7	1.8	1.3	0.9
Iraq		21.4	20.7	20.0	19.7	19.5	19.5	19.5	38.0	37.8	37.3	37.2	37.2	37.3	37.5	5.8	4.5	3.6	2.9	2.3	1.9	1.5
Jordan	^a	33.4	33.6	33.3	33.8	34.3	34.5	34.7	53.5	54.0	53.3	53.5	54.4	54.7	54.9	10.6	11.1	11.5	11.9	12.4	12.9	13.4
Kuwait		27.2	26.5	24.7	23.9	23.2	24.2	24.1	41.5	40.6	39.9	37.6	35.3	36.9	37.2	4.5	3.9	3.4	3.0	2.6	2.3	2.1
Lebanon		33.0	35.4	38.3	41.4	44.5	47.5	50.9	38.4	41.0	44.3	47.7	51.2	54.3	58.0	27.8	30.1	32.5	35.2	38.4	41.2	44.4
Libya		37.7	33.3	30.7	28.3	26.3	24.3	22.7	69.0	64.4	59.6	55.3	51.6	47.8	44.7	0.4	0.4	0.3	0.2	0.2	0.2	0.1
Morocco	^a	20.4	18.4	16.7	15.1	13.8	12.4	11.2	38.6	34.9	31.6	28.7	26.2	23.6	21.4	2.6	2.2	1.8	1.6	1.4	1.2	1.0
Oman		8.8	8.9	9.3	11.1	11.3	11.9	12.1	14.0	14.3	14.9	16.0	17.0	17.8	18.3	0.5	0.5	0.5	0.4	0.4	0.4	0.4
Pakistan		34.4	29.0	24.5	21.1	18.3	15.8	13.6	50.8	43.8	38.1	33.4	29.5	26.1	22.9	17.0	13.3	10.3	8.3	6.6	5.3	4.2
Qatar		18.6	18.4	19.5	19.1	18.5	18.4	17.9	24.6	24.2	23.8	23.3	23.3	23.3	22.7	2.2	2.4	2.6	3.0	3.4	3.8	4.3
Saudi Arabia		16.3	17.4	18.4	18.9	18.5	18.4	18.3	26.2	26.4	26.8	26.9	27.0	27.1	27.2	3.3	3.3	3.3	3.3	3.4	3.4	3.4
Somalia		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Sudan		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Syrian Arab Republic		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Tunisia		32.8	30.7	28.9	27.1	25.4	23.9	22.3	62.1	58.6	55.5	52.5	49.4	46.5	43.5	3.5	3.2	2.9	2.7	2.5	2.3	2.1
United Arab Emirates	^a	23.4	20.1	16.7	14.3	12.4	10.9	9.5	31.0	26.5	22.7	19.8	17.2	15.1	13.2	3.2	3.1	2.9	2.8	2.6	2.5	2.5
Yemen		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...

Table A1.5. (continued)

		Both sexes							Male							Female						
WHO region and country	Notes	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
WESTERN PACIFIC REGION		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Australia	^a	24.6	20.8	17.6	14.9	12.6	10.6	9.0	27.1	23.1	19.8	17.0	14.5	12.3	10.6	22.1	18.5	15.4	12.9	10.8	9.0	7.4
Brunei Darussalam	^a	21.4	19.9	18.4	17.5	16.5	15.6	14.6	35.2	33.3	31.7	30.3	28.7	27.4	25.9	4.9	4.1	3.4	2.9	2.4	2.1	1.8
Cambodia		29.7	25.7	22.8	20.7	18.9	16.8	14.9	46.4	41.1	37.4	34.7	32.5	29.4	26.5	15.4	12.2	9.7	7.8	6.4	5.1	4.1
China	^a	27.3	26.4	25.9	25.6	24.9	24.2	23.3	51.1	49.7	48.7	48.5	47.3	46.1	44.4	3.1	2.7	2.5	2.3	2.1	1.9	1.7
Cook Islands	^a	37.7	35.2	32.9	30.6	28.6	25.5	23.0	44.8	41.3	38.3	35.5	32.7	28.8	25.9	30.4	29.0	27.5	26.0	24.7	22.5	20.3
Fiji	^a	33.6	31.6	29.9	28.1	26.6	25.0	23.6	51.7	48.5	45.7	43.0	40.8	38.3	36.0	15.4	14.6	14.0	13.3	12.8	12.2	11.7
Indonesia		33.7	33.2	32.5	32.0	31.6	31.1	30.7	60.3	60.6	60.3	60.2	60.0	59.7	59.3	7.6	6.1	5.0	4.1	3.4	2.7	2.2
Japan	^a	31.7	27.4	23.4	20.1	17.3	14.9	12.8	51.3	44.1	37.5	32.0	27.4	23.4	20.1	13.1	11.5	10.1	8.9	7.8	6.9	6.1
Kiribati	^a	64.6	57.2	50.3	44.4	39.7	35.4	31.6	80.2	72.9	65.8	59.1	53.7	48.4	43.7	50.5	42.9	36.4	31.3	27.2	23.6	20.5
Lao People's Democratic Republic		48.4	40.8	35.0	30.6	26.9	23.9	21.1	66.1	59.0	53.2	48.4	44.1	40.4	36.7	30.7	22.5	16.9	12.8	9.7	7.4	5.7
Malaysia		28.4	25.4	23.1	20.9	19.2	17.7	16.1	51.4	46.6	42.7	38.7	35.7	33.1	30.4	4.4	2.9	1.9	1.3	0.9	0.6	0.4
Marshall Islands		29.9	30.1	30.2	30.6	30.9	31.0	31.0	49.0	49.9	50.5	51.5	52.1	52.6	53.5	9.8	9.5	9.3	9.1	8.8	8.5	8.2
Micronesia (Federated States of)		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Mongolia		30.7	30.3	30.0	29.9	30.1	29.4	28.2	54.6	53.8	53.2	53.1	53.3	52.2	50.1	8.0	7.8	7.7	7.6	7.6	7.4	7.1
Nauru		67.5	58.6	51.2	44.8	39.3	34.2	30.2	64.9	54.9	46.5	39.7	33.6	28.3	24.1	70.3	62.4	56.0	50.1	45.0	40.4	36.5
New Zealand	^a	29.1	22.4	17.3	13.4	10.6	8.2	6.4	30.1	23.6	18.5	14.6	11.6	9.3	7.3	28.1	21.4	16.2	12.4	9.5	7.2	5.5
Niue		...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...	...
Palau		33.5	30.5	27.8	25.9	24.2	22.7	21.4	47.3	43.7	40.5	37.6	35.1	33.1	31.5	16.2	14.6	13.4	12.2	11.2	10.4	9.8
Papua New Guinea	^a	55.3	51.6	48.3	45.1	42.3	39.8	37.5	74.7	70.0	65.5	61.2	57.4	54.1	50.8	34.4	32.0	29.9	27.9	26.3	24.8	23.6
Philippines	^a	34.0	30.2	26.7	24.0	21.6	19.3	17.3	56.1	51.0	46.1	42.2	38.5	35.1	31.8	12.5	10.0	7.9	6.3	5.0	4.0	3.2

Table A1.5. (continued)

		Both sexes							Male							Female						
WHO region and country	Notes	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030	2000	2005	2010	2015	2020	2025	2030
WESTERN PACIFIC REGION (continued)		—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—	—
Republic of Korea	^a	36.6	31.4	27.1	23.2	19.8	17.0	14.7	65.2	55.7	47.6	40.6	34.3	29.1	24.8	7.5	6.9	6.4	5.8	5.4	5.0	4.7
Samoa		37.5	33.7	30.3	27.2	24.5	22.0	19.8	52.8	47.4	42.5	38.1	34.4	30.8	27.6	21.2	19.4	17.5	16.0	14.6	13.3	12.1
Singapore	^a	17.7	16.5	16.1	15.4	14.4	13.7	13.0	29.2	27.4	25.9	24.4	23.0	21.7	20.6	5.5	5.4	5.5	5.4	5.3	5.1	4.8
Solomon Islands	^a	44.1	42.7	41.4	40.5	39.8	39.1	38.6	61.1	60.0	58.9	58.0	57.4	57.0	56.7	25.9	24.6	23.5	22.3	21.5	20.7	19.9
Tonga	^a	32.7	32.4	32.0	31.7	30.9	30.2	30.1	52.5	51.3	50.2	49.4	48.3	47.2	46.4	13.3	13.9	14.5	15.0	15.6	16.3	16.9
Tuvalu	^a	46.6	43.8	41.1	38.2	35.3	33.0	30.7	69.3	63.9	59.3	54.7	50.4	46.8	43.4	26.6	24.7	22.9	21.3	19.9	18.9	17.7
Vanuatu	^a	29.5	28.2	27.0	26.2	25.6	25.2	25.1	51.0	48.7	46.5	44.4	42.8	41.0	39.6	5.4	6.0	6.8	7.6	8.4	9.5	10.9
Viet Nam		28.6	26.5	24.8	23.4	22.4	21.0	19.2	53.5	51.0	48.9	46.6	44.7	42.2	38.8	5.5	4.0	2.9	2.2	1.7	1.3	0.9

^a Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

Table A1.6. Characteristics of the most recent survey in the survey set used to produce the estimates

WHO region and country	Notes	Year/s data were collected	Age range surveyed	Tobacco use prevalence was reported	Tobacco smoking prevalence was reported	Cigarette smoking prevalence was reported
GLOBAL		—	—	—	—	—
AFRICAN REGION		—	—	—	—	—
Algeria		2016–17	18–69	Yes	Yes	No
Angola	^a	2015–16	15–49	Yes	Yes	Yes
Benin		2023–24	18–69	Yes	Yes	Yes
Botswana		2017	15 +	Yes	Yes	Yes
Burkina Faso	^c	2021	18–69	Yes	Yes	Yes
Burundi		2016–17	15–49	Yes	Yes	Yes
Cabo Verde		2020	18–69	Yes	Yes	Yes
Cameroon		2018	15–49	No	Yes	Yes
Central African Republic	^a	2018–19	15–49	Yes	No	Yes
Chad		2014–15	15 +	Yes	No	Yes
Comoros		2022	15–49	Yes	Yes	Yes
Congo		2014–15	15–49	Yes	No	Yes
Côte d'Ivoire		2021	15–49	Yes	Yes	Yes
Democratic Republic of the Congo		2017–18	15–49	Yes	No	Yes
Equatorial Guinea	^b	2011	15–49	Yes	No	Yes
Eritrea	^b	2010	25–74	Yes	Yes	Yes
Eswatini		2021–22	15–49	No	Yes	No
Ethiopia		2024	15 +	Yes	Yes	Yes
Gabon		2019–21	15–49	Yes	No	No
Gambia		2019–20	15–49	Yes	Yes	Yes
Ghana		2022	15–49	Yes	Yes	Yes
Guinea	^a	2018	15–49	No	Yes	Yes
Guinea-Bissau		2019	15–49	Yes	No	Yes
Kenya		2022	15–49	Yes	Yes	Yes
Lesotho		2023–24	15–49	No	Yes	Yes
Liberia		2019–20	15–49	Yes	Yes	Yes
Madagascar		2021	15–49	Yes	Yes	Yes
Malawi		2019–20	15–49	Yes	Yes	Yes
Mali		2018	15–49	Yes	Yes	Yes
Mauritania	^c	2021	15 +	Yes	Yes	Yes
Mauritius		2021	25–74	No	Yes	No
Mozambique		2022–23	15–49	Yes	Yes	Yes
Namibia	^b	2013	15–49	Yes	No	Yes
Niger		2021	18–69	No	Yes	Yes
Nigeria		2018	15–49	Yes	No	Yes
Rwanda		2021	18–69	Yes	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year/s data were collected	Age range surveyed	Tobacco use prevalence was reported	Tobacco smoking prevalence was reported	Cigarette smoking prevalence was reported
AFRICAN REGION (continued)						
Sao Tome and Principe		2019	15–69	Yes	Yes	Yes
Senegal	^c	2023	15 +	Yes	Yes	Yes
Seychelles		2023	18–74	No	No	Yes
Sierra Leone		2019	15–49	Yes	No	No
South Africa		2021	15 +	Yes	Yes	Yes
South Sudan		...	...	...	...	...
Togo		2021	18–69	No	Yes	Yes
Uganda		2023	15 +	Yes	Yes	Yes
United Republic of Tanzania		2022	15–49	Yes	Yes	Yes
Zambia		2018	15–49	Yes	Yes	Yes
Zimbabwe		2015	15–49	No	Yes	Yes
REGION OF THE AMERICAS						
Antigua and Barbuda		...	...	...	...	...
Argentina		2022	16–75	No	Yes	No
Bahamas		2019	18–69	Yes	Yes	Yes
Barbados	^{b, c}	2011–12	25 +	Yes	Yes	Yes
Belize		2015	15–49	Yes	No	No
Bolivia		2019	18–69	Yes	Yes	No
Brazil		2019	18 +	Yes	Yes	Yes
Canada		2023	18 +	No	Yes	No
Chile		2022	12–65	No	No	Yes
Colombia		2019	12–65	No	Yes	No
Costa Rica	^c	2022	15 +	Yes	Yes	Yes
Cuba		2019	15–49	Yes	Yes	Yes
Dominica	^b	2007–08	15–64	Yes	Yes	Yes
Dominican Republic	^a	2019	15–49	Yes	No	Yes
Ecuador		2018	18–69	Yes	Yes	Yes
El Salvador		2022	18 +	Yes	Yes	Yes
Grenada	^b	2010–11	25–64	No	Yes	Yes
Guatemala		2014–15	15–49	Yes	No	Yes
Guyana		2016	18–69	No	Yes	Yes
Haiti		2016–17	15–49	Yes	Yes	Yes
Honduras		2019	15–49	Yes	Yes	Yes
Jamaica		2016–17	15 +	No	Yes	No
Mexico	^c	2023	15 +	Yes	Yes	Yes
Nicaragua		...	...	...	...	...

Table A1.6. (continued)

WHO region and country	Notes	Year/s data were collected	Age range surveyed	Tobacco use prevalence was reported	Tobacco smoking prevalence was reported	Cigarette smoking prevalence was reported
REGION OF THE AMERICAS (continued)						
Panama		2019	15 +	Yes	Yes	No
Paraguay		2022	18–69	Yes	Yes	Yes
Peru		2023	15 +	No	No	Yes
Saint Kitts and Nevis	^b	2007–08	25–64	Yes	Yes	Yes
Saint Lucia		2019–20	18 +	Yes	Yes	Yes
Saint Vincent and the Grenadines	^a	2013–14	18–69	Yes	Yes	Yes
Suriname	^{b, c}	2013	25–65	No	Yes	Yes
Trinidad and Tobago	^b	2011	15–64	Yes	Yes	Yes
United States of America		2023	18 +	Yes	No	Yes
Uruguay		2023	15 +	No	Yes	No
Venezuela (Bolivarian Republic of)	^b	2011	18–65	Yes	No	Yes
SOUTH-EAST ASIA REGION						
Bangladesh		2018	18–69	Yes	Yes	No
Bhutan		2023	15–69	Yes	Yes	Yes
Democratic People's Republic of Korea		2017	15 +	Yes	Yes	Yes
India		2019–21	15 +	Yes	No	No
Maldives		2020–21	15–69	Yes	Yes	No
Myanmar		2015–16	15–49	No	Yes	Yes
Nepal		2022	15–49	Yes	Yes	Yes
Sri Lanka		2021	18–69	Yes	Yes	Yes
Thailand		2021	15 +	Yes	Yes	Yes
Timor-Leste		2023	18–69	Yes	Yes	Yes
EUROPEAN REGION						
Albania		2019	18–85	No	Yes	No
Andorra		2017–18	12–75	No	Yes	No
Armenia		2022	15 +	No	Yes	Yes
Austria		2022	20 +	No	No	Yes
Azerbaijan		2023	15 +	No	No	Yes
Belarus		2023	16 +	No	Yes	No
Belgium		2022	15–75	No	Yes	No
Bosnia and Herzegovina		2019	18–85	No	Yes	No
Bulgaria	^c	2020	15 +	No	Yes	Yes
Croatia		2020	15 +	No	Yes	No
Cyprus		2023	18–64	No	Yes	No
Czechia		2023	15 +	No	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year/s data were collected	Age range surveyed	Tobacco use prevalence was reported	Tobacco smoking prevalence was reported	Cigarette smoking prevalence was reported
EUROPEAN REGION (continued)						
Denmark		2023	16 +	No	Yes	No
Estonia		2022	16–64	Yes	Yes	No
Finland		2022	20 +	No	Yes	No
France		2022	18–75	No	Yes	No
Georgia		2020	18 +	No	Yes	No
Germany	c	2023	14 +	No	Yes	Yes
Greece		2020	15 +	No	Yes	No
Hungary		2020	15 +	No	Yes	No
Iceland		2023	18–89	No	Yes	No
Ireland		2024	15 +	No	Yes	No
Israel		2022–23	21 +	No	No	Yes
Italy		2023	15 +	No	No	Yes
Kazakhstan		2023	15 +	No	Yes	Yes
Kyrgyzstan		2023	18–69	Yes	Yes	Yes
Latvia		2022	15–74	No	Yes	Yes
Lithuania		2021	15–64	No	No	Yes
Luxembourg		2023	16 +	No	Yes	Yes
Malta	c	2019–20	15 +	No	Yes	No
Monaco		...	...	...	...	...
Montenegro		2019	18–85	No	Yes	Yes
Netherlands (Kingdom of the)		2023	18 +	No	Yes	No
North Macedonia		2023	18 +	No	No	Yes
Norway		2023	16–74	No	Yes	No
Poland		2021	18 +	No	Yes	Yes
Portugal		2022	15–74	No	Yes	No
Republic of Moldova		2021	18–69	Yes	Yes	Yes
Romania		2020	15 +	No	Yes	No
Russian Federation		2023	15 +	No	Yes	No
San Marino	b	2013	15 +	No	Yes	No
Serbia		2023	18–64	No	No	Yes
Slovakia		2022	15 +	No	Yes	No
Slovenia		2022	18–74	Yes	Yes	Yes
Spain		2022	15–64	No	Yes	No
Sweden		2023	16 +	Yes	Yes	No
Switzerland		2023	15 +	No	No	Yes
Tajikistan	a, c	2016–17	18–69	Yes	Yes	Yes

Table A1.6. (continued)

WHO region and country	Notes	Year/s data were collected	Age range surveyed	Tobacco use prevalence was reported	Tobacco smoking prevalence was reported	Cigarette smoking prevalence was reported
EUROPEAN REGION (continued)						
Türkiye		2022	15 +	No	Yes	No
Turkmenistan		2018	18–69	Yes	Yes	Yes
Ukraine		2020	18 +	No	Yes	No
United Kingdom of Great Britain and Northern Ireland		2022	18 +	No	Yes	No
Uzbekistan		2019	18–69	Yes	Yes	Yes
EASTERN MEDITERRANEAN REGION						
Afghanistan		2019	18–69	Yes	Yes	Yes
Bahrain		2017–19	18 +	No	Yes	No
Djibouti	^b	2012	10 +	Yes	No	No
Egypt		2016–17	15–69	Yes	Yes	Yes
Iran (Islamic Republic of)		2021	18 +	Yes	No	No
Iraq		2018	15–49	Yes	Yes	Yes
Jordan		2023	15–49	No	Yes	Yes
Kuwait		2014	18–69	Yes	Yes	Yes
Lebanon		2023	18–69	Yes	Yes	Yes
Libya		2023	18–69	Yes	Yes	Yes
Morocco		2018	15 +	No	Yes	No
Oman		2017	15 +	Yes	Yes	No
Pakistan		2017–18	15–49	Yes	Yes	Yes
Qatar		2023	18–69	Yes	Yes	No
Saudi Arabia		2023	15 +	Yes	Yes	No
Somalia		...	...	...	...	...
Sudan	^a	2016	18–69	Yes	Yes	Yes
Syrian Arab Republic	^b	2002–03	15–65	No	Yes	No
Tunisia		2023	15–49	Yes	Yes	Yes
United Arab Emirates		2017–18	18–69	Yes	Yes	Yes
Yemen	^b	2013	10 +	No	Yes	No
WESTERN PACIFIC REGION						
Australia		2022–23	15 +	No	Yes	No
Brunei Darussalam		2022–23	18–69	Yes	Yes	Yes
Cambodia		2023	18–69	Yes	Yes	No
China		2022	15 +	Yes	Yes	No
Cook Islands		2022	18–69	Yes	Yes	Yes
Fiji		2021	15–49	Yes	Yes	Yes
Indonesia		2023	15 +	Yes	Yes	Yes
Japan		2022	20 +	No	Yes	No

Table A1.6. (continued)

WHO region and country	Notes	Year/s data were collected	Age range surveyed	Tobacco use prevalence was reported	Tobacco smoking prevalence was reported	Cigarette smoking prevalence was reported
WESTERN PACIFIC REGION (continued)						
Kiribati		2018–19	15–49	Yes	Yes	Yes
Lao People's Democratic Republic		2023	15–49	Yes	Yes	No
Malaysia	^c	2023	15 +	Yes	Yes	Yes
Marshall Islands		2023	18 +	Yes	Yes	No
Micronesia (Federated States of)	^b	2012	12–98	No	No	Yes
Mongolia		2023	15–49	Yes	No	No
Nauru		2023	15–49	Yes	Yes	Yes
New Zealand		2022–23	15 +	No	Yes	No
Niue	^a	2022	15 +	No	No	Yes
Palau		2023	18 +	Yes	Yes	No
Papua New Guinea		2016–18	15–49	No	Yes	Yes
Philippines		2021	15 +	Yes	Yes	Yes
Republic of Korea		2022	19 +	Yes	No	Yes
Samoa		2019–20	15–49	Yes	Yes	No
Singapore		2023	18–74	No	No	Yes
Solomon Islands	^c	2015	18–69	Yes	Yes	Yes
Tonga		2019	15–49	Yes	Yes	Yes
Tuvalu		2019–20	15–49	Yes	Yes	Yes
Vanuatu		2023	15–49	Yes	Yes	Yes
Viet Nam	^c	2020–21	15 +	Yes	Yes	Yes

^a Although at least one survey was completed, no trend estimates were produced for this report. See the Methods section for further details.

^b The most recent survey was too old to calculate a trend estimate for this report; refer to the Methods section for further details.

^c There was more than one survey in the most recent year; the age range refers to the survey with the broadest range, and the pooled set of indicators available is reported.

Table A1.7. Current tobacco use relative reduction category, 2024

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
GLOBAL			—	—	—	—	—
AFRICAN REGION			—	—	—	—	—
Algeria	DZA		20.7	22.6	-9	Likely to experience an increase in prevalence.	Less reliable
Angola	AGO		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Benin	BEN		10.8	7.2	33	On track to achieve a 30% relative reduction.	More reliable
Botswana	BWA		25.0	17.7	29	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Burkina Faso	BFA		20.3	11.1	45	On track to achieve a 30% relative reduction.	Less reliable
Burundi	BDI		17.5	9.7	44	On track to achieve a 30% relative reduction.	Less reliable
Cabo Verde	CPV		15.3	10.1	34	On track to achieve a 30% relative reduction.	More reliable
Cameroon	CMR		10.2	5.4	46	On track to achieve a 30% relative reduction.	More reliable
Central African Republic	CAF		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Chad	TCD	^b	9.1	7.3	20	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Comoros	COM		23.6	8.4	64	On track to achieve a 30% relative reduction.	Less reliable
Congo	COG		12.9	16.4	-27	Likely to experience an increase in prevalence.	More reliable
Côte d'Ivoire	CIV		13.6	7.1	48	On track to achieve a 30% relative reduction.	Less reliable
Democratic Republic of the Congo	COD		15.7	12.1	23	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Equatorial Guinea	GNQ		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Eritrea	ERI		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Eswatini	SWZ		10.8	11.6	-7	Likely to experience an increase in prevalence.	Less reliable
Ethiopia	ETH		5.7	5.2	10	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Gabon	GAB		13.6	13.3	3	Unlikely to experience a significant change in prevalence.	Less reliable
Gambia	GMB		15.8	10.9	31	On track to achieve a 30% relative reduction.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
AFRICAN REGION (continued)							
Ghana	GHA		5.3	3.2	40	On track to achieve a 30% relative reduction.	More reliable
Guinea	GIN		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Guinea-Bissau	GNB		13.6	7.9	42	On track to achieve a 30% relative reduction.	Less reliable
Kenya	KEN		14.8	9.3	37	On track to achieve a 30% relative reduction.	More reliable
Lesotho	LSO		26.6	28.0	-5	Likely to experience an increase in prevalence.	More reliable
Liberia	LBR		10.7	4.9	54	On track to achieve a 30% relative reduction.	Less reliable
Madagascar	MDG	^c	37.0	25.1	32	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Malawi	MWI		15.7	8.5	46	On track to achieve a 30% relative reduction.	More reliable
Mali	MLI		11.9	7.2	40	On track to achieve a 30% relative reduction.	More reliable
Mauritania	MRT		14.5	9.6	34	On track to achieve a 30% relative reduction.	Less reliable
Mauritius	MUS	^b	22.5	17.3	23	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Mozambique	MOZ		19.3	10.1	48	On track to achieve a 30% relative reduction.	Less reliable
Namibia	NAM		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Niger	NER		8.5	7.4	13	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Nigeria	NGA		6.0	3.0	50	On track to achieve a 30% relative reduction.	More reliable
Rwanda	RWA		25.0	9.3	63	On track to achieve a 30% relative reduction.	More reliable
Sao Tome and Principe	STP		7.2	8.4	-16	Unlikely to experience a significant change in prevalence.	More reliable
Senegal	SEN		10.0	5.2	48	On track to achieve a 30% relative reduction.	More reliable
Seychelles	SYC		22.3	16.9	24	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Sierra Leone	SLE		25.2	10.8	57	On track to achieve a 30% relative reduction.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
AFRICAN REGION (continued)							
South Africa	ZAF	^b	23.0	23.6	-3	Likely to experience an increase in prevalence.	More reliable
South Sudan	SSD		...	...	...	Has insufficient data to calculate a trend.	...
Togo	TGO		10.0	5.6	44	On track to achieve a 30% relative reduction.	More reliable
Uganda	UGA		14.8	7.1	52	On track to achieve a 30% relative reduction.	More reliable
United Republic of Tanzania	TZA		16.7	7.3	56	On track to achieve a 30% relative reduction.	More reliable
Zambia	ZMB		17.0	14.1	17	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Zimbabwe	ZWE		15.9	10.8	32	On track to achieve a 30% relative reduction.	More reliable
REGION OF THE AMERICAS			—	—	—	—	—
Antigua and Barbuda	ATG		...	...	...	Has insufficient data to calculate a trend.	...
Argentina	ARG		28.7	23.2	19	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Bahamas	BHS		14.6	17.6	-21	Likely to experience an increase in prevalence.	More reliable
Barbados	BRB		...	...	...	Has insufficient data to calculate a trend.	...
Belize	BLZ	^b	11.2	8.4	25	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Bolivia (Plurinational State of)	BOL		19.3	12.0	38	On track to achieve a 30% relative reduction.	Less reliable
Brazil	BRA		17.5	11.5	34	On track to achieve a 30% relative reduction.	More reliable
Canada	CAN		19.3	10.8	44	On track to achieve a 30% relative reduction.	More reliable
Chile	CHL	^{b, c}	37.0	26.0	30	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Colombia	COL		11.2	7.8	30	On track to achieve a 30% relative reduction.	More reliable
Costa Rica	CRI		12.4	7.6	39	On track to achieve a 30% relative reduction.	Less reliable
Cuba	CUB		27.3	15.6	43	On track to achieve a 30% relative reduction.	Less reliable
Dominica	DMA		...	...	...	Has insufficient data to calculate a trend.	...
Dominican Republic	DOM		...	...	...	Has insufficient data to calculate a trend.	...

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
REGION OF THE AMERICAS (continued)							
Ecuador	ECU		12.1	10.0	17	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
El Salvador	SLV	^b	11.7	7.9	32	On track to achieve a 30% relative reduction.	Less reliable
Grenada	GRD		...	...	...	Has insufficient data to calculate a trend.	...
Guatemala	GTM		12.8	11.2	12	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Guyana	GUY		19.7	11.2	43	On track to achieve a 30% relative reduction.	Less reliable
Haiti	HTI		9.7	7.9	19	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Honduras	HND		14.5	12.1	17	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Jamaica	JAM	^b	15.1	11.2	25	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Mexico	MEX		18.7	15.6	17	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Nicaragua	NIC		...	...	...	Has insufficient data to calculate a trend.	...
Panama	PAN		8.7	4.7	46	On track to achieve a 30% relative reduction.	More reliable
Paraguay	PRY	^b	16.0	6.0	63	On track to achieve a 30% relative reduction.	Less reliable
Peru	PER	^b	21.6	11.9	45	On track to achieve a 30% relative reduction.	More reliable
Saint Kitts and Nevis	KNA		...	...	...	Has insufficient data to calculate a trend.	...
Saint Lucia	LCA		16.9	13.7	19	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Saint Vincent and the Grenadines	VCT		...	...	...	Has insufficient data to calculate a trend.	...
Suriname	SUR		...	...	...	Has insufficient data to calculate a trend.	...
Trinidad and Tobago	TTO		...	...	...	Has insufficient data to calculate a trend.	...
United States of America	USA		26.5	15.2	43	On track to achieve a 30% relative reduction.	More reliable
Uruguay	URY		27.1	18.8	31	On track to achieve a 30% relative reduction.	More reliable
Venezuela (Bolivarian Republic of)	VEN		...	...	...	Has insufficient data to calculate a trend.	...

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
SOUTH-EAST ASIA REGION			—	—	—	—	—
Bangladesh	BGD		44.2	31.4	29	On track to achieve a 30% relative reduction.	More reliable
Bhutan	BTN		25.0	19.4	23	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Democratic People's Republic of Korea	PRK	b,c	23.0	15.2	34	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
India	IND		38.5	21.9	43	On track to achieve a 30% relative reduction.	More reliable
Maldives	MDV		33.8	25.1	26	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Myanmar	MMR		54.7	42.5	22	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Nepal	NPL		44.6	28.0	37	On track to achieve a 30% relative reduction.	More reliable
Sri Lanka	LKA		24.8	20.4	18	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Thailand	THA	b	22.6	17.4	23	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Timor-Leste	TLS		47.6	48.9	-3	Unlikely to experience a significant change in prevalence.	More reliable
EUROPEAN REGION			—	—	—	—	—
Albania	ALB	b	28.1	21.1	25	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Andorra	AND	b	35.4	35.6	0	Unlikely to experience a significant change in prevalence.	More reliable
Armenia	ARM		30.6	25.8	16	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Austria	AUT	b	36.5	23.1	37	On track to achieve a 30% relative reduction.	More reliable
Azerbaijan	AZE		25.1	18.2	28	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Belarus	BLR		36.6	28.8	21	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Belgium	BEL	b	27.0	23.4	13	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Bosnia and Herzegovina	BIH	b	41.9	36.8	12	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Bulgaria	BGR	b	41.4	38.8	6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Croatia	HRV	b	34.8	34.5	1	Unlikely to experience a significant change in prevalence.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EUROPEAN REGION (continued)							
Cyprus	CYP	^b	36.4	32.3	11	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Czechia	CZE	^b	31.9	28.1	12	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Denmark	DNK	^b	26.4	15.2	42	On track to achieve a 30% relative reduction.	More reliable
Estonia	EST		37.1	25.6	31	On track to achieve a 30% relative reduction.	More reliable
Finland	FIN		30.3	20.9	31	On track to achieve a 30% relative reduction.	More reliable
France	FRA	^b	34.0	33.6	1	Unlikely to experience a significant change in prevalence.	More reliable
Georgia	GEO		34.0	32.7	4	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Germany	DEU	^b	28.7	21.5	25	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Greece	GRC		41.3	29.7	28	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Hungary	HUN	^b	34.9	30.6	12	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Iceland	ISL	^b	18.6	8.7	53	On track to achieve a 30% relative reduction.	More reliable
Ireland	IRL	^b	27.0	17.7	35	On track to achieve a 30% relative reduction.	More reliable
Israel	ISR	^b	25.9	20.9	19	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Italy	ITA	^b	24.4	22.3	8	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Kazakhstan	KAZ		28.4	20.8	27	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Kyrgyzstan	KGZ		28.1	22.0	22	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Latvia	LVA		40.0	34.2	15	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Lithuania	LTU		37.7	31.0	18	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Luxembourg	LUX	^b	26.3	24.3	7	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Malta	MLT	^b	28.7	24.3	15	Likely to achieve a decrease in prevalence but less than 30%.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EUROPEAN REGION (continued)							
Monaco	MCO		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Montenegro	MNE	^b	36.6	37.3	-2	Unlikely to experience a significant change in prevalence.	Less reliable
Netherlands (Kingdom of the)	NLD	^b	27.8	20.0	28	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
North Macedonia	MKD	^b	40.2	39.5	2	Unlikely to experience a significant change in prevalence.	Less reliable
Norway	NOR	^b	26.8	12.3	54	On track to achieve a 30% relative reduction.	More reliable
Poland	POL		30.8	21.2	31	On track to achieve a 30% relative reduction.	More reliable
Portugal	PRT	^b	25.4	28.9	-14	Likely to experience an increase in prevalence.	More reliable
Republic of Moldova	MDA	^b	25.5	29.1	-14	Likely to experience an increase in prevalence.	More reliable
Romania	ROU		34.5	29.5	15	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Russian Federation	RUS		33.5	26.5	21	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
San Marino	SMR		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Serbia	SRB	^b	40.6	39.6	2	Unlikely to experience a significant change in prevalence.	More reliable
Slovakia	SVK	^b	31.0	29.3	5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Slovenia	SVN	^b	22.7	20.8	9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Spain	ESP	^b	31.5	27.3	13	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Sweden	SWE		33.9	19.5	43	On track to achieve a 30% relative reduction.	More reliable
Switzerland	CHE	^b	26.9	22.9	15	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Tajikistan	TJK		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Türkiye	TUR		31.8	31.1	3	Unlikely to experience a significant change in prevalence.	More reliable
Turkmenistan	TKM		9.4	5.2	45	On track to achieve a 30% relative reduction.	Less reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EUROPEAN REGION (continued)							
Ukraine	UKR	^c	33.1	23.2	30	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
United Kingdom of Great Britain and Northern Ireland	GBR	^b	24.2	12.3	49	On track to achieve a 30% relative reduction.	More reliable
Uzbekistan	UZB		22.4	15.9	29	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
EASTERN MEDITERRANEAN REGION							
Afghanistan	AFG		29.7	21.7	27	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Bahrain	BHR	^b	18.3	15.2	17	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Djibouti	DJI		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .
Egypt	EGY	^b	21.5	25.4	-18	Likely to experience an increase in prevalence.	More reliable
Iran (Islamic Republic of)	IRN	^c	16.9	11.7	31	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Iraq	IRQ		21.3	20.1	6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Jordan	JOR	^b	32.9	34.0	-3	Unlikely to experience a significant change in prevalence.	More reliable
Kuwait	KWT		20.0	19.2	4	Unlikely to experience a significant change in prevalence.	Less reliable
Lebanon	LBN		38.9	47.4	-22	Likely to experience an increase in prevalence.	More reliable
Libya	LBY		29.6	23.8	19	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Morocco	MAR	^b	16.4	12.3	25	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Oman	OMN		7.8	8.6	-10	Likely to experience an increase in prevalence.	More reliable
Pakistan	PAK		27.7	17.4	37	On track to achieve a 30% relative reduction.	More reliable
Qatar	QAT		12.5	12.6	-1	Unlikely to experience a significant change in prevalence.	Less reliable
Saudi Arabia	SAU		14.6	14.7	-1	Unlikely to experience a significant change in prevalence.	More reliable
Somalia	SOM		. . .	. . .	. . .	Has insufficient data to calculate a trend.	. . .

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
EASTERN MEDITERRANEAN REGION (continued)							
Sudan	SDN		...	...	...	Has insufficient data to calculate a trend.	...
Syrian Arab Republic	SYR		...	...	...	Has insufficient data to calculate a trend.	...
Tunisia	TUN		29.0	24.3	16	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
United Arab Emirates	ARE	^b	12.7	8.8	31	On track to achieve a 30% relative reduction.	Less reliable
Yemen	YEM		...	...	...	Has insufficient data to calculate a trend.	...
WESTERN PACIFIC REGION							
			—	—	—	—	—
Australia	AUS	^b	18.1	11.2	38	On track to achieve a 30% relative reduction.	More reliable
Brunei Darussalam	BRN	^b	16.8	14.3	15	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Cambodia	KHM		28.0	18.1	36	On track to achieve a 30% relative reduction.	More reliable
China	CHN	^b	25.1	22.7	9	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Cook Islands	COK	^b	33.1	28.0	15	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Fiji	FJI	^b	30.6	25.4	17	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Indonesia	IDN		32.7	31.0	5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Japan	JPN	^b	25.5	17.1	33	On track to achieve a 30% relative reduction.	More reliable
Kiribati	KIR	^b	53.4	36.8	31	On track to achieve a 30% relative reduction.	More reliable
Lao People's Democratic Republic	LAO		38.1	24.8	35	On track to achieve a 30% relative reduction.	More reliable
Malaysia	MYS		22.0	16.6	24	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Marshall Islands	MHL		28.3	30.1	-6	Likely to experience an increase in prevalence.	Less reliable
Micronesia (Federated States of)	FSM		...	...	...	Has insufficient data to calculate a trend.	...
Mongolia	MNG		31.3	29.5	6	Likely to achieve a decrease in prevalence but less than 30%.	More reliable

Table A1.7. (continued)

WHO Region and country	Country code	Notes	2010 estimate, both sexes (%)	2025 projection, both sexes (%)	Expected relative reduction 2010–2025 (%)	Target assessment category	Indication of the reliability of the assessment based on the quantity of the underlying data ^a
WESTERN PACIFIC REGION (continued)							
Nauru	NRU		50.2	33.8	33	On track to achieve a 30% relative reduction.	More reliable
New Zealand	NZL	^b	18.3	8.9	51	On track to achieve a 30% relative reduction.	More reliable
Niue	NIU		...	...	...	Has insufficient data to calculate a trend.	...
Palau	PLW		27.1	22.8	16	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Papua New Guinea	PNG	^b	47.2	39.0	17	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Philippines	PHL	^b	27.6	19.5	29	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Republic of Korea	KOR	^b	27.0	18.1	33	On track to achieve a 30% relative reduction.	More reliable
Samoa	WSM	^c	30.7	22.6	26	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Singapore	SGP	^b	15.5	13.7	12	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Solomon Islands	SLB	^b	40.5	38.3	5	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Tonga	TON	^b	32.5	32.1	1	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Tuvalu	TUV	^b	41.1	32.9	20	Likely to achieve a decrease in prevalence but less than 30%.	More reliable
Vanuatu	VUT	^b	26.0	24.8	4	Likely to achieve a decrease in prevalence but less than 30%.	Less reliable
Viet Nam	VNM		26.5	20.8	21	Likely to achieve a decrease in prevalence but less than 30%.	More reliable

^a At least one survey since 2014 with prevalence disaggregated by age and by sex, and at least one more survey in a different year.

^b Tobacco use estimates are not available. Tobacco smoking estimates are substituted for missing tobacco use estimates on the assumption that there is little difference between the two measures in the country.

^c Reduction is at or higher than 30% but the estimate has a high degree of uncertainty.

Annex 2. Statistical Annex

This annex provides data sources and explanations of the methods used to calculate the estimates in this report, including details of the various country groupings used: the World Bank grouping of countries by income and the analysis groupings of countries.

This Statistical Annex includes the following tables:

Table A2.1 Most recent national population-based survey that reports prevalence of smokeless tobacco use among adults, 2014–2024

Table A2.2.1 Most recent national school-based survey that reports tobacco use prevalence among adolescents aged 13–15 years, 2014–2024

Table A2.2.2 Most recent national school-based survey that reports cigarette smoking prevalence among adolescents aged 13–15 years, 2014–2024

Table A2.3 Most recent national school-based survey that reports prevalence of smokeless tobacco use among adolescents aged 13–15 years, 2014–2024

Table A2.4 Most recent national population-based survey that reports prevalence of e-cigarette use among adults, 2014–2024

Table A2.5 Most recent national school-based survey that reports prevalence of e-cigarette use, among adolescents aged 13–15 years, 2014–2024

2.1 Estimated prevalence rates and numbers of current smokeless tobacco users aged 15 years and older by WHO Region and World Bank country income group

Smokeless tobacco as defined for this analysis: any product that consists of cut, ground, powdered or other forms of tobacco that is intended to be placed in the oral or nasal cavity. Examples include snuff, chewing tobacco, dip, gutka, mishri and snus.

Source of prevalence rates: The most recent national population-based survey undertaken by the country during the period 2014–2024 that reported prevalence of smokeless tobacco use. Surveys used are listed in Table A2.1. Reports and data sets of the Global Adult Tobacco Surveys and STEPS Surveys are available from the WHO microdata repository at: <https://extranet.who.int/ncdsmicrodata/index.php/home>. Eurobarometer surveys are available from: <https://europa.eu/eurobarometer/screen/home>. Demographic and Health Surveys are available from: <https://www.dhsprogram.com/>. Country-specific surveys are generally available on the websites of the ministry of health or national statistics office in the country.

Source of population numbers: *World Population Prospects*, 2024 revision, medium fertility variant, population estimates by sex and year for 2023. United Nations, Department of Economic and Social Affairs, Population Division, 2024. Available from: <https://population.un.org/wpp/>.

Method: For each country and for each sex, the number of current smokeless tobacco users aged 15 years and older was calculated using the prevalence rate from the source survey and multiplying by the population aged 15 years and older for the appropriate sex. These numbers were then summed to calculate total smokeless tobacco users in each region by grouping Member States into their World Bank income group regions and their WHO Regions (groups specified below). Average prevalence rates for each region were calculated by dividing the total number of smokeless tobacco users by the summed populations aged 15 years and older in each region. Some surveys published prevalence of smokeless tobacco use for both sexes only without sex disaggregation; in these countries, the both-sexes rate was assumed to apply to both males and females separately.

Data coverage: A total of 131 countries (68% of countries) had surveyed smokeless tobacco use among their national adult populations in this period. The global population coverage of these surveys was 86%. The missing 14% of global population contributes to a potential undercount of smokeless tobacco users in this report, which will be corrected in the future as more countries survey smokeless tobacco use.

Countries without a published survey reporting smokeless tobacco use in the period 2014–2024 were assumed to have no smokeless tobacco users. Countries with a survey reporting smokeless tobacco use among persons in an age range other than 15 years and older were included in the analysis by assuming the total age rate was similar to the rate for persons aged 15 years and older. This assumption may result in some overstated or understated rates for some countries.

Table A2.1. Most recent national population-based survey that reports rates of smokeless tobacco use among adults, 2014–2024

Country	Survey Name	Year survey was in the field	Age range of survey
African Region			
Algeria	STEPS Survey	2017	18–69
Angola	Demographic and Health Survey	2016	15–49
Benin	Demographic and Health Survey	2018	15–64 (men) 15–49 (women)
Botswana	Global Adult Tobacco Survey (GATS)	2017	15+
Burkina Faso	STEPS Survey	2021	18–69
Burundi	Demographic and Health Survey	2017	15–49
Cameroon	Demographic and Health Survey	2018	15–64 (men) 15–49 (women)
Côte d'Ivoire	Demographic and Health Survey	2021	15–59 (men) 15–49 (women)
Eswatini	STEPS Survey	2014	15–69
Ethiopia	Global Adult Tobacco Survey (GATS)	2016	15+
Gabon	Demographic and Health Survey	2021	15–59 (men) 15–49 (women)
Gambia	Demographic and Health Survey	2020	15–59 (men) 15–49 (women)
Ghana	Demographic and Health Survey	2022	15–59 (men) 15–49 (women)
Kenya	Demographic and Health Survey	2022	15–54 (men) 15–49 (women)
Lesotho	Demographic and Health Survey	2014	15–59 (men) 15–49 (women)
Liberia	Demographic and Health Survey	2020	15–59 (men) 15–49 (women)
Madagascar	Demographic and Health Survey	2021	15–49
Malawi	STEPS Survey	2017	18–69
Mali	Demographic and Health Survey	2018	15–59 (men) 15–49 (women)
Mauritania	Global Adult Tobacco Survey (GATS)	2021	15+
Mozambique	Demographic and Health Survey	2023	15–54 (men) 15–49 (women)

Table A2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Niger	L'Enquête Nationale sur les facteurs de risque des maladies non transmissibles	2021	18–69
Rwanda	STEPS Survey	2021	18–69
Sao Tome and Principe	STEPS Survey	2019	15–69
Senegal	Global Adult Tobacco Survey (GATS)	2023	15+
Seychelles	The Seychelles Heart Study V	2023	18–74
Sierra Leone	Demographic and Health Survey	2019	15–49
South Africa	Global Adult Tobacco Survey (GATS)	2021	15+
Togo	STEPS Survey	2021	18–69
Uganda	Global Adult Tobacco Survey (GATS)	2023	15+
United Republic of Tanzania	Global Adult Tobacco Survey (GATS)	2018	15+
Zambia	Demographic and Health Survey	2018	15–59 (men) 15–49 (women)
Region of the Americas			
Bahamas	STEPS Survey	2019	18–69
Canada	Canadian Community Health Survey	2023	18+
Costa Rica	Global Adult Tobacco Survey (GATS)	2022	15+
Ecuador	STEPS Survey	2018	18–69
El Salvador	Encuesta Nacional de Alcohol y Tabaco (ENAT)	2022	18+
Haiti	Enquête Mortalité, Morbidité et Utilisation des Services en Haïti	2017	15–49
Mexico	Global Adult Tobacco Survey (GATS)	2023	15+
Panama	Encuesta Nacional de Salud	2019	15+
Paraguay	STEPS Survey	2022	18–69
Saint Lucia	STEPS Survey	2020	18+
Saint Vincent and the Grenadines	National Health and Nutrition Survey	2014	18–69

Table A2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Trinidad and Tobago	STEPS Survey	2024	15–64
United States of America	National Survey on Drug Use and Health (NSDUH)	2023	18+
Uruguay	Global Adult Tobacco Survey (GATS)	2017	15+
South-East Asia Region			
Bangladesh	STEPS Survey	2022	18–69
Bhutan	National Health Survey	2023	15–69
Democratic People's Republic of Korea	National Adult Tobacco Survey	2017	15+
India	Global Adult Tobacco Survey (GATS)	2017	15+
Maldives	STEPS Survey	2021	15–69
Myanmar	STEPS Survey	2014	25–64
Nepal	Demographic and Health Survey	2022	15–49
Sri Lanka	STEPS Survey	2021	18–69
Thailand	Health Behaviour of the Population Survey	2021	15+
Timor-Leste	National Survey on NCDs and NCD risk factors among adults	2023	18–69
European Region			
Albania	Smoking uptake, prevalence and cessation in Albania	2019	18–85
Armenia	STEPS Survey	2016	18–69
Austria	Österreichische Repräsentativerhebung zu Konsum- und Verhaltensweisen mit Suchtpotenzial	2022	15+
Belarus	STEPS Survey	2017	18–69
Belgium	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Bosnia and Herzegovina	Tobacco Consumption in Bosnia and Herzegovina	2019	18–85
Bulgaria	National Survey of Risk Factors for Health	2020	20+
Croatia	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+

Table A2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Cyprus	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Czechia	National Research on Tobacco and Alcohol Use in the Czech Republic (NAUTA)	2023	15+
Denmark	Monitorering af danskernes rygevaner	2020	15–79
Estonia	Health Behaviour among Estonian Adult Population	2022	16–64
Finland	Healthy Finland Survey	2022	20–64
France	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Georgia	National tobacco survey	2019	18–69
Germany	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Greece	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Hungary	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Iceland	Tóbakskönnun by Gallup	2021	18–64
Ireland	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Italy	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Kazakhstan	Global Adult Tobacco Survey (GATS)	2019	15+
Kyrgyzstan	STEPS Survey	2023	18–69
Latvia	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Lithuania	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Luxembourg	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Malta	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Netherlands (Kingdom of the)	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
North Macedonia	Tobacco Consumption in North Macedonia	2019	18–85
Norway	Statistics Norway Rusundersøkelsen	2024	16–79
Poland	Nationwide survey on attitudes to smoking (GIS, Kantar Public)	2019	15+

Table A2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Portugal	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Republic of Moldova	STEPS Survey	2021	18–69
Romania	Global Adult Tobacco Survey (GATS)	2018	15+
Russian Federation	Selective monitoring of the health of the population survey (Rosstat)	2024	15+
Slovakia	Tobacco and Health Education Survey	2014	18+
Slovenia	Use of tobacco and related products in Slovenia	2022	18–74
Spain	European Health Interview Survey (EHIS)	2020	15+
Sweden	Nationella folkhälsoenkäten	2022	16+
Switzerland	Enquête Santé et Lifestyle	2022	15+
Tajikistan	STEPS Survey	2017	18–69
Türkiye	STEPS Survey	2017	15+
Turkmenistan	STEPS Survey	2018	18–69
Ukraine	Kyiv International Institute of Sociology face-to-face survey	2024	18+
United Kingdom of Great Britain and Northern Ireland	Eurobarometer - Attitudes of Europeans towards tobacco and electronic cigarettes	2017	15+
Uzbekistan	STEPS Survey	2019	18–69
Eastern Mediterranean Region			
Afghanistan	STEPS Survey	2019	18–69
Egypt	STEPS Survey	2017	15–69
Iran (Islamic Republic of)	STEPS Survey	2021	18+
Iraq	STEPS Survey	2015	18+
Kuwait	STEPS Survey	2014	18–69
Lebanon	STEPS Survey	2023	18–69
Libya	STEPS Survey	2023	18–69
Morocco	STEPS Survey	2017	18+

Table A2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Oman	STEPS Survey	2017	15+
Pakistan	Demographic and Health Survey	2018	15–49
Qatar	STEPS Survey	2023	18–69
Saudi Arabia	National Health Survey	2023	15+
Sudan	STEPS Survey	2016	18–69
Tunisia	Multiple Indicator Cluster Survey (MICS)	2023	15–49
United Arab Emirates	National Health Survey (STEPS)	2018	18–69
Western Pacific Region			
Australia	National Drug Strategy Household Survey	2023	14+
Brunei Darussalam	STEPS Survey	2023	18–69
Cambodia	STEPS Survey	2023	18–69
China	China Adult Tobacco Survey	2022	15+
Indonesia	Global Adult Tobacco Survey (GATS)	2021	15+
Kiribati	STEPS Survey	2016	18–69
Lao People's Democratic Republic	National Adult Tobacco Survey	2015	15+
Malaysia	National Health and Morbidity Survey	2015	15–75
Marshall Islands	NCD Hybrid Survey	2023	18+
Mongolia	STEPS Survey	2019	15–69
Nauru	Multiple Indicator Cluster Survey (MICS)	2023	15–49
Palau	NCD Hybrid Survey	2023	18+
Philippines	Global Adult Tobacco Survey (GATS)	2021	15+
Solomon Islands	STEPS Survey	2015	18–69
Viet Nam	Provincial Global Adult Tobacco Survey	2020	15+

2.2 Estimated prevalence rates and numbers of adolescents aged 13–15 years who use tobacco and estimated prevalence rates and numbers of adolescents aged 13–15 years who smoke cigarettes

Source of prevalence rates: the most recent nationally representative school-based survey completed in each country in the period 2014–2024 that reported prevalence for the age group 13–15 years, if any. For most countries, this was the *Global youth tobacco survey* (GYTS), *Global school-based students health survey* (GSHS) or *Health behaviour in school-aged children survey* (HBSC). Where the country did not have any survey covering the age group 13–15 years, a survey covering an equivalent age range was substituted. The specific surveys used in the analysis, with age ranges, are named in Table A2.2. Reports and data sets of specific GYTS and GSHS surveys are available from the WHO microdata repository at: <https://extranet.who.int/ncdsmicrodata/index.php/home>; reports and data sets of the HBSC survey are available from: <http://www.hbsc.org/>.

Others are available as follows.

Australia: *Australian Secondary School Students Alcohol and other Drugs Survey*, available from: <https://www.health.gov.au/resources/publications/australian-secondary-school-students-use-of-tobacco-and-e-cigarettes-2022-2023?language=en>

Brazil: *Pesquisa nacional de saúde do escolar (PENSE)*, available from: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/p/pesquisa-nacional-de-saude-do-escolar-pense>

Canada: *Canadian Student Tobacco, Alcohol and Drugs Survey*, available from: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-summary.html>

Finland: *National School Health Promotion Study*, available from: <https://thl.fi/en/statistics-and-data/statistics-by-topic/social-services-children-adolescents-and-families/well-being-of-children-and-young-people-school-health-promotion-study>

Japan: *National survey on underage smoking and drinking*, report available on request.

Malaysia: *National Health and Morbidity Survey - Adolescent Health Survey*, available from: https://iku.gov.my/images/nhms-2022/Report_Malaysia_nhms_ahs_2022.pdf

New Zealand: *ASH Year 10 Snapshot Survey*, available from: https://www.ash.org.nz/ash_year_10

Republic of Korea: *Youth Risk Behavior Web-based Survey*, report available on request.

Source of population numbers: *World Population Prospects*, 2024 revision, medium fertility variant, population estimates by sex and year for 2023. United Nations, Department of Economic and Social Affairs, Population Division, 2024.

Available from: <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current cigarette smokers and current tobacco users aged 13–15 years was calculated using the prevalence rates published in the appropriate survey and multiplying by the population aged 13–15 years for the appropriate sex. Countries without a survey were included in region and global averages by having the average prevalence rate for the analysis group (see Section 3.3) in which the country is located stand in as the country’s own rate. The resulting numbers of tobacco users and cigarette smokers aged 13–15 years were summarized by World Bank income groups and by WHO regions by summing the total users and dividing by the total population aged 13–15 years in each group and region.

While the GYTS and GSHS routinely report both tobacco use rates and cigarette smoking rates, the HBSC reports cigarette smoking rates only, and the surveys of Australia and New Zealand report smoking rates only. For this analysis, the cigarette and tobacco smoking rates were used to stand in as tobacco use rates in these countries.

The HBSC survey publishes prevalences separately for persons aged 13 years and persons aged 15 years, so the number of tobacco user and cigarette smokers aged 13–15 years was calculated for this report using the mean of the two cigarette prevalence rates and multiplying by the population aged 13–15 years, separately for each sex.

Table A2.2.1. Most recent national school-based survey that reports tobacco use prevalence among adolescents aged 13–15 years, 2014–2024

Country	Survey Name	Year survey was in the field	Age range of survey
African Region			
Algeria	Global Youth Tobacco Survey	2014	13–15
Benin	Global School-Based Student Health Survey	2016	13–15
Botswana	Global School-Based Student Health Survey	2024	13–15
Cabo Verde	Global Youth Tobacco Survey	2023	13–15
Cameroon	Global Youth Tobacco Survey	2014	13–15
Chad	Global Youth Tobacco Survey	2019	13–15
Comoros	Global Youth Tobacco Survey	2015	13–15
Congo	Global Youth Tobacco Survey	2019	13–15
Côte d'Ivoire	Global Youth Tobacco Survey	2023	13–15
Ethiopia	Global Youth Tobacco Survey	2023	13–15
Gabon	Global Youth Tobacco Survey	2014	13–15
Gambia	Global Youth Tobacco Survey	2017	13–15
Ghana	Global Youth Tobacco Survey	2017	13–15

Table A2.2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Kenya	Global Youth Tobacco Survey	2014	13–15
Lesotho	Global School-Based Student Health Survey	2024	13–15
Liberia	Global School-Based Student Health Survey	2017	13–15
Madagascar	Global Youth Tobacco Survey	2018	13–15
Mauritania	Global Youth Tobacco Survey	2018	13–15
Mauritius	Global School-Based Student Health Survey	2017	13–15
Mozambique	Global School-Based Student Health Survey	2015	13–15
Namibia	Global School-Based Student Health Survey	2024	13–15
Senegal	Global Youth Tobacco Survey	2020	13–15
Seychelles	Global School-Based Student Health Survey	2015	13–15
Sierra Leone	Global Youth Tobacco Survey	2017	13–15
Togo	Global Youth Tobacco Survey	2019	13–15
Uganda	Global Youth Tobacco Survey	2018	13–15
United Republic of Tanzania	Global Youth Tobacco Survey	2016	13–15
Zambia	Global Youth Tobacco Survey	2021	13–15
Zimbabwe	Global School-Based Student Health Survey	2024	13–15
Region of the Americas			
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13–15
Argentina	Global School-Based Student Health Survey	2018	13–15
Bahamas	Global Youth Tobacco Survey	2023	13–15
Belize	Global Youth Tobacco Survey	2014	13–15
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13–15
Brazil	Pesquisa Nacional de Saúde do Escolar (PENSE)	2015	13–15
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey	2022	Grades 7–9
Colombia	Encuesta Nacional de Tabaquismo en Jóvenes	2017	13–15
Costa Rica	Global Youth Tobacco Survey	2023	13–15
Cuba	Global Youth Tobacco Survey	2018	13–15
Dominican Republic	Global School-Based Student Health Survey	2016	13–15

Table A2.2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Ecuador	Global School-Based Student Health Survey	2024	13–15
El Salvador	Global Youth Tobacco Survey	2021	13–15
Grenada	Global Youth Tobacco Survey	2016	13–15
Guatemala	Global Youth Tobacco Survey	2015	13–15
Guyana	Global Youth Tobacco Survey	2015	13–15
Honduras	Global Youth Tobacco Survey	2016	13–15
Jamaica	Global School-Based Student Health Survey	2017	13–15
Nicaragua	Global Youth Tobacco Survey	2019	13–15
Panama	Global Youth Tobacco Survey	2023	13–15
Paraguay	Global Youth Tobacco Survey	2019	13–15
Peru	Global Youth Tobacco Survey	2019	13–15
Saint Kitts and Nevis	Global Youth Tobacco Survey	2024	13–15
Saint Lucia	Global School-Based Student Health Survey	2018	13–15
Saint Vincent and the Grenadines	Global School-Based Student Health Survey	2018	13–15
Suriname	Global Youth Tobacco Survey	2022	13–15
Trinidad and Tobago	Global School-Based Student Health Survey	2017	13–15
United States of America	National Youth Tobacco Survey	2022	Middle school
Uruguay	Global School-Based Student Health Survey	2019	13–15
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey	2019	13–15
South-East Asia Region			
Bangladesh	Global School-Based Student Health Survey	2014	13–15
Bhutan	Global Youth Tobacco Survey	2019	13–15
India	Global Youth Tobacco Survey	2019	13–15
Maldives	Global Youth Tobacco Survey	2019	13–15
Myanmar	Global Youth Tobacco Survey	2016	13–15
Nepal	Global School-Based Student Health Survey	2015	13–15
Sri Lanka	Global School-Based Student Health Survey	2024	13–15
Thailand	Global Youth Tobacco Survey	2022	13–15
Timor-Leste	Global Youth Tobacco Survey	2019	13–15

Table A2.2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
European Region			
Albania	Health Behaviour in School-aged Children	2022	13–15
Armenia	Health Behaviour in School-aged Children	2022	13–15
Austria	Health Behaviour in School-aged Children	2022	13–15
Azerbaijan	Global Youth Tobacco Survey	2016	13–15
Belarus	Global Youth Tobacco Survey	2021	13–15
Belgium	Health Behaviour in School-aged Children	2022	13–15
Bosnia and Herzegovina	Global Youth Tobacco Survey	2019	13–15
Bulgaria	Global Youth Tobacco Survey	2023	13–15
Croatia	Health Behaviour in School-aged Children	2022	13–15
Cyprus	Health Behaviour in School-aged Children	2022	13–15
Czechia	Global Youth Tobacco Survey	2022	13–15
Denmark	Health Behaviour in School-aged Children	2022	13–15
Estonia	Health Behaviour in School-aged Children	2022	13–15
Finland	National School Health Promotion Study	2023	Grades 8–9
France	Health Behaviour in School-aged Children	2022	13–15
Georgia	Global Youth Tobacco Survey	2023	13–15
Germany	Health Behaviour in School-aged Children	2022	13–15
Greece	Global Youth Tobacco Survey	2023	13–15
Hungary	Health Behaviour in School-aged Children	2022	13–15
Iceland	Health Behaviour in School-aged Children	2022	13–15
Ireland	Health Behaviour in School-aged Children	2022	13–15
Israel	Health Behaviour in School-aged Children	2022	13–15
Italy	Global Youth Tobacco Survey	2022	13–15
Kazakhstan	Health Behaviour in School-aged Children	2022	13–15
Kyrgyzstan	Health Behaviour in School-aged Children	2022	13–15
Latvia	Health Behaviour in School-aged Children	2022	13–15
Lithuania	Global Youth Tobacco Survey	2022	13–15

Table A2.2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Luxembourg	Health Behaviour in School-aged Children	2022	13–15
Malta	Health Behaviour in School-aged Children	2022	13–15
Montenegro	Global Youth Tobacco Survey	2018	13–15
Netherlands (Kingdom of the)	Health Behaviour in School-aged Children	2022	13–15
North Macedonia	Health Behaviour in School-aged Children	2022	13–15
Norway	Health Behaviour in School-aged Children	2022	13–15
Poland	Global Youth Tobacco Survey	2022	13–15
Portugal	Health Behaviour in School-aged Children	2022	13–15
Republic of Moldova	Health Behaviour in School-aged Children	2022	13–15
Romania	Health Behaviour in School-aged Children	2022	13–15
Russian Federation	Global Youth Tobacco Survey	2021	13–15
San Marino	Global Youth Tobacco Survey	2022	13–15
Serbia	Health Behaviour in School-aged Children	2022	13–15
Slovakia	Health Behaviour in School-aged Children	2022	13–15
Slovenia	Health Behaviour in School-aged Children	2022	13–15
Spain	Health Behaviour in School-aged Children	2022	13–15
Sweden	Health Behaviour in School-aged Children	2022	13–15
Switzerland	Health Behaviour in School-aged Children	2022	13–15
Tajikistan	Health Behaviour in School-aged Children	2022	13–15
Türkiye	Global Youth Tobacco Survey	2017	13–15
Turkmenistan	Global Youth Tobacco Survey	2015	13–15
Ukraine	Global Youth Tobacco Survey	2017	13–15
United Kingdom of Great Britain and Northern Ireland	Health Behaviour in School-aged Children	2022	13–15
Uzbekistan	Global Youth Tobacco Survey	2021	13–15
Eastern Mediterranean Region			
Afghanistan	Global School-Based Student Health Survey	2014	13–15
Bahrain	Global School-Based Student Health Survey	2016	13–15
Egypt	Global Youth Tobacco Survey	2014	13–15

Table A2.2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Iran (Islamic Republic of)	Global Youth Tobacco Survey	2016	13–15
Iraq	Global Youth Tobacco Survey	2019	13–15
Jordan	Global Youth Tobacco Survey	2014	13–15
Kuwait	Global Youth Tobacco Survey	2016	13–15
Lebanon	Global School-Based Student Health Survey	2017	13–15
Oman	Global Youth Tobacco Survey	2016	13–15
Pakistan	Global Youth Tobacco Survey	2022	13–15
Qatar	Global Youth Tobacco Survey	2018	13–15
Saudi Arabia	Global Youth Tobacco Survey	2022	13–15
Sudan	Global Youth Tobacco Survey	2014	13–15
Syrian Arab Republic	Global School-Based Student Health Survey	2024	13–15
Tunisia	Global Youth Tobacco Survey	2024	13–15
United Arab Emirates	Global School-Based Student Health Survey	2016	13–15
Yemen	Global School-Based Student Health Survey	2014	13–15
Western Pacific Region			
Australia	Australian Secondary School Students Alcohol and other Drugs Survey (ASSAD)	2023	12–15
Brunei Darussalam	Global School-Based Student Health Survey	2019	13–15
Cambodia	Global Youth Tobacco Survey	2022	13–15
China	Global Youth Tobacco Survey	2014	13–15
Cook Islands	Global Youth Tobacco Survey	2016	13–15
Fiji	Global School-Based Student Health Survey	2016	13–15
Indonesia	Global School-Based Student Health Survey	2023	13–15
Kiribati	Global School-Based Student Health Survey	2022	13–15
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13–15
Malaysia	National Health and Morbidity Survey - Adolescent Health Survey	2017	13–17
Marshall Islands	Global Youth Tobacco Survey	2023	13–15
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13–15
Mongolia	Global School-Based Student Health Survey	2023	13–15

Table A2.2.1 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
New Zealand	ASH Year 10 Snapshot Survey	2024	14–15
Niue	Global Youth Tobacco Survey	2019	13–15
Palau	Global Youth Tobacco Survey	2022	13–15
Papua New Guinea	Global Youth Tobacco Survey	2016	13–15
Philippines	Global Youth Tobacco Survey	2019	13–15
Republic of Korea	Korea Youth Risk Behavior Web-based Survey	2024	13–18
Samoa	Global School-Based Student Health Survey	2017	13–15
Solomon Islands	Global School-Based Student Health Survey	2023	13–15
Tonga	Global School-Based Student Health Survey	2017	13–15
Tuvalu	Global Youth Tobacco Survey	2018	13–15
Vanuatu	Global Youth Tobacco Survey	2017	13–15
Viet Nam	Viet Nam Youth Tobacco Survey	2022	13–15

Table A2.2.2. Most recent national school-based survey that reports cigarette smoking prevalence among adolescents aged 13–15 years, 2014–2024

Country	Survey Name	Year survey was in the field	Age range of survey
African Region			
Algeria	Global Youth Tobacco Survey	2014	13–15
Benin	Global School-Based Student Health Survey	2016	13–15
Botswana	Global School-Based Student Health Survey	2024	13–15
Cabo Verde	Global Youth Tobacco Survey	2023	13–15
Cameroon	Global Youth Tobacco Survey	2014	13–15
Chad	Global Youth Tobacco Survey	2019	13–15
Comoros	Global Youth Tobacco Survey	2015	13–15
Congo	Global Youth Tobacco Survey	2019	13–15
Côte d'Ivoire	Global Youth Tobacco Survey	2023	13–15
Ethiopia	Global Youth Tobacco Survey	2023	13–15
Gabon	Global Youth Tobacco Survey	2014	13–15
Gambia	Global Youth Tobacco Survey	2017	13–15
Ghana	Global Youth Tobacco Survey	2017	13–15
Kenya	Global Youth Tobacco Survey	2014	13–15
Lesotho	Global School-Based Student Health Survey	2024	13–15
Liberia	Global School-Based Student Health Survey	2017	13–15
Madagascar	Global Youth Tobacco Survey	2018	13–15
Mauritania	Global Youth Tobacco Survey	2018	13–15
Mauritius	Global School-Based Student Health Survey	2017	13–15
Mozambique	Global School-Based Student Health Survey	2015	13–15
Namibia	Global School-Based Student Health Survey	2024	13–15
Senegal	Global Youth Tobacco Survey	2020	13–15
Seychelles	Global School-Based Student Health Survey	2015	13–15
Sierra Leone	Global Youth Tobacco Survey	2017	13–15

Table A2.2.2 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Togo	Global Youth Tobacco Survey	2019	13–15
Uganda	Global Youth Tobacco Survey	2018	13–15
United Republic of Tanzania	Global Youth Tobacco Survey	2016	13–15
Zambia	Global Youth Tobacco Survey	2021	13–15
Zimbabwe	Global School-Based Student Health Survey	2024	13–15
Region of the Americas			
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13–15
Argentina	Global School-Based Student Health Survey	2018	13–15
Bahamas	Global Youth Tobacco Survey	2023	13–15
Belize	Global Youth Tobacco Survey	2014	13–15
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13–15
Brazil	Pesquisa Nacional de Saúde do Escolar (PENSE)	2019	13–15
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey	2022	Grades 7–9
Chile	Estudio Nacional de Drogas en Población Escolar de Chile	2023	Curso primero
Colombia	Encuesta Nacional de Tabaquismo en Jóvenes	2017	13–15
Costa Rica	Global Youth Tobacco Survey	2023	13–15
Cuba	Global Youth Tobacco Survey	2018	13–15
Dominican Republic	Global School-Based Student Health Survey	2016	13–15
Ecuador	Global School-Based Student Health Survey	2024	13–15
El Salvador	Global Youth Tobacco Survey	2021	13–15
Grenada	Global Youth Tobacco Survey	2016	13–15
Guatemala	Global Youth Tobacco Survey	2015	13–15
Guyana	Global Youth Tobacco Survey	2015	13–15
Honduras	Global Youth Tobacco Survey	2016	13–15
Jamaica	Global School-Based Student Health Survey	2017	13–15
Nicaragua	Global Youth Tobacco Survey	2019	13–15
Panama	Global Youth Tobacco Survey	2023	13–15
Paraguay	Global Youth Tobacco Survey	2019	13–15

Table A2.2.2 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Peru	Global Youth Tobacco Survey	2019	13–15
Saint Kitts and Nevis	Global Youth Tobacco Survey	2024	13–15
Saint Lucia	Global School-Based Student Health Survey	2018	13–15
Saint Vincent and the Grenadines	Global School-Based Student Health Survey	2018	13–15
Suriname	Global Youth Tobacco Survey	2022	13–15
Trinidad and Tobago	Global School-Based Student Health Survey	2017	13–15
United States of America	National Youth Tobacco Survey	2024	Middle school
Uruguay	Global School-Based Student Health Survey	2019	13–15
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey	2019	13–15
South-East Asia Region			
Bangladesh	Global School-Based Student Health Survey	2014	13–15
Bhutan	Global Youth Tobacco Survey	2019	13–15
India	Global Youth Tobacco Survey	2019	13–15
Maldives	Global Youth Tobacco Survey	2019	13–15
Myanmar	Global Youth Tobacco Survey	2016	13–15
Nepal	Global School-Based Student Health Survey	2015	13–15
Sri Lanka	Global School-Based Student Health Survey	2024	13–15
Thailand	Global Youth Tobacco Survey	2022	13–15
Timor-Leste	Global Youth Tobacco Survey	2019	13–15
European Region			
Albania	Health Behaviour in School-aged Children	2022	13–15
Armenia	Health Behaviour in School-aged Children	2022	13–15
Austria	Health Behaviour in School-aged Children	2022	13–15
Azerbaijan	Health Behaviour in School-aged Children	2018	13–15
Belarus	Global Youth Tobacco Survey	2021	13–15
Belgium	Health Behaviour in School-aged Children	2022	13–15
Bosnia and Herzegovina	Global Youth Tobacco Survey	2019	13–15
Bulgaria	Global Youth Tobacco Survey	2023	13–15

Table A2.2.2 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Croatia	Health Behaviour in School-aged Children	2022	13–15
Cyprus	Health Behaviour in School-aged Children	2022	13–15
Czechia	Global Youth Tobacco Survey	2022	13–15
Denmark	Health Behaviour in School-aged Children	2022	13–15
Estonia	Health Behaviour in School-aged Children	2022	13–15
Finland	Health Behaviour in School-aged Children	2022	13–15
France	Health Behaviour in School-aged Children	2022	13–15
Georgia	Global Youth Tobacco Survey	2023	13–15
Germany	Health Behaviour in School-aged Children	2022	13–15
Greece	Global Youth Tobacco Survey	2023	13–15
Hungary	Health Behaviour in School-aged Children	2022	13–15
Iceland	Health Behaviour in School-aged Children	2022	13–15
Ireland	Health Behaviour in School-aged Children	2022	13–15
Israel	Health Behaviour in School-aged Children	2022	13–15
Italy	Global Youth Tobacco Survey	2022	13–15
Kazakhstan	Health Behaviour in School-aged Children	2022	13–15
Kyrgyzstan	Health Behaviour in School-aged Children	2022	13–15
Latvia	Health Behaviour in School-aged Children	2022	13–15
Lithuania	Global Youth Tobacco Survey	2022	13–15
Luxembourg	Health Behaviour in School-aged Children	2022	13–15
Malta	Health Behaviour in School-aged Children	2022	13–15
Montenegro	Global Youth Tobacco Survey	2018	13–15
Netherlands (Kingdom of the)	Health Behaviour in School-aged Children	2022	13–15
North Macedonia	Health Behaviour in School-aged Children	2022	13–15
Norway	Health Behaviour in School-aged Children	2022	13–15
Poland	Global Youth Tobacco Survey	2022	13–15
Portugal	Health Behaviour in School-aged Children	2022	13–15
Republic of Moldova	Health Behaviour in School-aged Children	2022	13–15

Table A2.2.2 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Romania	Health Behaviour in School-aged Children	2022	13–15
Russian Federation	Global Youth Tobacco Survey	2021	13–15
San Marino	Global Youth Tobacco Survey	2022	13–15
Serbia	Health Behaviour in School-aged Children	2022	13–15
Slovakia	Health Behaviour in School-aged Children	2022	13–15
Slovenia	Health Behaviour in School-aged Children	2022	13–15
Spain	Health Behaviour in School-aged Children	2022	13–15
Sweden	Health Behaviour in School-aged Children	2022	13–15
Switzerland	Health Behaviour in School-aged Children	2022	13–15
Tajikistan	Health Behaviour in School-aged Children	2022	13–15
Türkiye	Global Youth Tobacco Survey	2017	13–15
Turkmenistan	Global Youth Tobacco Survey	2015	13–15
Ukraine	Global Youth Tobacco Survey	2017	13–15
United Kingdom of Great Britain and Northern Ireland	Health Behaviour in School-aged Children	2022	13–15
Uzbekistan	Global Youth Tobacco Survey	2021	13–15
Eastern Mediterranean Region			
Afghanistan	Global School-Based Student Health Survey	2014	13–15
Bahrain	Global School-Based Student Health Survey	2016	13–15
Egypt	Global Youth Tobacco Survey	2014	13–15
Iran (Islamic Republic of)	Global Youth Tobacco Survey	2016	13–15
Iraq	Global Youth Tobacco Survey	2019	13–15
Jordan	Global Youth Tobacco Survey	2014	13–15
Kuwait	Global Youth Tobacco Survey	2016	13–15
Lebanon	Global School-Based Student Health Survey	2017	13–15
Oman	Global Youth Tobacco Survey	2016	13–15
Pakistan	Global Youth Tobacco Survey	2022	13–15
Qatar	Global Youth Tobacco Survey	2018	13–15
Saudi Arabia	Global Youth Tobacco Survey	2022	13–15

Table A2.2.2 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Sudan	Global Youth Tobacco Survey	2014	13–15
Syrian Arab Republic	Global School-Based Student Health Survey	2024	13–15
Tunisia	Global Youth Tobacco Survey	2024	13–15
United Arab Emirates	Global School-Based Student Health Survey	2016	13–15
Yemen	Global School-Based Student Health Survey	2014	13–15
Western Pacific Region			
Australia	Australian Secondary School Students Alcohol and other Drugs Survey (ASSAD)	2017	12–17
Brunei Darussalam	Global School-Based Student Health Survey	2019	13–15
Cambodia	Global Youth Tobacco Survey	2022	13–15
China	Global Youth Tobacco Survey	2023	Junior high
Cook Islands	Global Youth Tobacco Survey	2016	13–15
Fiji	Global School-Based Student Health Survey	2016	13–15
Indonesia	Global School-Based Student Health Survey	2023	13–15
Japan	National survey on underage smoking and drinking	2021	Junior high
Kiribati	Global School-Based Student Health Survey	2022	13–15
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13–15
Malaysia	National School-Based Student Health Survey	2022	Form 2
Marshall Islands	Global Youth Tobacco Survey	2023	13–15
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13–15
Mongolia	Global School-Based Student Health Survey	2023	13–15
Niue	Global School-Based Student Health Survey	2019	13–15
Palau	Global Youth Tobacco Survey	2022	13–15
Papua New Guinea	Global Youth Tobacco Survey	2016	13–15
Philippines	Global Youth Tobacco Survey	2019	13–15
Republic of Korea	Korea Youth Risk Behavior Web-based Survey	2024	Middle school
Samoa	Global School-Based Student Health Survey	2017	13–15
Singapore	Student Health Survey	2015	13–16
Solomon Islands	Global Youth Tobacco Survey	2023	13–15

Table A2.2.2 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey
Tonga	Global School-Based Student Health Survey	2017	13–15
Tuvalu	Global Youth Tobacco Survey	2018	13–15
Vanuatu	Global Youth Tobacco Survey	2017	13–15
Viet Nam	Global Youth Tobacco Survey	2014	13–15

2.3 Estimated prevalence rates and numbers of adolescents aged 13–15 years who use smokeless tobacco

Smokeless tobacco as defined for this analysis: any product that consists of cut, ground, powdered or other forms of tobacco that is intended to be placed in the oral or nasal cavity. Examples include snuff, chewing tobacco, gutka, mishri and snus.

Source of prevalence rates: the most recent nationally-representative school-based survey covering the age range 13–15 years completed in each country in the period 2014–2024, if any. Specific surveys used are listed in Table A2.3. Where the country did not have any survey covering the age group 13–15 years, a survey covering an equivalent age range was substituted.

Reports and data sets of the Global Youth Tobacco Survey and the Global School-Based Students Health Survey are available from the WHO microdata repository at:

<https://extranet.who.int/ncdsmicrodata/index.php/home>. Reports and data sets of the HBSC survey are available from: <http://www.hbsc.org/>.

Others are available as follows.

Canada: *Canadian Student Tobacco, Alcohol and Drugs Survey*, available from: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-summary.html>

Finland: *National School Health Promotion Study*, available from: <https://thl.fi/en/statistics-and-data/statistics-by-topic/social-services-children-adolescents-and-families/well-being-of-children-and-young-people-school-health-promotion-study>

Malaysia: *National Health and Morbidity Survey - Adolescent Health Survey*, available from: https://iku.gov.my/images/nhms-2022/Report_Malaysia_nhms_ahs_2022.pdf

Netherlands (Kingdom of the): *Peilstationsonderzoek Scholieren*, available from: <https://cijfers.trimbos.nl/scholierenmonitor/samenvatting-conclusie/samenvatting/>

Source of population numbers: *World population prospects*, 2024 revision, medium fertility variant, population estimates by sex and year for 2023. United Nations, Department of Economic and Social Affairs, Population Division, 2024. Available from: <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current smokeless tobacco users aged 13–15 years was calculated using smokeless tobacco use prevalences published in the country's latest survey and multiplying by the population aged 13–15 years for the appropriate sex.

Countries without a survey reporting smokeless tobacco use in the period 2014–2024 were assumed to have no smokeless tobacco users. In total, 73% of the world's population aged 13–15 years was represented by a survey in this analysis. The number of smokeless tobacco users aged 13–15 years was summarized by World Bank country income group regions, by WHO regions and globally by dividing the number of smokeless tobacco users in each region by the population of the region aged 13–15 years. The method likely results in a global underestimate of smokeless tobacco users aged 13–15 years, which will be improved when more countries survey smokeless tobacco use among adolescents.

Table A2.3. Most recent national school-based survey that reports rates of smokeless tobacco among adolescents aged 13–15 years, 2014–2024

		Year survey was in the field	Age range of survey	Prevalence (%)		
Country	Survey Name			Both sexes	Males	Females
African Region						
Algeria	Global Youth Tobacco Survey	2014	13–15	3.5	6.9	0.8
Botswana	Global School-Based Student Health Survey	2024	13–15	5.7	8.0	3.5
Cabo Verde	Global Youth Tobacco Survey	2023	13–15	2.3	2.3	2.3
Cameroon	Global Youth Tobacco Survey	2014	13–15	3.7	5.0	2.3
Chad	Global Youth Tobacco Survey	2019	13–15	5.8	5.5	6.0
Comoros	Global Youth Tobacco Survey	2015	13–15	2.7	3.6	2.0
Congo	Global Youth Tobacco Survey	2019	13–15	7.5	7.9	6.7
Côte d'Ivoire	Global Youth Tobacco Survey	2023	13–15	1.9	2.2	1.6
Ethiopia	Global Youth Tobacco Survey	2023	13–15	5.0	4.8	4.6
Gabon	Global Youth Tobacco Survey	2014	13–15	2.4	1.9	2.9
Gambia	Global Youth Tobacco Survey	2017	13–15	1.5	2.3	0.9
Ghana	Global Youth Tobacco Survey	2017	13–15	3.1	2.5	3.7
Kenya	Global Youth Tobacco Survey	2014	13–15	3.9	4.3	3.3
Lesotho	Global School-Based Student Health Survey	2024	13–15	9.9	13.8	7.3
Madagascar	Global Youth Tobacco Survey	2018	13–15	1.6	1.1	2.0
Mauritania	Global Youth Tobacco Survey	2018	13–15	6.8	6.5	6.8
Mauritius	Global Youth Tobacco Survey	2016	13–15	2.3	2.1	2.4
Namibia	Global School-Based Student Health Survey	2024	13–15	7.9	9.6	6.4
Senegal	Global Youth Tobacco Survey	2020	13–15	3.5	3.4	3.5
Seychelles	Global Youth Tobacco Survey	2015	13–15	1.7	2.8	0.6
Sierra Leone	Global Youth Tobacco Survey	2017	13–15	6.0	6.5	5.4
Togo	Global Youth Tobacco Survey	2019	13–15	0.7	0.8	0.6

Table A2.3 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
Uganda	Global Youth Tobacco Survey	2018	13–15	6.5	7.1	6.0
United Republic of Tanzania	Global Youth Tobacco Survey	2016	13–15	2.1	2.9	0.9
Zambia	Global Youth Tobacco Survey	2021	13–15	6.3	6.1	6.3
Zimbabwe	Global School-Based Student Health Survey	2024	13–15	10.1	12.5	7.1
Region of the Americas						
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13–15	2.1	2.6	1.6
Argentina	Global Youth Tobacco Survey	2018	13–15	1.5	2.3	0.8
Bahamas	Global Youth Tobacco Survey	2023	13–15	2.9	2.4	3.4
Belize	Global Youth Tobacco Survey	2014	13–15	2.3	2.9	1.7
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13–15	2.8	3.6	2.0
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey	2022	Grades 7–9	0.9	0.9	0.5
Colombia	Encuesta Nacional de Tabaquismo en Jóvenes	2017	13–15	3.9	4.2	3.5
Costa Rica	Global Youth Tobacco Survey	2023	13–15	1.5	1.0	2.0
Cuba	Global Youth Tobacco Survey	2018	13–15	2.3	1.9	2.6
Dominican Republic	Global Youth Tobacco Survey	2016	13–15	3.1	4.2	2.3
Ecuador	Global School-Based Student Health Survey	2024	13–15	6.1	7.0	5.1
El Salvador	Global Youth Tobacco Survey	2021	13–15	0.1	0.2	0.0
Grenada	Global Youth Tobacco Survey	2016	13–15	1.8	2.0	1.6
Guatemala	Global Youth Tobacco Survey	2015	13–15	2.4	3.0	1.8
Guyana	Global Youth Tobacco Survey	2015	13–15	4.1	4.6	3.0
Honduras	Global Youth Tobacco Survey	2016	13–15	2.2	2.7	1.9
Jamaica	Global Youth Tobacco Survey	2017	13–15	2.6	2.8	2.5
Nicaragua	Global Youth Tobacco Survey	2019	13–15	3.5	4.0	2.9
Panama	Global Youth Tobacco Survey	2023	13–15	2.4	2.8	2.0
Paraguay	Global Youth Tobacco Survey	2019	13–15	1.7	2.0	1.3
Peru	Global Youth Tobacco Survey	2019	13–15	1.9	2.2	1.5
Saint Kitts and Nevis	Global Youth Tobacco Survey	2024	13–15	3.7	3.3	4.1
Saint Lucia	Global Youth Tobacco Survey	2017	13–15	3.5	4.5	2.4
Saint Vincent and the Grenadines	Global Youth Tobacco Survey	2018	13–15	2.5	3.0	2.0
Suriname	Global Youth Tobacco Survey	2022	13–15	2.5	2.7	2.0
Trinidad and Tobago	Global Youth Tobacco Survey	2017	13–15	4.1	5.0	3.2
United States of America	National Youth Tobacco Survey	2024	Middle school	0.8	1.0	0.7
Uruguay	Global Youth Tobacco Survey	2019	13–15	1.7	2.0	1.5
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey	2019	13–15	7.5	9.8	5.0

Table A2.3 (continued)

		Year survey was in the field	Age range of survey	Prevalence (%)		
Country	Survey Name			Both sexes	Males	Females
South-East Asia Region						
Bhutan	Global Youth Tobacco Survey	2019	13–15	12.5	17.0	8.1
India	Global Youth Tobacco Survey	2019	13–15	4.0	4.5	3.4
Maldives	Global Youth Tobacco Survey	2019	13–15	45.7	47.5	43.2
Myanmar	Global Youth Tobacco Survey	2016	13–15	5.7	11.0	1.5
Sri Lanka	Global School-Based Student Health Survey	2024	13–15	6.8	11.1	2.4
Thailand	Global Youth Tobacco Survey	2022	13–15	3.2	4.7	1.7
Timor-Leste	Global Youth Tobacco Survey	2019	13–15	13.9	12.2	14.8
European Region						
Albania	Global Youth Tobacco Survey	2020	13–15	2.7	2.9	2.1
Azerbaijan	Global Youth Tobacco Survey	2016	13–15	1.8	2.4	1.1
Belarus	Global Youth Tobacco Survey	2021	13–15	1.7	1.7	1.5
Bosnia and Herzegovina	Global Youth Tobacco Survey	2019	13–15	1.7	2.2	1.3
Bulgaria	Global Youth Tobacco Survey	2023	13–15	2.9	3.2	2.5
Croatia	Global Youth Tobacco Survey	2016	13–15	1.9	2.8	1.1
Czechia	Global Youth Tobacco Survey	2022	13–15	7.6	7.8	7.3
Estonia	Health Behaviour in School-aged Children	2022	13–15	...	8.4	8.6
Finland	National School Health Promotion Study	2023	Grades 8–9	8.0	12.0	4.0
Georgia	Global Youth Tobacco Survey	2023	13–15	4.2	5.7	2.4
Greece	Global Youth Tobacco Survey	2023	13–15	8.5	8.1	8.7
Hungary	Global Youth Tobacco Survey	2016	13–15	1.0	1.0	1.0
Italy	Global Youth Tobacco Survey	2022	13–15	1.3	1.2	1.4
Kazakhstan	Global Youth Tobacco Survey	2014	13–15	0.6	0.8	0.4
Kyrgyzstan	Global Youth Tobacco Survey	2019	13–15	2.4	4.3	0.6
Latvia	Global Youth Tobacco Survey	2019	13–15	5.3	6.8	3.7
Lithuania	Global Youth Tobacco Survey	2022	13–15	2.7	3.7	1.6
Montenegro	Global Youth Tobacco Survey	2018	13–15	2.2	2.8	1.7
Netherlands (Kingdom of the)	Peilstationsonderzoek Scholieren	2023	12–16	3.8	4.4	3.1
North Macedonia	Global Youth Tobacco Survey	2016	13–15	2.1	2.4	1.8
Norway	Health Behaviour in School-aged Children	2014	13–15	8.0	10.5	6.0
Poland	Global Youth Tobacco Survey	2022	13–15	4.5	5.0	4.0
Republic of Moldova	Global Youth Tobacco Survey	2019	13–15	1.7	2.1	1.4
Russian Federation	Global Youth Tobacco Survey	2021	13–15	3.0	3.9	2.1
San Marino	Global Youth Tobacco Survey	2022	13–15	1.6	2.4	0.7

Table A2.3 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
Slovakia	Global Youth Tobacco Survey	2016	13–15	3.7	4.9	2.4
Slovenia	Global Youth Tobacco Survey	2017	13–15	1.4	2.0	0.8
Sweden	Health Behaviour in School-aged Children	2022	13–15	...	6.1	2.7
Switzerland	Health Behaviour in School-aged Children	2022	14–15	7.3	9.8	4.9
Tajikistan	Global Youth Tobacco Survey	2019	13–15	1.7	1.5	1.9
Turkmenistan	Global Youth Tobacco Survey	2015	13–15	0.2	0.2	0.2
Ukraine	Global Youth Tobacco Survey	2017	13–15	3.1	3.1	3.2
Uzbekistan	Global Youth Tobacco Survey	2021	13–15	0.7	1.0	0.4
Eastern Mediterranean Region						
Bahrain	Global Youth Tobacco Survey	2015	13–15	3.7	5.2	2.2
Egypt	Global Youth Tobacco Survey	2014	13–15	4.1	2.7	5.4
Iran (Islamic Republic of)	Global Youth Tobacco Survey	2016	13–15	1.9	3.1	0.8
Iraq	Global Youth Tobacco Survey	2019	13–15	1.9	1.6	2.1
Jordan	Global Youth Tobacco Survey	2014	13–15	2.5	3.9	1.1
Kuwait	Global Youth Tobacco Survey	2016	13–15	2.7	3.1	2.3
Oman	Global Youth Tobacco Survey	2016	13–15	2.9	4.2	1.8
Pakistan	Global Youth Tobacco Survey	2022	13–15	4.4	5.5	2.9
Qatar	Global Youth Tobacco Survey	2018	13–15	4.5	6.4	2.7
Saudi Arabia	Global Youth Tobacco Survey	2022	13–15	3.6	4.4	2.6
Sudan	Global Youth Tobacco Survey	2014	13–15	4.9	6.1	3.2
Tunisia	Global Youth Tobacco Survey	2024	13–15	3.8	4.8	2.9
Yemen	Global Youth Tobacco Survey	2014	13–15	5.1	6.7	2.6
Western Pacific Region						
Brunei Darussalam	Global Youth Tobacco Survey	2019	13–15	1.2	2.1	0.3
Cambodia	Global Youth Tobacco Survey	2022	13–15	1.9	2.1	1.7
China	Global Youth Tobacco Survey	2014	13–15	1.0	1.3	0.6
Cook Islands	Global Youth Tobacco Survey	2016	13–15	3.0	3.8	2.4
Fiji	Global Youth Tobacco Survey	2016	13–15	2.1	2.6	1.5
Indonesia	Global School-Based Student Health Survey	2023	13–15	7.3	10.3	4.2
Kiribati	Global School-Based Student Health Survey	2022	13–15	36.8	45.4	29.3
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13–15	3.8	4.8	2.8
Malaysia	National Health and Morbidity Survey - Adolescent Health Survey	2017	13–17	6.3	8.2	4.3
Marshall Islands	Global Youth Tobacco Survey	2023	13–15	15.2	15.5	14.3

Table A2.3 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13–15	16.0	20.0	12.7
Mongolia	Global School-Based Student Health Survey	2023	13–15	10.3	14.9	5.7
Niue	Global Youth Tobacco Survey	2019	13–15	2.8	2.8	2.9
Palau	Global Youth Tobacco Survey	2022	13–15	8.9	7.6	10.2
Papua New Guinea	Global Youth Tobacco Survey	2016	13–15	12.2	10.9	13.6
Philippines	Global Youth Tobacco Survey	2019	13–15	3.0	4.3	1.7
Samoa	Global Youth Tobacco Survey	2017	13–15	2.1	2.9	1.5
Solomon Islands	Global Youth Tobacco Survey	2023	13–15	13.0	17.9	9.1
Tuvalu	Global Youth Tobacco Survey	2018	13–15	2.8	2.3	3.3
Vanuatu	Global Youth Tobacco Survey	2017	13–15	5.2	5.9	4.6
Viet Nam	Global Youth Tobacco Survey	2014	13–15	0.7	1.0	0.4

2.4 Estimated prevalence rates and numbers of adults who use e-cigarettes.

Source of prevalence rates: the most recent nationally representative population-based survey among adults completed in each country in the period 2014–2024, if any. Specific surveys used are listed in Table A2.4.

Source of population numbers: *World population prospects*, 2024 revision, medium fertility variant, population estimates by sex and year for 2023. United Nations, Department of Economic and Social Affairs, Population Division, 2024. Available from: <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current e-cigarette users aged 15 years and older was calculated using current e-cigarette use prevalence rates published in the country's most recent survey (age ranges vary) and multiplying by the population aged 15 years and older for the appropriate sex.

In the period 2014–2024, 85 countries were covered by a survey. Countries without a survey reporting e-cigarette use in the period were assumed to have no e-cigarette users. The number of e-cigarette users aged 15 years and older was summarized by World Bank country income group regions, by WHO regions (specified below) and globally by dividing the number of e-cigarette users in each region by the population of the region aged 15 years and older. The method results in a global underestimate of e-cigarette users aged 15 years and older, which would improve if more countries survey e-cigarette use in the future.

Table A2.4. Most recent national population-based survey that reports prevalence of e-cigarette use among adults, 2014–2024

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
African Region						
Mauritania	Global Adult Tobacco Survey (GATS)	2021	15+	0.4	0.7	0.1
Senegal	Global Adult Tobacco Survey (GATS)	2023	15+	0.4	0.6	0.3
Seychelles	The Seychelles Heart Study V	2023	18–74	5.5	6.2	4.7
South Africa	Global Adult Tobacco Survey (GATS)	2021	15+	2.2	3.8	0.7
Uganda	Global Adult Tobacco Survey (GATS)	2023	15+	<0.1	0.1	0.0

Table A2.4 (continued)

		Year survey was in the field	Age range of survey	Prevalence (%)		
Country	Survey Name			Both sexes	Males	Females
Region of the Americas						
Argentina	Encuesta Nacional de Factores de Riesgo Para Enfermedades No Transmisibles	2018	18+	1.1	1.4	0.8
Bahamas	STEPS Survey	2019	18–69	1.5	2.5	0.5
Bolivia (Plurinational State of)	STEPS Survey	2019	18–69	0.6	0.5	0.7
Brazil	Pesquisa Nacional de Saúde (National Health Survey)	2019	18+	0.6	0.6	0.9
Canada	Canadian Tobacco and Nicotine Survey	2022	15+	5.8	6.5	5.0
Chile	Estudio Nacional de Drogas en Población General de Chile	2020	15–64	1.0	1.4	0.5
Colombia	Estudio Nacional de Consumo de Sustancias Psicoactivas en Colombia	2019	12–65	0.7	1.0	0.4
Costa Rica	Global Adult Tobacco Survey (GATS)	2022	15+	1.6	2.2	1.0
Ecuador	STEPS Survey	2018	18–69	2.2	1.7	4.8
El Salvador	Encuesta Nacional de Alcohol y Tabaco (ENAT)	2022	18+	1.2	2.5	0.1
Mexico	Encuesta Nacional de Salud y Nutrición	2023	20+	2.2	3.5	0.9
Panama	Encuesta Nacional de Salud	2019	15+	0.4	0.8	0.1
Paraguay	Encuesta Nacional de Factores de Riesgo de Paraguay (STEPS)	2022	18–69	4.8	6.7	2.9
Saint Lucia	STEPS Survey	2020	18+	0.4	0.1	0.8
Trinidad and Tobago	STEPS Survey	2024	15–64	4.9	7.3	2.4
United States of America	National Survey on Drug Use and Health (NSDUH)	2023	18+	9.6	10.4	9.0
Uruguay	Global Adult Tobacco Survey (GATS)	2017	15+	0.2	0.3	0.2
South-East Asia Region						
Bangladesh	Global Adult Tobacco Survey (GATS)	2017	15+	0.2	0.5	0.0
Bhutan	National Health Survey	2023	15–69	2.5	3.9	1.0
India	Global Adult Tobacco Survey (GATS)	2017	15+	0.0	0.0	0.0
Nepal	STEPS Survey	2019	15–69	1.6	3.2	0.2
Thailand	The Smoking and Drinking Behaviour Survey	2024	15+	1.5	3.0	0.2

Table A2.4 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
European Region						
Albania	Smoking uptake, prevalence and cessation in Albania	2019	18–85	0.2	0.2	0.2
Austria	Eurobarometer 539	2023	15+	4.0	4.0	4.0
Belarus	STEPS Survey	2020	18–69	6.1	9.8	2.3
Belgium	Eurobarometer 539	2023	15+	4.0	4.0	3.0
Bosnia and Herzegovina	Tobacco Consumption in Bosnia and Herzegovina	2019	18–85	0.3	...	...
Bulgaria	Eurobarometer 539	2023	15+	3.0	4.0	3.0
Croatia	Stanju u području ovisnosti u općoj populaciji Republike Hrvatske	2023	15–64	12.0	10.5	13.5
Cyprus	Eurobarometer 539	2023	15+	4.0	5.0	3.0
Czechia	National Research on Tobacco and Alcohol Use in the Czech Republic (NAUTA)	2023	15+	11.1	10.9	11.4
Denmark	National Health Survey	2023	16+	5.0	5.0	5.0
Estonia	Eurobarometer 539	2023	15+	9.0	10.0	7.0
Finland	Healthy Finland Survey	2022	20–64	3.0	3.0	2.0
France	l'Enquête sur les représentations, opinions et perceptions sur les psychotropes (EROPP)	2023	18–75	8.3	8.8	7.8
Georgia	National tobacco survey	2019	18–69	0.3	0.6	0.0
Germany	Eurobarometer 539	2023	15+	2.0	3.0	2.0
Greece	Eurobarometer 539	2023	15+	2.0	2.0	3.0
Hungary	Eurobarometer 539	2023	15+	1.0	2.0	2.0
Iceland	Tóbakskönnun by Gallup	2020	18+	5.5	5.1	6.0
Ireland	Healthy Ireland Survey	2024	15+	11.2	11.3	11.1
Israel	National Health Survey in Israel (INHIS-4)	2018	21+	1.3	3.1	0.5
Italy	Eurobarometer 539	2023	15+	3.0	2.0	3.0
Kazakhstan	Global Adult Tobacco Survey (GATS)	2019	15+	1.3	2.0	0.6
Latvia	Eurobarometer 539	2023	15+	8.0	10.0	6.0
Lithuania	Eurobarometer 539	2023	15+	5.0	8.0	3.0
Luxembourg	LE TABAGISME AU LUXEMBOURG	2023	16+	17.0	16.0	18.0
Malta	Eurobarometer 539	2023	15+	3.0	4.0	2.0

Table A2.4 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
Netherlands (Kingdom of the)	Health Survey/Lifestyle Monitor, Statistics Netherlands (CBS)	2023	18+	3.9	4.3	3.4
North Macedonia	Tobacco Consumption in North Macedonia	2019	18–85	1.2	1.4	1.0
Norway	Statistics Norway Rusundersøkelsen	2024	16–79	6.0	4.0	6.0
Poland	Eurobarometer 539	2023	15+	4.0	4.0	3.0
Portugal	Eurobarometer 539	2023	15+	1.0	1.0	1.0
Republic of Moldova	STEPS Survey	2021	18–69	0.7	1.2	0.2
Romania	Eurobarometer 539	2023	15+	1.0	1.0	1.0
Russian Federation	Selective monitoring of the health of the population survey (Rosstat)	2024	15+	4.4	5.2	3.8
Serbia	Survey on psychoactive substance use and gambling among adults	2023	18–64	18.4	17.5	19.3
Slovakia	Eurobarometer 539	2023	15+	3.0	4.0	2.0
Slovenia	Eurobarometer 539	2023	15+	3.0	3.0	2.0
Spain	Encuesta sobre Alcohol y Drogas en España	2024	15–64	4.6	4.7	4.5
Sweden	Nationella folkhälsoenkäten	2024	16+	4.9	4.5	5.5
Switzerland	Enquête Santé et Lifestyle	2023	15+	6.2	6.1	6.3
Ukraine	Kyiv International Institute of Sociology face-to-face survey	2024	18+	5.3	7.0	3.9
United Kingdom of Great Britain and Northern Ireland	Opinions and Lifestyle Survey	2023	16+	9.6	11.0	8.3
Uzbekistan	Uzbekistan STEPS Survey	2019	18–69	0.2	0.4	0.0
Eastern Mediterranean Region						
Iran (Islamic Republic of)	STEPS Survey	2021	18+	0.0	0.0	0.0
Saudi Arabia	Global Adult Tobacco Survey (GATS)	2019	15+	0.8	1.1	0.4
United Arab Emirates	National Health Survey (STEPS)	2018	18–69	0.6	0.8	0.4
Western Pacific Region						
Australia	National Drug Strategy Household Survey	2023	14+	7.0	7.8	6.2
Brunei Darussalam	STEPS Survey	2023	18–69	11.0	20.4	3.6
Cambodia	National Adult Tobacco Survey of Cambodia	2021	15+	0.0	0.0	0.0
China	China Adult Tobacco Survey	2022	15+	0.7	1.1	0.2

Table A2.4 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Prevalence (%)		
				Both sexes	Males	Females
Indonesia	Survei Kesehatan Indonesia	2023	15+	1.0	2.0	0.1
Malaysia	Global Adult Tobacco Survey (GATS)	2023	15+	5.8	10.5	0.8
Marshall Islands	NCD Hybrid Survey	2023	18+	5.8	8.0	3.6
New Zealand	New Zealand Health Survey	2024	15+	14.0	14.7	13.2
Palau	NCD Hybrid Survey	2023	18+	1.7	2.4	0.9
Philippines	Global Adult Tobacco Survey (GATS)	2021	15+	2.1	3.6	0.5
Republic of Korea	Korea National Health and Nutrition Examination Survey (KNHANES)	2023	19+	3.3	5.3	1.3
Viet Nam	Global Adult Tobacco Survey (GATS)	2015	15+	0.2	0.4	0.1

2.5 Estimated prevalence rates and numbers of adolescents aged 13–15 years who use e-cigarettes.

Source of prevalence rates: the most recent nationally representative school-based survey covering the ages 13–15 years, completed in each country in the period 2014–2024, which asked about current use of e-cigarettes, if any. Specific surveys used are listed in Table A2.5. Where the country did not have any survey covering the age group 13–15 years, a survey covering an equivalent age range was substituted.

Reports and data sets of the Global Youth Tobacco Survey and the Global School-Based Students Health Survey are available from the WHO microdata repository at: <https://extranet.who.int/ncdsmicrodata/index.php/home>. The Health Behaviour in School-aged Children survey data are available at <https://hbosc.org/>.

Others are available as follows.

Australia: *Australian Secondary School Students Alcohol and other Drugs Survey (ASSAD)*, available from: <https://www.health.gov.au/resources/publications/australian-secondary-school-students-use-of-tobacco-and-e-cigarettes-2022-2023?language=en>

Brazil: *Pesquisa nacional de saúde do escolar (PENSE)*, available from: <https://www.gov.br/saude/pt-br/assuntos/saude-de-a-a-z/p/pesquisa-nacional-de-saude-do-escolar-pense>

Canada: *Canadian Student Tobacco, Alcohol and Drugs Survey*, available from: <https://www.canada.ca/en/health-canada/services/canadian-student-tobacco-alcohol-drugs-survey/2021-2022-summary.html>

Colombia: *Encuesta Nacional sobre Consumo de Sustancias Psicoactivas en Población Escolar*, available from: <https://www.minjusticia.gov.co/programas-co/ODC/Documents/Publicaciones/Estudio%20nacional%20escolares.pdf>

Finland: *National School Health Promotion Study*, available from: <https://thl.fi/en/statistics-and-data/statistics-by-topic/social-services-children-adolescents-and-families/well-being-of-children-and-young-people-school-health-promotion-study>

Japan: *National survey on underage smoking and drinking*, available on request.

Malaysia: *National School-Based Student Health Survey*, available from: https://iku.gov.my/images/nhms-2022/Report_Malaysia_nhms_ahs_2022.pdf

Netherlands (Kingdom of the): *Peilstationsonderzoek Scholieren*, available from: <https://cijfers.trimbos.nl/scholierenmonitor/samenvatting-conclusie/samenvatting/>

New Zealand: *ASH Year 10 Survey*, available from: https://www.ash.org.nz/ash_year_10

Republic of Korea: *Korea Youth Risk Behavior Web-based Survey*, available on request.

Viet Nam: *Viet Nam Youth Tobacco Survey*. available on request.

Source of population numbers: *World population prospects*, 2024 revision, medium fertility variant, population estimates by sex and year for 2023. United Nations, Department of Economic and Social Affairs, Population Division, 2024. Available from: <https://esa.un.org/unpd/wpp/Download/Standard/Population/>.

Method: For each country and for each sex, the number of current e-cigarette users aged 13–15 years was calculated using current e-cigarette use prevalence rates published in the country’s most recent survey and multiplying by the population aged 13–15 years for the appropriate sex. In the period 2014–2024, 123 countries were covered by a survey. Countries without a survey reporting e-cigarette use in the period were assumed to have no e-cigarette users. The number of e-cigarette users aged 13–15 years was summarized by World Bank country income group regions, by WHO regions (specified below) and globally by dividing the number of e-cigarette users in each region by the population of the region aged 13–15 years. The method results in a global underestimate of e-cigarette users aged 13–15 years, which would improve if more countries survey e-cigarette use in future.

Table A2.5. Most recent national school-based survey that reports prevalence of e-cigarette use among adolescents aged 13–15 years, 2014–2024

Country	Survey Name	Year survey was in the field	Age range of survey	Both sexes	Males	Females
African Region						
Botswana	Global School-Based Student Health Survey	2024	13–15	10.2	12.0	8.4
Cabo Verde	Global Youth Tobacco Survey	2023	13–15	6.6	6.9	6.3
Congo	Global Youth Tobacco Survey	2019	13–15	5.1	6.0	4.5
Côte d'Ivoire	Global Youth Tobacco Survey	2023	13–15	5.2	6.3	4.1
Ethiopia	Global Youth Tobacco Survey	2023	13–15	9.6	14.8	5.2
Ghana	Global Youth Tobacco Survey	2017	13–15	4.9	4.9	5.0
Lesotho	Global School-Based Student Health Survey	2024	13–15	15.2	20.7	11.8
Mauritania	Global Youth Tobacco Survey	2018	13–15	18.8	18.1	18.5
Mauritius	Global Youth Tobacco Survey	2016	13–15	10.9	17.9	4.3
Namibia	Global School-Based Student Health Survey	2024	13–15	22.5	29.6	16.7
Seychelles	Global Youth Tobacco Survey	2015	13–15	7.3	10.0	4.7
Togo	Global Youth Tobacco Survey	2019	13–15	1.0	1.0	1.1
Zambia	Global Youth Tobacco Survey	2021	13–15	16.3	15.4	16.6
Zimbabwe	Global School-Based Student Health Survey	2024	13–15	11.4	13.9	8.3
Region of the Americas						
Antigua and Barbuda	Global Youth Tobacco Survey	2017	13–15	4.0	4.0	3.7
Argentina	Global Youth Tobacco Survey	2018	13–15	7.1	8.1	6.2
Bahamas	Global Youth Tobacco Survey	2023	13–15	16.3	15.3	17.1
Belize	Global Youth Tobacco Survey	2014	13–15	6.5	8.9	4.1
Bolivia (Plurinational State of)	Global Youth Tobacco Survey	2018	13–15	7.4	9.7	5.0
Brazil	Pesquisa Nacional de Saúde do Escolar (PENSE)	2019	13–15	2.3	2.5	2.1

Table A2.5 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Both sexes	Males	Females
Canada	Canadian Student Tobacco, Alcohol and Drugs Survey	2022	Grades 7–9	10.1	8.1	11.5
Colombia	Encuesta Nacional sobre Consumo de Sustancias Psicoactivas en Población Escolar	2022	Grade 8	9.2	9.0	9.4
Costa Rica	Global Youth Tobacco Survey	2023	13–15	22.8	19.4	26.2
Cuba	Global Youth Tobacco Survey	2018	13–15	6.1	7.6	4.2
Dominican Republic	Global Youth Tobacco Survey	2016	13–15	7.7	7.9	6.9
Ecuador	Global School-Based Student Health Survey	2024	13–15	16.2	16.7	15.6
El Salvador	Global Youth Tobacco Survey	2021	13–15	0.6	1.0	0.2
Grenada	Global Youth Tobacco Survey	2016	13–15	7.2	9.7	4.9
Guatemala	Global Youth Tobacco Survey	2015	13–15	5.6	5.7	5.2
Guyana	Global Youth Tobacco Survey	2015	13–15	9.0	9.3	8.0
Jamaica	Global Youth Tobacco Survey	2017	13–15	11.7	13.7	9.7
Nicaragua	Global Youth Tobacco Survey	2019	13–15	8.7	10.1	7.2
Panama	Global Youth Tobacco Survey	2023	13–15	8.5	9.0	8.1
Paraguay	Global Youth Tobacco Survey	2019	13–15	12.5	14.0	11.1
Peru	Global Youth Tobacco Survey	2019	13–15	6.3	7.1	5.4
Saint Kitts and Nevis	Global Youth Tobacco Survey	2024	13–15	9.7	10.5	8.3
Saint Lucia	Global Youth Tobacco Survey	2017	13–15	11.0	15.0	6.6
Saint Vincent and the Grenadines	Global Youth Tobacco Survey	2018	13–15	8.1	8.4	7.8
Suriname	Global Youth Tobacco Survey	2022	13–15	8.8	9.4	8.3
Trinidad and Tobago	Global Youth Tobacco Survey	2017	13–15	17.2	21.7	12.9
United States of America	National Youth Tobacco Survey	2024	Middle school	3.5	3.1	3.9
Uruguay	Global Youth Tobacco Survey	2019	13–15	9.9	10.9	8.8
Venezuela (Bolivarian Republic of)	Global Youth Tobacco Survey	2019	13–15	9.5	9.6	9.5
South-East Asia Region						
Sri Lanka	Global School-Based Student Health Survey	2024	13–15	4.1	6.4	1.8
Thailand	Global Youth Tobacco Survey	2022	13–15	17.6	20.2	15.0
European Region						
Albania	Health Behaviour in School-aged Children	2022	13–15	18.0	23.5	12.0
Armenia	Health Behaviour in School-aged Children	2022	13–15	9.0	16.0	1.5
Austria	Health Behaviour in School-aged Children	2022	13–15	13.0	13.0	13.0
Belarus	Global Youth Tobacco Survey	2021	13–15	15.1	14.7	15.5

Table A2.5 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Both sexes	Males	Females
Belgium	Health Behaviour in School-aged Children	2022	13–15	11.0	11.0	12.0
Bosnia and Herzegovina	Global Youth Tobacco Survey	2019	13–15	10.9	15.9	5.9
Bulgaria	Global Youth Tobacco Survey	2023	13–15	23.3	19.3	27.2
Croatia	Health Behaviour in School-aged Children	2022	13–15	17.0	15.0	20.0
Cyprus	Health Behaviour in School-aged Children	2022	13–15	19.0	18.0	20.0
Czechia	Global Youth Tobacco Survey	2022	13–15	21.4	18.3	24.7
Denmark	Health Behaviour in School-aged Children	2022	13–15	8.0	7.5	8.5
Estonia	Health Behaviour in School-aged Children	2022	13–15	20.2	16.0	24.0
Finland	National School Health Promotion Study	2023	Grades 8–9	16.0	16.0	17.0
France	Health Behaviour in School-aged Children	2022	13–15	14.0	14.0	15.0
Georgia	Global Youth Tobacco Survey	2023	13–15	11.3	12.3	10.4
Germany	Health Behaviour in School-aged Children	2022	13–15	16.0	15.0	16.5
Greece	Global Youth Tobacco Survey	2023	13–15	17.7	17.2	18.1
Hungary	Health Behaviour in School-aged Children	2022	13–15	24.0	22.5	26.0
Iceland	Health Behaviour in School-aged Children	2022	13–15	9.0	7.0	11.0
Ireland	Health Behaviour in School-aged Children	2022	13–15	11.0	8.0	14.5
Israel	Health Behaviour in School-aged Children	2022	13–15	13.0	15.0	10.5
Italy	Global Youth Tobacco Survey	2022	13–15	19.3	18.0	20.5
Kazakhstan	Health Behaviour in School-aged Children	2022	13–15	8.0	8.5	6.5
Kyrgyzstan	Health Behaviour in School-aged Children	2022	13–15	5.0	6.0	3.5
Latvia	Health Behaviour in School-aged Children	2022	13–15	20.0	17.0	22.5
Lithuania	Global Youth Tobacco Survey	2022	13–15	23.0	19.1	27.0
Luxembourg	Health Behaviour in School-aged Children	2022	13–15	13.0	11.0	16.0
Malta	Health Behaviour in School-aged Children	2022	13–15	13.0	9.5	17.0
Netherlands (Kingdom of the)	Peilstationsonderzoek Scholieren	2023	12–16	14.3	11.4	17.2
North Macedonia	Global Youth Tobacco Survey	2016	13–15	3.9	5.7	1.9
Norway	Health Behaviour in School-aged Children	2022	13–15	6.5	6.5	6.5
Poland	Global Youth Tobacco Survey	2022	13–15	22.3	21.2	23.4
Portugal	Health Behaviour in School-aged Children	2022	13–15	5.0	5.5	5.0
Republic of Moldova	Health Behaviour in School-aged Children	2022	13–15	11.0	12.0	10.0
Romania	Health Behaviour in School-aged Children	2022	13–15	20.0	16.5	23.0

Table A2.5 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Both sexes	Males	Females
Russian Federation	Global Youth Tobacco Survey	2021	13–15	16.7	15.8	17.4
San Marino	Global Youth Tobacco Survey	2022	13–15	16.1	14.6	17.8
Serbia	Health Behaviour in School-aged Children	2022	13–15	16.0	14.5	17.0
Slovakia	Health Behaviour in School-aged Children	2022	13–15	16.0	15.0	17.0
Slovenia	Health Behaviour in School-aged Children	2022	13–15	12.5	12.5	12.5
Spain	Health Behaviour in School-aged Children	2022	13–15	10.0	10.0	11.0
Sweden	Health Behaviour in School-aged Children	2022	13–15	17.0	14.5	19.5
Switzerland	Health Behaviour in School-aged Children	2022	13–15	17.0	17.5	17.0
Tajikistan	Health Behaviour in School-aged Children	2022	13–15	1.0	1.5	0.0
Ukraine	Global Youth Tobacco Survey	2017	13–15	18.4	22.6	14.0
United Kingdom of Great Britain and Northern Ireland	Health Behaviour in School-aged Children	2022	13–15	17.0	13.0	22.0
Uzbekistan	Global Youth Tobacco Survey	2021	13–15	0.7	1.1	0.3
Eastern Mediterranean Region						
Iraq	Global Youth Tobacco Survey	2019	13–15	7.5	10.6	4.1
Oman	Global Youth Tobacco Survey	2016	13–15	5.3	8.9	2.3
Pakistan	Global Youth Tobacco Survey	2022	13–15	3.1	4.1	2.0
Qatar	Global Youth Tobacco Survey	2018	13–15	11.3	15.0	7.8
Saudi Arabia	Global Youth Tobacco Survey	2022	13–15	5.4	6.1	4.7
Syrian Arab Republic	Global School-Based Student Health Survey	2024	13–15	14.5	22.7	7.0
Tunisia	Global Youth Tobacco Survey	2024	13–15	16.1	22.6	9.7
Yemen	Global Youth Tobacco Survey	2014	13–15	14.5	18.3	8.4
Western Pacific Region						
Australia	Australian Secondary School Students Alcohol and other Drugs Survey (ASSAD)	2023	12–15	12.9	10.2	15.5
Brunei Darussalam	Global Youth Tobacco Survey	2019	13–15	13.3	19.0	7.1
Cambodia	Global Youth Tobacco Survey	2022	13–15	0.9	1.1	0.8
China	Global Youth Tobacco Survey	2023	Junior high	2.4	3.2	1.6
Cook Islands	Global Youth Tobacco Survey	2016	13–15	7.2	7.4	7.0
Fiji	Global Youth Tobacco Survey	2016	13–15	11.9	15.3	8.5
Indonesia	Global School-Based Student Health Survey	2023	13–15	11.9	19.0	4.9
Japan	National survey on underage smoking and drinking	2021	Junior high	0.4	0.5	0.2
Kiribati	Global School-Based Student Health Survey	2022	13–15	36.0	42.3	30.2

Table A2.5 (continued)

Country	Survey Name	Year survey was in the field	Age range of survey	Both sexes	Males	Females
Lao People's Democratic Republic	Global Youth Tobacco Survey	2016	13–15	4.3	5.0	3.7
Malaysia	National School-Based Student Health Survey	2022	Form 2	12.8	20.2	5.3
Marshall Islands	Global Youth Tobacco Survey	2023	13–15	19.7	20.2	19.1
Micronesia (Federated States of)	Global Youth Tobacco Survey	2019	13–15	13.9	18.8	9.8
Mongolia	Global School-Based Student Health Survey	2023	13–15	19.9	22.5	17.3
New Zealand	ASH Year 10 Snapshot Survey	2024	14–15	14.1	13.4	19.5
Niue	Global Youth Tobacco Survey	2019	13–15	35.7	35.7	35.7
Palau	Global Youth Tobacco Survey	2022	13–15	45.7	41.8	49.7
Papua New Guinea	Global Youth Tobacco Survey	2016	13–15	19.6	19.7	18.9
Philippines	Global Youth Tobacco Survey	2019	13–15	14.1	20.9	7.5
Republic of Korea	Korea Youth Risk Behavior Web-based Survey	2024	Middle school	1.6	1.7	1.5
Solomon Islands	Global Youth Tobacco Survey	2023	13–15	7.0	9.8	4.2
Vanuatu	Global Youth Tobacco Survey	2017	13–15	5.7	7.0	4.5
Viet Nam	Viet Nam Youth Tobacco Survey	2022	13–15	3.5	4.3	2.8

2.6 World Bank grouping of countries by income (2024)

Source: <https://datahelpdesk.worldbank.org/knowledgebase/articles/906519>, accessed 5 Sep 2024

High-income economies

Andorra, Antigua and Barbuda, Australia, Austria, Bahamas, Bahrain, Barbados, Belgium, Brunei Darussalam, Bulgaria, Canada, Chile, Cook Islands[†], Costa Rica, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Germany, Greece, Guyana, Hungary, Iceland, Ireland, Israel, Italy, Japan, Kuwait, Latvia, Lithuania, Luxembourg, Malta, Monaco, Nauru, Netherlands (Kingdom of the), New Zealand, Niue[‡], Norway, Oman, Palau, Panama, Poland, Portugal, Qatar, Republic of Korea, Romania, Russian Federation, Saint Kitts and Nevis, San Marino, Saudi Arabia, Seychelles, Singapore, Slovakia, Slovenia, Spain, Sweden, Switzerland, Trinidad and Tobago, United Arab Emirates, United Kingdom of Great Britain and Northern Ireland, United States of America, Uruguay.

Upper-middle-income economies

Albania, Algeria, Argentina, Armenia, Azerbaijan, Belarus, Belize, Bosnia and Herzegovina, Botswana, Brazil, Cabo Verde, China, Colombia, Cuba, Dominica, Dominican Republic, Ecuador, Equatorial Guinea, El Salvador, Fiji, Gabon, Georgia, Grenada, Guatemala, Indonesia, Iran (Islamic Republic of), Iraq, Jamaica, Kazakhstan, Libya, Malaysia, Maldives, Marshall Islands, Mauritius, Mexico, Mongolia, Montenegro, North Macedonia, Paraguay, Peru, Republic of Moldova, Saint Lucia, Saint Vincent and the Grenadines, Samoa, Serbia, South Africa, Suriname, Thailand, Tonga, Türkiye, Turkmenistan, Tuvalu, Ukraine.

Lower-middle-income economies

Angola, Bangladesh, Benin, Bhutan, Bolivia (Plurinational State of), Cambodia, Cameroon, Comoros, Congo, Côte d'Ivoire, Djibouti, Egypt, Eswatini, Ghana, Guinea, Haiti, Honduras, India, Jordan, Kenya, Kiribati, Kyrgyzstan, Lao People's Democratic Republic, Lebanon, Lesotho, Mauritania, Micronesia (Federated States of), Morocco, Myanmar, Namibia, Nepal, Nicaragua, Nigeria, Pakistan, Papua New Guinea, Philippines, Sao Tome and Principe, Senegal, Solomon Islands, Sri Lanka, Tajikistan, Timor-Leste, Tunisia, United Republic of Tanzania, Uzbekistan, Vanuatu, Venezuela (Bolivarian Republic of)[§], Viet Nam, Zambia, Zimbabwe.

Low-income economies

Afghanistan, Burkina Faso, Burundi, Central African Republic, Chad, Democratic People's Republic of Korea, Democratic Republic of the Congo, Eritrea, Ethiopia, Gambia, Guinea-Bissau, Liberia, Madagascar, Malawi, Mali, Mozambique, Niger, Rwanda, Sierra Leone, Somalia, South Sudan, Sudan, Syrian Arab Republic, Togo, Uganda, Yemen.

[†] Country not allocated to an income group by the World Bank. To avoid excluding these countries from the analysis, we assigned them to groups according to their GDP or GNI per capita. Cook Islands (<https://stats.gov.ck/national-accounts/>), Niue (<https://niuestatistics.nu/economic/national-accounts-estimates-of-niue-2024/>), Venezuela (Bolivarian Republic of) (<https://data.un.org/Data.aspx>).

2.7 World Health Organization regional grouping of countries

WHO African Region

Algeria, Angola, Benin, Botswana, Burkina Faso, Burundi, Cabo Verde, Cameroon, Central African Republic, Chad, Comoros, Congo, Côte d'Ivoire, Democratic Republic of the Congo, Equatorial Guinea, Eritrea, Eswatini, Ethiopia, Gabon, Gambia, Ghana, Guinea, Guinea-Bissau, Kenya, Lesotho, Liberia, Madagascar, Malawi, Mali, Mauritania, Mauritius, Mozambique, Namibia, Niger, Nigeria, Rwanda, Sao Tome and Principe, Senegal, Seychelles, Sierra Leone, South Africa, South Sudan, Togo, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

WHO Region of the Americas

Antigua and Barbuda, Argentina, Barbados, Belize, Bolivia (Plurinational State of), Brazil, Canada, Chile, Colombia, Costa Rica, Cuba, Dominica, Dominican Republic, Ecuador, El Salvador, Grenada, Guatemala, Guyana, Haiti, Honduras, Jamaica, Mexico, Nicaragua, Panama, Paraguay, Peru, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Suriname, Trinidad and Tobago, United States of America, Uruguay, Venezuela (Bolivarian Republic of).

WHO South-East Asia Region

Bangladesh, Bhutan, Democratic People's Republic of Korea, India, Maldives, Myanmar, Nepal, Sri Lanka, Thailand, Timor-Leste.

WHO European Region

Albania, Andorra, Armenia, Austria, Azerbaijan, Belarus, Belgium, Bosnia and Herzegovina, Bulgaria, Croatia, Cyprus, Czechia, Denmark, Estonia, Finland, France, Georgia, Germany, Greece, Hungary, Iceland, Ireland, Israel, Italy, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Luxembourg, Malta, Monaco, Montenegro, Netherlands (Kingdom of the), North Macedonia, Norway, Poland, Portugal, Republic of Moldova, Romania, Russian Federation, San Marino, Serbia, Slovakia, Slovenia, Spain, Sweden, Switzerland, Tajikistan, Türkiye, Turkmenistan, Ukraine, United Kingdom of Great Britain and Northern Ireland, Uzbekistan.

WHO Eastern Mediterranean Region

Afghanistan, Bahrain, Djibouti, Egypt, Iran (Islamic Republic of), Iraq, Jordan, Kuwait, Lebanon, Libya, Morocco, Oman, Pakistan, Qatar, Saudi Arabia, Somalia, Sudan, Syrian Arab Republic, Tunisia, United Arab Emirates, Yemen.

WHO Western Pacific Region

Australia, Brunei Darussalam, Cambodia, China, Cook Islands, Fiji, Indonesia, Japan, Kiribati, Lao People's Democratic Republic, Malaysia, Marshall Islands, Micronesia (Federated States of), Mongolia, Nauru, New Zealand, Niue, Palau, Papua New Guinea, Philippines, Republic of Korea, Samoa, Singapore, Solomon Islands, Tonga, Tuvalu, Vanuatu, Viet Nam.

2.8 Analysis grouping of countries

The groups of countries used to fill gaps in the global and regional estimates in this report as described in these statistical annexes are as follows:

African Islands

Comoros, Madagascar, Mauritius, Seychelles.

Australasia

Australia, New Zealand.

Caribbean

Antigua and Barbuda, Bahamas, Barbados, Cuba, Dominica, Dominican Republic, Grenada, Haiti, Jamaica, Saint Kitts and Nevis, Saint Lucia, Saint Vincent and the Grenadines, Trinidad and Tobago.

Central America

Belize, Costa Rica, El Salvador, Guatemala, Honduras, Mexico, Nicaragua, Panama.

Eastern Africa

Burundi, Djibouti, Eritrea, Ethiopia, Kenya, Malawi, Mozambique, Rwanda, Somalia, Uganda, United Republic of Tanzania, Zambia, Zimbabwe.

Eastern Asia

China, Democratic People's Republic of Korea, Japan, Mongolia, Republic of Korea.

Eastern Europe

Armenia, Azerbaijan, Belarus, Bulgaria, Czechia, Estonia, Georgia, Hungary, Kazakhstan, Kyrgyzstan, Latvia, Lithuania, Poland, Republic of Moldova, Romania, Russian Federation, Slovakia, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

Middle Africa

Angola, Cameroon, Central African Republic, Chad, Congo, Democratic Republic of the Congo, Equatorial Guinea, Gabon, Sao Tome and Principe.

Northern Africa

Algeria, Egypt, Libya, Morocco, South Sudan, Sudan, Tunisia.

Northern Europe

Denmark, Finland, Iceland, Norway, Sweden.

Oceania

Cook Islands, Fiji, Kiribati, Marshall Islands.

Micronesia

Nauru, Niue, Palau, Papua New Guinea, Samoa, Solomon Islands, Tonga, Tuvalu, Vanuatu.

South America

Argentina, Bolivia (Plurinational State of), Brazil, Chile, Colombia, Ecuador, Guyana, Paraguay, Peru, Suriname, Uruguay, Venezuela (Bolivarian Republic of).

South-Central Asia

Afghanistan, Bangladesh, Bhutan, India, Iran, Maldives, Nepal, Pakistan, Sri Lanka.

South-Eastern Asia

Brunei Darussalam, Cambodia, Indonesia, Lao People's Democratic Republic, Malaysia, Myanmar, Philippines, Singapore, Thailand, Timor-Leste, Viet Nam.

Southern Africa

Botswana, Eswatini, Lesotho, Namibia, South Africa.

Southern Europe

Albania, Andorra, Bosnia and Herzegovina, Croatia, Cyprus, Greece, Israel, Italy, Malta, Montenegro, North Macedonia, Portugal, San Marino, Serbia, Slovenia, Spain, Türkiye.

Canada, Ireland and United Kingdom of Great Britain and Northern Ireland and United States of America

Canada, Ireland, United Kingdom of Great Britain and Northern Ireland, United States of America.

Western Africa

Benin, Burkina Faso, Cabo Verde, Cote d'Ivoire, Gambia, Ghana, Guinea, Guinea-Bissau, Liberia, Mali, Mauritania, Niger, Nigeria, Senegal, Sierra Leone, Togo.

Western Asia

Bahrain, Iraq, Jordan, Kuwait, Lebanon, Oman, Qatar, Saudi Arabia, Syrian Arab Republic, United Arab Emirates, Yemen.

Western Europe

Austria, Belgium, France, Germany, Luxembourg, Monaco, Netherlands (Kingdom of the), Switzerland.



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