

# 2020 - CORE QUESTIONNAIRE OF THE REPORTING INSTRUMENT OF WHO FCTC

## A. ORIGIN OF THE REPORT

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Brazil

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## Period of reporting:

	Month	Year
Start date	April (4)	2016 (17)
End date	March (3)	2018 (19)

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## B1. TOBACCO CONSUMPTION

### Prevalence of tobacco use

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#### Smoking prevalence in the adult population (all)

*(Please provide prevalence data for total adult population, and identify the age considered, e.g. 15 years old and over, 18-64 years; see B112)*

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#### Current smokers

	Prevalence (%) (please include all smoking tobacco products in preva- lence data)	Average number of the most-con- sumed smoking tobacco product used per day
MALE	18.9	12.2
FEMALE	11.0	10.7
TOTAL (males and females)	14.7	11.6

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## Daily smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>	<b>Average number of the most-consumed smoking tobacco product used per day</b>
MALE	16.2	14.0
FEMALE	9.6	12.1
TOTAL (males and females)	12.3	13.3

## Occasional smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>
MALE	2.7
FEMALE	1.3
TOTAL (males and females)	2.0

## Former smokers

	<b>Prevalence (%)</b> <b>(please include all smoking tobacco products in prevalence data)</b>
MALE	21.3
FEMALE	14.1
TOTAL (males and females)	17.5

## Never smokers

**Prevalence (%)**  
(please include all smoking tobacco products in prevalence data)

MALE	59.9
FEMALE	74.9
TOTAL (males and females)	67.8

Please indicate the smoking tobacco products included in calculating prevalence for question B11:

Manufactured cigarettes, hand-rolled or straw cigarettes, clove or bali cigarettes, bidis or Indian cigarettes, pipes, cigars or cigarillos and narghilé.

Please indicate the age range to which the data used to answer question B11 refer:

	From	To
Age range	18	100

Please indicate the year of the data used to answer question B11:

2013

Please indicate the source of the data used to answer question B11:

Global Adult Tobacco Survey, which was included as part of the National Health Survey (PNS) conducted in 2013. Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016. GATS-Brazil/2008. Brazilian National Cancer Institute, 2010. Global Adult Tobacco Survey: Brazil Report. Brazilian National Cancer Institute, Ministry of Health, Rio de Janeiro. Available at: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_gats\\_2010\\_brazil.pdf](http://www.who.int/tobacco/surveillance/en_tfi_gats_2010_brazil.pdf)

Please provide the definitions of “current smoker”, “daily smoker”, “occasional smoker”, “former smoker” and “never smoker” used in this report.

Current smoker	Person who regularly uses at least one of the smoked tobacco products, regardless of the time he/she has been smoking for. It comprehends daily and occasional smokers
Daily smoker	Person who uses at least one of the smoked tobacco products daily, regardless of the time he/she has been smoking. Short periods of time in which a person did not smoke tobacco due to special situations, such as illness, travels etc., but not due to the decision to definitely quit smoking, are not considered.
Occasional smoker	Person who uses at least one of the smoked tobacco products, but not daily, regardless of the time he/she has been smoking for
Former smoker	Person who, in the past, made use of at least one smoked tobacco products occasionally for a period of three months or more, or daily for a period of one month or more
Never smoker	Person who never smoked tobacco, but may have tried it; or a person who smoked daily for less than a month; or occasionally for less than three months.

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Please provide a brief explanation of the trend in smoking prevalence in the adult population in the past two years or since submission of your last report.

For both genders

and for all categories of selected sociodemographic variables, unadjusted cigarette smoking prevalence rates decreased over time (between 2008 and 2013).

Ref: Szklo A, Souza MC, Szklo M, de Almeida LM. Smokers in Brazil: who are they? Tob Control. 2015. [Epub ahead of print]

doi:10.1136/tobaccocontrol-2015-052324.

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## Smoking prevalence in the adult population (by age groups)

*(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)*

	Range - start age	Range - end age	Prevalence (%) (please include all smoking to- bacco products in prevalence data)
MALES - current smokers <sup>1</sup>	18	24	16
MALES - current smokers <sup>1</sup>	25	34	17
MALES - current smokers <sup>1</sup>	35	44	20
MALES - current smokers <sup>1</sup>	45	54	23
MALES - current smokers <sup>1</sup>	55	64	23
MALES - current smokers <sup>1</sup>	65	74	16
MALES - current smokers <sup>1</sup>	75	100	11
FEMALES - current smokers <sup>1</sup>	18	24	6
FEMALES - current smokers <sup>1</sup>	25	34	8
FEMALES - current smokers <sup>1</sup>	35	44	11
FEMALES - current smokers <sup>1</sup>	45	54	18
FEMALES - current smokers <sup>1</sup>	55	64	16
FEMALES - current smokers <sup>1</sup>	65	74	9
FEMALES - current smokers <sup>1</sup>	75	100	4
TOTAL (males and females) - current smokers <sup>1</sup>	18	24	11

TOTAL (males and females) - current smokers <sup>1</sup>	25	34	12
TOTAL (males and females) - current smokers <sup>1</sup>	35	44	15
TOTAL (males and females) - current smokers <sup>1</sup>	45	54	21
TOTAL (males and females) - current smokers <sup>1</sup>	55	64	19
TOTAL (males and females) - current smokers <sup>1</sup>	65	74	12
TOTAL (males and females) - current smokers <sup>1</sup>	75	100	7

Please indicate the smoking tobacco products included in calculating prevalence for question B12:

Manufactured cigarettes, hand-rolled or straw cigarettes, clove or bali cigarettes, bidis or Indian cigarettes, pipes, cigars or cigarillos, narghilé.

Please indicate the year of the data used to answer question B12:

2013

Please indicate the source of the data used to answer question B12:

Global Adult Tobacco Survey, which was included as part of the National Health Survey (PNS) conducted in 2013. Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016. GATS-Brazil/2008. Brazilian National Cancer Institute, 2010. Global Adult Tobacco Survey: Brazil Report. Brazilian National Cancer Institute, Ministry of Health, Rio de Janeiro. Available at: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_gats\\_2010\\_brazil.pdf](http://www.who.int/tobacco/surveillance/en_tfi_gats_2010_brazil.pdf)

Please provide a brief explanation of the trend in current smoking prevalence by age group in the past two years or since submission of your last report, if data are available. For both genders and for all categories of selected sociodemographic variables, unadjusted cigarette smoking prevalence rates decreased over time (between 2008 and 2013). Ref: Szklo A, Souza MC, Szklo M, de Almeida LM. Smokers in Brazil: who are they? Tob Control. 2015. [Epub ahead of print] doi:10.1136/tobaccocontrol-2015-052324.

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## Prevalence of smokeless tobacco use in the adult population (all)

*(Please provide prevalence data for total adult population, and identify the age considered in B132, e.g. 15 years old and over, 18–64 years; see B132)*

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### Males

**Prevalence (%)**  
(please include all smokeless tobacco products in prevalence data)

Current users	0.5
Daily users	0.2
Occasional users	0.3

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### Females

**Prevalence (%)**  
(please include all smokeless tobacco products in prevalence data)

Current users	0.2
Daily users	0.1
Occasional users	0.1

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## TOTAL (males and females)

**Prevalence (%)**  
(please include all smokeless tobacco products in prevalence data)

Current users	0.3
Daily users	0.1
Occasional users	0.2

Please indicate the smokeless tobacco products included in calculating prevalence for question B13:

Snuff (rapé), chewing

tobacco and any other tobacco product which does not produce smoke.

Please indicate the age range to which the data used to answer question B13 refer:

	From	To
Age range	18	100

Please indicate the year of the data used to answer question B13:

2013

Please indicate the source of the data used to answer question B13:

Global Adult Tobacco Survey, which was included as part of the National Health Survey (PNS) conducted in 2013. Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016. GATS-Brazil/2008. Brazilian National Cancer Institute, 2010. Global Adult Tobacco Survey: Brazil Report. Brazilian National Cancer Institute, Ministry of Health, Rio de Janeiro. Available at: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_gats\\_2010\\_brazil.pdf](http://www.who.int/tobacco/surveillance/en_tfi_gats_2010_brazil.pdf)

Please provide the definitions of “current user”, “daily user”, “occasional user”, “former user” and “never user” (of smokeless tobacco products) used in this report in the space below.

Current user	Person who regularly uses at least one of the smokeless tobacco products, regardless of the time he/she has been using. It comprehends daily and occasional smokers
Daily user	Person who uses at least one of the smokeless tobacco products daily, regardless of the time he/she has been using. Short periods of time in which a person did not smoke tobacco due to special situations, such as illness, travels etc., but not due to the decision to definitely quit using, are not considered.
Occasional user	Person who uses at least one of the smokeless tobacco products, but not daily, regardless of the time he/she has been using
Former user	Not available
Never user	Not available

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Please provide a brief explanation of the trend in smokeless tobacco use in the adult population in the past two years or since submission of your last report.

Numbers are too

small (and were also small in 2008) and therefore it is difficult to observe changes over time statistically significant.

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## Prevalence of smokeless tobacco use in the adult population (current users) by age group (by age groups)

(If data are available, please provide prevalence data by age group, and identify the age group considered, preferably by 10-year categories, e.g. 25-34, 35-44 years)

	Range - start age	Range - end age	Prevalence (%) (please include all smoking to- bacco products in prevalence data)
MALES - current smokers <sup>2</sup>	18	24	0
MALES - current smokers <sup>2</sup>	25	34	0
MALES - current smokers <sup>2</sup>	35	44	0
MALES - current smokers <sup>2</sup>	45	54	0
MALES - current smokers <sup>2</sup>	55	64	0
MALES - current smokers <sup>2</sup>	65	74	1
MALES - current smokers <sup>2</sup>	75	100	2
FEMALES - current smokers <sup>2</sup>	18	24	0
FEMALES - current smokers <sup>2</sup>	25	34	0
FEMALES - current smokers <sup>2</sup>	35	44	0
FEMALES - current smokers <sup>2</sup>	45	54	0
FEMALES - current smokers <sup>2</sup>	55	64	0
FEMALES - current smokers <sup>2</sup>	65	74	0
FEMALES - current smokers <sup>2</sup>	75	100	1
TOTAL (males and females) - current smokers <sup>2</sup>	18	24	0

TOTAL (males and females) - current smokers <sup>2</sup>	25	34	0
TOTAL (males and females) - current smokers <sup>2</sup>	35	44	0
TOTAL (males and females) - current smokers <sup>2</sup>	45	54	0
TOTAL (males and females) - current smokers <sup>2</sup>	55	64	1
TOTAL (males and females) - current smokers <sup>2</sup>	65	74	1
TOTAL (males and females) - current smokers <sup>2</sup>	75	100	2

Please indicate the smokeless tobacco products included in the answer to question B14:  
 Snuff (rapé), chewing tobacco  
 and any other tobacco product which does not produce smoke.

Please indicate the year of the data used to answer question B14:  
 2013

Please indicate the source of the data used to answer question B14:  
 Global Adult Tobacco Survey, which was included as part of the National Health Survey (PNS) conducted in 2013. Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016. GATS-Brazil/2008. Brazilian National Cancer Institute, 2010. Global Adult Tobacco Survey: Brazil Report. Brazilian National Cancer Institute, Ministry of Health, Rio de Janeiro. Available at: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_gats\\_2010\\_brazil.pdf](http://www.who.int/tobacco/surveillance/en_tfi_gats_2010_brazil.pdf)

Please provide a brief explanation of the trend in current use of smokeless tobacco by adult age groups in the past two years or since submission of your last report.  
 Prevalence rates by gender and age-group  
 were too small to be presented.

## Tobacco use by ethnic group(s)

(please include all smoking or smokeless tobacco products in prevalence data)

	<b>Ethnic group(s)</b>	<b>MALES - Prevalence (%)</b>	<b>FEMALES - Prevalence (%)</b>	<b>TOTAL (males and females) - Prevalence (%)</b>
Current users <sup>3</sup>	white	16.5	10.1	13.1
Current users <sup>3</sup>	black	24.0	12.3	17.8
Current users <sup>3</sup>	brown	21.1	12.1	16.5

Please indicate the tobacco products included in the answer to question B15:

Manufactured cigarettes, hand-rolled or straw cigarettes, clove or Bali cigarettes, bidis or Indian cigarettes, pipes, cigars or cigarillos, narghilé, snuff (rapé), chewing tobacco and any other tobacco product which does not produce smoke.

Please indicate the age range to which the data used to answer question B15 refer:

	<b>From</b>	<b>To</b>
Age range	18	100

Please indicate the year of the data used to answer question B15:

2013

Please indicate the source of the data used to answer question B15:

Global Adult Tobacco Survey, which was included as part of the National Health Survey (PNS) conducted in 2013. Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016. GATS-Brazil/2008. Brazilian National Cancer Institute, 2010. Global Adult Tobacco Survey: Brazil Report. Brazilian National Cancer Institute, Ministry of Health, Rio de Janeiro. Available at: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_gats\\_2010\\_brazil.pdf](http://www.who.int/tobacco/surveillance/en_tfi_gats_2010_brazil.pdf)

## Tobacco use by young persons

(please include all smoking or smokeless tobacco products in prevalence data)

	Age range	SMOKING TO-BACCO - Prevalence (%)	SMOKELESS TO-BACCO - Prevalence (%)	WATER PIPE - Prevalence (%)
BOYS - Current users <sup>4</sup>	13-17	7.1	-	-
GIRLS - Current users <sup>4</sup>	13-17	6.0	-	-
TOTAL (boys and girls) - Current users <sup>4</sup>	13-17	6.6	-	-

Please indicate the tobacco products included in calculating prevalence for question B16:

Smoking products:

manufactured cigarettes.

Please indicate the year of the data used to answer question B16:

2015

Please indicate the source of the data used to answer question B16:

PeNSE/2015. Ministério do Planejamento, Orçamento e Gestão Instituto Brasileiro de Geografia e Estatística – IBGE Diretoria de Pesquisas Coordenação de População e Indicadores Sociais Rio de Janeiro 2016 Pesquisa Nacional de Saúde do Escolar 2012. Available at: <https://biblioteca.ibge.gov.br/visualizacao/livros/liv97870.pdf>

Please provide the definition of “current smoking/tobacco use” used to answer question B16 in the space below.

Individuals

who smoked at least 1 manufactured cigarette in the last 30 days.

Please provide a brief explanation of the trend in tobacco use by young persons in the past two years or since submission of your last report.

Although there were no

statistical differences in the prevalence of manufactured cigarettes between years 2012 and 2015 among adolescents aged 13-15 years-old, 2015 point estimates were higher than 2012 point estimates: 2012 (5.1%, 95% CI 3.9-6.2); 2015 (5.6%, 95% CI 5.3-5.9).

Please attach the relevant documentation.

**PeNSE 2015**

No comment

File type

"pdf"

## Use of novel and emerging tobacco and nicotine products

Age range	Heated tobacco products (HTPs) - Prevalence (%)	Electronic Nicotine Delivery Systems (ENDS) - Prevalence (%)	Electronic Non-Nicotine Delivery Systems (ENNDS) - Prevalence (%)	Other products - Prevalence (%)
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## B2-B9. HEALTH, SOCIAL AND ECONOMIC INDICATORS

### Exposure to tobacco smoke

Do you have any data on exposure to tobacco smoke in your population?

Yes ✓

Please provide details in the space below (e.g. exposure by gender, at home, in the workplace, on public transport).

Individuals (smokers and nonsmokers) of 18 or more exposed to secondhand smoke at least 1 time per month at home: Men: 18.8 (17.9 to 19.8) Women: 17.2 (16.4 to 18.0) Individuals (smokers and nonsmokers) of 18 or more exposed to secondhand smoke at work among those who work indoors / both: Men: 20.5 (19.2 to 21.9) Women: 12.1 (11.0 to 13.3)

Please indicate the year of the data used to answer question B21:

2013

Please indicate the source of the data used to answer question B21:

Global Adult Tobacco Survey, which was included as part of the National Health Survey (PNS) conducted in 2013. Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016.

Please attach the relevant documentation.

**PNS 2013**

No comment

File type

"pdf"

## Tobacco-related mortality

Do you have information on tobacco-related mortality in your population?

Yes ✓

What is the estimated total number of deaths attributable to tobacco use in your population?

156216

If available, please provide any additional information on mortality attributable to tobacco use (e.g. lung cancer, cardiovascular diseases) in your jurisdiction.

Smoking was accountable for 156,216

deaths in 2011 in Brazil: Coronary artery disease (except AMI) 5,007

Cardiovascular disease \* (non ischemic) 6,804 Stroke 10,812 Lung cancer 23,762

Pneumonia 10,900 COPD 31,120 Oral and pharyngeal cancer 5,881 Esophageal

cancer 6,890 Stomach cancer 3,379 Pancreatic cancer 2,207 Kidney and renal

pelvis cancer 807 Larynx cancer 3,830 Myeloid leukemia 1,562 Bladder cancer

1,356 Cervical cancer 739 Passive smoking and perinatal causes 17,972.

Please indicate the year of the data used to answer question B32 and 33:

2015

Please indicate the source of the data used to answer questions B32 and B33:

Pinto M, Bardach A, Palacios A, Biz AN, Alcaraz A, Rodríguez B, Augustovski F, Pichon-

Riviere A. Carga de doença atribuível ao uso do tabaco no Brasil e potencial impacto do

aumento de preços por meio de impostos. Documento técnico IECS N° 21. Instituto de

Efectividad Clínica y Sanitaria, Buenos Aires, Argentina. May 2017. Available at:

[www.iecs.org.ar/tabaco](http://www.iecs.org.ar/tabaco)

Please submit a copy of the study you refer to:

No comment

File type

"pdf"

## Tobacco-related costs

Do you have information on the economic burden of tobacco use in your population, e.g. the overall cost of tobacco use imposed on your society?

Yes ✓

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Please provide details (e.g. direct (health care-related) and indirect costs and, if possible, the method used to estimate these costs).

• The consumption of cigarettes and other tobacco products caused a loss of R \$ 56.9 billion to the country in 2015: R \$ 39.4 billion in direct medical costs and R \$ 17.5 billion in indirect costs, due to the loss of productivity, premature death (men under 60 years and women under 55 years) and workers incapacitation. • Premature deaths led to losses of R \$ 7.5 billion and the workers incapacitation represented R \$ 10 billion. • The tobacco-related diseases that burdened the public and private health systems in Brazil in 2015 were: chronic obstructive pulmonary disease-COPD (mainly emphysema and asthma), R \$ 16 billion; heart disease, R \$ 10.3 billion; passive smoking and other causes, R \$ 4.5 billion; various cancers (of the esophagus, stomach, pancreas, kidney, bladder, larynx, cervix, leukemia, etc.), R \$ 4 billion; lung cancer, R \$ 2.3 billion; stroke (RVA), R \$ 2.2 billion; and pneumonia, R \$ 146 million. It is an economic model of health states transition or Markov microsimulation using the first-order Monte Carlo technique and programmed in Microsoft Excel and Visual Basic® software and which incorporates for each individual, the natural history, the direct and indirect costs and the quality of life of the major tobacco-related diseases in adults: - coronary and non-coronary arteries - cerebrovascular diseases - chronic obstructive pulmonary disease (COPD) - pneumonia and influenza - and the following cancers: lung, mouth and pharynx, esophagus, stomach, pancreas, kidney and renal pelvis, larynx, bladder, cervix and myeloid leukemia. Individuals are followed in hypothetical cohorts and, for each time period (annual cycles were adopted in this study), it's estimated the individual risk of each event occurrence, disease progression or death on a database demographic variables (sex and age group), condition related to tobacco use (smoker, former smoker, non-smoker), clinical conditions and risk equations underlying. From the individual data, we obtained aggregate results of deaths, events and costs attributable to smoking, quality-adjusted life years (AVAQ), reduction of survival and the number of years of life lost due to premature death and disability.

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Please indicate the year of the data used to answer question B42:

2015

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Please indicate the source of the data used to answer question B42:

Pinto M, Bardach A, Palacios A, Biz AN, Alcaraz A, Rodríguez B, Augustovski F, Pichon-Riviere A. Carga de doença atribuível ao uso do tabaco no Brasil e potencial impacto do aumento de preços por meio de impostos. Documento técnico IECS N° 21. Instituto de Efectividad Clínica y Sanitaria, Buenos Aires, Argentina. May 2017. Available at: [www.iecs.org.ar/tabaco](http://www.iecs.org.ar/tabaco)

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Please submit a copy of the study you refer to:

No comment

File type

"pdf"

## Supply of tobacco and tobacco products

(with reference to Articles 6.2(b), 20.4(c), and 15.5)

Licit supply of tobacco products

	<b>Product</b>	<b>Unit (e.g. pieces, tonnes)</b>	<b>Domestic production</b>	<b>Retail sales</b>	<b>Exports</b>	<b>Imports</b>
	Smoking tobacco products	Cigarette Million of packs	2,660	-	10,813	136,505

Please provide information on the volumes of duty-free sales (e.g. product, unit, quantity), if available.

This

information is not available.

Please indicate the year of the data used to answer question B51 and 52:

2016

Please indicate the source of the data used to answer questions B51 and B52:

Secretariat of the Internal Revenue of Brazil.

Please attach the relevant documentation.

**Production and export of cigarettes**

No comment

File type

"pdf"

## Seizures of illicit tobacco products

(with reference to Article 15.5)

## Seizures of illicit tobacco

	Year	Product	Unit (e.g. pieces, tonnes)	Quantity seized
Smoking tobacco products	2016	Cigarette	Million of packs	200
Smoking tobacco products	2017	Cigarette	Million of packs	222

Do you have any information on the percentage of illicit tobacco products on the national tobacco market?

Yes ✓

What percentage of the national tobacco market do illicit tobacco products constitute? (%)  
42.8

What is the trend over the past two years or since submission of your last report in the percentage of illicit tobacco products in relation to the national tobacco market?

Daily manufactured cigarette

smoking prevalence rates decreased between 2008 and 2013 from 13.3% to 10.8%.

During the same period, the total proportion of illicit cigarette consumption and the total amount of yearly illicit manufactured consumption increased from 16.6% to 31.1% and from 13.0 to 24.3 billion of units, respectively. The pattern of unadjusted absolute decrease in cigarette smoking prevalence and increase in the proportion of illicit consumption occurred irrespective of gender, age, educational level, area of residence and amount of cigarettes consumed. - 2012 to 2013: there was an increase in the estimated proportion of illicit cigarette use (from 28.6% to 32.3%). - 2013 to 2014: a decrease from 32.3% to 28.8%. - 2014 to 2016: a sustained trend to increase from 28.8% to 42.8%.

Please provide any further information on illicit tobacco products.

After implementation of the

new cigarette excise tax structure and the establishment of a minimum price for a pack of cigarettes in 2012, we observe an increase in the proportion of illicit consumption. Shortly before and during the presidential elections held in 2014, Brazil experienced a temporary increase in the purchase power of the population, which likely explains the observed decrease in the net migration to cheaper illicit cigarettes to save money. However, on the beginning of 2015 onwards, economic and political have ensued (e.g., inflation has spiked up, consumer confidence has plummeted, and the president was impeached by Brazilian Congress), resulting in a sharp increase of the illicit market.

Please indicate the source of the data used to answer questions in section B6:  
Federal Revenue Secretariat of Brazil and two studies: Estimating the Size of Illicit Tobacco Consumption in Brazil: Findings from the Global Adult Tobacco Survey AND Trends in Illicit Cigarette Use in Brazil Estimated from Legal Sales: 2012-2016.

Please attach the relevant documentation.

<b>Estimating the size of illicit tobacco consumption in Brazil: findings from the Global Adult Tobacco Survey</b>	No comment	File type "pdf"
	No comment	File type "pdf"
	No comment	File type "pdf"

## Tobacco-growing

Is there any tobacco-growing in your jurisdiction?

Yes ✓

Please provide information on the number of workers involved in tobacco-growing. If available, please provide this figure broken down by gender.

According to data from

the Association of Tobacco Growers of Brazil (AFUBRA), there are 144,320 tobacco-producing families in the southern region of Brazil, where tobacco production is concentrated in the country (data from 2016).

Please provide, if available, the share of the value of tobacco leaf production in the national gross domestic product.

1,3% in 2013 according with Government Foreign Trade Office.

Please indicate the year of the data used to answer questions in section B7:

2016

Please indicate the source of the data used to answer questions in section B7:

Association of Tobacco Growers of Brazil (AFUBRA) AND MDA/SAF/Dater

Please attach the relevant documentation.

**South-Brazilian  
Fumiculture**

No comment

File type  
"jpg"

## Taxation of tobacco products

(with reference to Articles 6.2(a) and 6.3)

What proportion of the retail price of the most popular price category of tobacco product consists of taxes (e.g. sum of excise, sales and import duties (if applicable) and value added tax/goods and services tax (VAT/GST))?

79

How are the excise taxes levied (what types of taxes are levied)?

Specific tax only	No
Ad valorem tax only	No
Combination of specific and ad valorem taxes	Yes
More complex structure (please explain below)	No

If available, please provide details on the rates of taxation for tobacco products at all levels of Government and be as specific as possible (specify the type of tax, e.g. VAT, sales, import duties)

	Product	Type of tax	Rate or amount	Base of tax <sup>5</sup>
Smoking tobacco products	Cigarette	Specific Federal Rate	R\$ 1.50	Retail Price
Smoking tobacco products	Cigarette	Ad-valorem Federal	21% (IPI,PIS,Co-fins)	Retail Price
Smoking tobacco products	Cigarette	Ad-valorem state	32%	Retail Price

Please briefly describe the trends in taxation for tobacco products in the past two years or since submission of your last report in your jurisdiction.

We expect to maintain the taxation policy at high levels.

Do you earmark any percentage of your taxation income for funding any national plan or strategy on tobacco control in your jurisdiction?

No ✘

Please indicate the year of the data used to answer questions B81 to B86:

2016

Please indicate the source of the data used to answer questions B81 to B86:

Secretariat of the Internal Revenue of Brazil

Please attach the relevant documentation.

No comment

File type  
"pdf"

## Price of tobacco products

*(with reference to Articles 6.2(a))*

### Domestic

Please provide the retail prices of the three most widely sold brands of domestic tobacco products at the most widely used point of sale in your capital city.

	<b>Name of the most widely sold brands</b>	<b>Number of units or amount per package</b>	<b>Retail price</b>	<b>Currency</b>
Smoking tobacco products	Minister	20	R\$ 5.75	
Smoking tobacco products	Dunhill	20	R\$ 9.60	
Smoking tobacco products	Kent	20	R\$ 9.00	

## Imported

Please provide the retail prices of the three most widely sold brands of imported tobacco products at the most widely used point of sale in your capital city.

	Name of the most widely sold brands	Number of units or amount per package	Retail price	Currency
Smoking tobacco products	XXXXX	XXX	XXXXX	XXX

Please indicate the year of the data used to answer question B91:

2016

Please indicate the source of the data used to answer question B91:

Secretariat of the Internal Revenue of Brazil

Please briefly describe the trend in the prices of tobacco products in the past two years or since submission of your last report in your jurisdiction.

The Decree 8.656 of January 29th 2016 determined a new increase in taxes on cigarettes from May 1st and further increase after December 1st 2016. It also raises the minimum price of the cigarette packages to R\$ 5.00 after May 1st 2016. A chart with the historical retail prices is shown below.

Please attach the relevant documentation.

No comment

File type  
"pdf"

## C1. GENERAL OBLIGATIONS

*With reference to Article 5*

Have you developed and implemented comprehensive multisectoral national tobacco control strategies, plans and programmes in accordance with the Convention?

Yes ✓

Have you established or reinforced and financed:

a focal point for tobacco control?	Yes
a tobacco control unit?	Yes
a national coordinating mechanism for tobacco control?	Yes

---

Please provide details (e.g. the nature of the national coordinating mechanism, the institution to which the focal point for tobacco control or the tobacco control unit belongs).

The National Cancer Institute (INCA), body under the Ministry of Health, is responsible for implementing the National Tobacco Control Policy and works together with focal points at State Secretariats of Health in the 26 states and the Federal District. INCA is also in charge of coordinating the Executive Secretariat of the National Commission for the Implementation of the Framework Convention for Tobacco Control (CONICQ). This Commission was created by a Decree of the President of Brazil and is integrated by representatives of 18 different Ministries of the government. It is chaired by the Minister of Health.

---

Please provide a brief description of the progress made in implementing Article 5.1 and 5.2 (*General obligations*) in the past two years or since submission of your last report.

Some initiatives taken to strengthen the management and governance of the National Tobacco Control Policy included: - Strengthening and maintaining transparency and dialogue between CONICQ and civil society organizations and tobacco industry representatives, through specific opened meetings; - Establishment of monthly meetings between tobacco control partners (involving government and civil society representatives) to better articulate actions and policies; - Maintaining the production of weekly virtual journal to CONICQ members with the main legislative and political situation, new researches, tobacco control measures and media releases; - Establishment of a virtual group to exchange information on the status of the Protocol to Eliminate Illicit Trade in Tobacco Products; - Maintaining updated information about the FCTC implementation in Brazil through a website (the Observatory of National Tobacco Control Policy); - Establishment of monthly meetings between tobacco control partners (involving government and civil society representatives) to better articulate actions and policies; - Referrals for the creation of an advisory council of experts to scientifically subsidize CONICQ.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

XXX

---

## Protection of public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

protecting public health policies with respect to tobacco control from commercial and other vested interests of the tobacco industry?

Yes ✓

---

ensuring that the public has access, in accordance with Article 12(c), to a wide range of information on tobacco industry activities relevant to the objectives of the Convention, such as in a public repository?

Yes ✓

---

If you answered "Yes" to any of the questions under C121 or C122, please provide details in the space below (specifically, please refer, if relevant, to whether your government or any of its departments 1) have raised awareness on tobacco industry tactics and the need to prevent interference by the tobacco industry with decision making; 2) have avoided entering into any partnerships or voluntary agreements with the tobacco industry; 3) have established any measures to limit interaction of public officials with the tobacco industry, including in the form of a code of conduct; 4) have not granted any incentives, privileges, benefits or preferential tax exemptions to the tobacco industry to establish or run their business; etc.).

In order to report the strategies used by the tobacco industry through technical and document information, Tobacco Studies Center of the National Health School of Public Health (CETAB/ENSP/Fiocruz), the National Commission for FCTC Implementation (CONICQ/INCA), the International Union against Tuberculosis and Lung Disease (the Union) and the NGO Tobacco Control Alliance (ACT) launched the Observatory of Tobacco Industry Strategies on March 31, 2016. This observatory presents a new line of research focusing on knowledge and systematization of information about tobacco industry tactics. The digital platform follows the example of website Tobacco Tactics, hosted at the University of Bath, UK.

---

Please provide a brief description of the progress made in implementing Article 5.3 in the past two years or since submission of your last report.

- Production of technical note "How much it costs to receive donations from the tobacco industry". The document points out that every \$ 200,000 received in donations from tobacco company profits equals the death of 14 people. From this technical note a folder was produced. The materials were used in advocacy actions on political visits to the ministries offices of the Commission and other bodies, as well as political technical visits to parliamentarians. - Brazil hosted the South-South and Triangular Cooperation Workshop for the implementation of Article 5.3 WHO / FCTC, from 3 to 5 May 2017, which was attended by Colombia, Guatemala, the Philippines and Thailand.

Have you utilized the "Guidelines for implementation of Article 5.3 of the WHO FCTC" when developing or implementing policies in this area?

Yes ✓

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en> (<https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en>)

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

XXX

Please attach the relevant documentation.

<b>How much does it cost to receive donations from the tobacco industry?</b>	No comment	File type "pdf"
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## C2. MEASURES RELATING TO THE REDUCTION OF DEMAND FOR TOBACCO

*With reference to Articles 6–14*

## Price and tax measures to reduce the demand for tobacco

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

tax policies and, where appropriate, price policies on tobacco products so as to contribute to the health objectives aimed at reducing tobacco consumption?

Yes ✓

---

prohibiting or restricting, as appropriate, sales to international travellers of tax- and duty-free tobacco products?

No ✘

---

prohibiting or restricting, as appropriate, imports by international travellers of tax- and duty-free tobacco products?

No ✘

---

Please provide a brief description of the progress made in implementing Article 6 (*Price and tax measures to reduce the demand for tobacco*) in the past two years or since submission of your last report.

The Decree 8.656 of January 29th 2016

determined a new increase in taxes on cigarettes from May 1st and further increase after December 1st 2016. It also raises the minimum price of the cigarette packages to R\$ 5.00 after May 1st 2016.

---

Have you utilized the “Guidelines for implementation of Article 6 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

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If you answered “Yes” to question C215 please provide details in the space below or refer to section H of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/data-form/655321?token=afmcpzeq8wti3e&lang=en> (<https://extranet.who.int/data-form/655321?token=afmcpzeq8wti3e&lang=en>)

xxx

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

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Please attach the relevant documentation.

No comment

File type

"pdf"

## Protection from exposure to tobacco smoke

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

banning tobacco smoking in indoor workplaces, public transport, indoor public places and, as appropriate, other public places ?

Yes ✓

What is the type/nature of the measure providing for the ban?

national law	Yes
subnational law(s)	Yes
administrative and executive orders	Yes
voluntary agreements	No
other measures (please specify in C223 below)	

Please provide a brief explanation of the type/nature and content of the measures providing for the ban.

Federal Law

prohibits smoking in public and private places, as restaurants, bars, hospitals, airports, malls, etc, even if the area or room is partially closed by a wall or awning. Commercial facilities are responsible for ensuring compliance and must educate their clients about the law. The health surveillance authorities in states and municipalities are responsible for monitoring compliance.

Do any of these measures provide for a mechanism/ infrastructure for enforcement?

Yes ✓

Please provide details of this system.

The

enforcement of the smoke free law is in charge of the municipal health surveillance system, imposing penalties for noncompliance with the smoking ban, which can be monetary fines or suspension of the trade license.

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Indoor workplaces:

government buildings	Complete
health-care facilities	Complete
educational facilities <sup>6</sup>	Complete
universities	Complete
private workplaces	Complete
other (please specify below)	None

---

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Public transport:

airplanes	Complete
trains	Complete
ferries	Complete
ground public transport (buses, trolleybuses, trams)	Complete
motor vehicles used as places of work (taxis, ambulances, delivery vehicles)	Complete
private vehicles	Complete
other (please specify below)	

---

Please specify the settings and extent/comprehensiveness of measures applied in indoor workplaces, public transport, indoor public places and, as appropriate, other public places.

### Indoor public places:

cultural facilities	Complete
shopping malls	Complete
pubs and bars	Complete
nightclubs	Complete
restaurants	Complete
other (please specify below)	

---

**Please provide a brief summary of complete and partial measures, with specific details of the partial measures that have been implemented:**

---

#### Banning tobacco smoking in indoor workplaces

-

Since 1996 smoking is prohibited in the workplace. Law 9.294 / 96, regulated by Decree 2.018 / 96, prohibits the use of cigarettes, cigarillos, cigars, pipes or any other fumigant product, whether or not derived from tobacco, in a collective, private or public enclosure, except in an area intended exclusively to this end, properly insulated and with suitable ventilation. - The Global Adult Tobacco Survey of 2013 showed that 13,5 of adults (18 years old or more) who work indoors were exposed to tobacco smoke at work.

---

#### Banning tobacco smoking in public transport

Since 2000 smoking was banned from public transport.

---

#### Banning tobacco smoking in indoor public places

Approved in 2011, but regulated in 2014, Law 12,546 prohibits smoking cigarillos, cigars, pipes, hookahs and other products in places of public or private use, such as halls and corridors of condominiums, restaurants and clubs - even if the environment is partially enclosed by a wall, partition, ceiling or awning. In case of non-compliance with the standard, commercial establishments may be fined and even lose their operating license. The Ministry of Health disseminated a national campaign in 2014 to strengthen the awareness on the national smoke free law. The campaign was disseminated in radio, magazines, buses and internet. In November 2014 INCA organized a meeting in the Brazilian PAHO headquarters with all 27 tobacco control focal points of state health secretariats and municipal sanitary surveillance representatives to explain the new smoke free law regulation and to present the national campaign, training them for future joint local actions.

---

Please provide a brief description of the progress made in implementing Article 8 (*Protection from exposure to tobacco smoke*) in the past two years or since submission of your last report.

The

national smoke free law entered into force in December 2014. It banned closed smoking areas, even if a restaurant, bar or store is partially closed by a wall, ceiling or awning. Places where smoking is allowed – as tobacco shops and research sites - must have an exclusive closed area for consumption, with exhaust system regulated by the National Agency of Sanitary Surveillance (ANVISA) to reduce smoke emissions and avoid contamination to other areas.

---

Have you utilized the “Guidelines for implementation of Article 8 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C229 please provide details in the space below or refer to section B of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en> (<https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en>)

xxx

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

Please attach the relevant documentation.

No comment

File type  
"pdf"

## Regulation of the contents of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

testing and measuring the contents of tobacco products?

Yes ✓

testing and measuring the emissions of tobacco products?

Yes ✓

regulating the contents of tobacco products?

Yes ✓

regulating the emissions of tobacco products?

Yes ✓

Please provide a brief description of the progress made in implementing Article 9 (*Regulation of the contents of tobacco products*) in the past two years or since submission of your last report.

- Clearer definitions of the different types of tobacco products; • Expansion of the obligation to analyze emissions of products for other types of tobacco products, in addition to cigarettes; • Inclusion of new information that must be contained in the analytical reports presented at the time of registration / renewal of registration; • Increase the list of substances submitted by tobacco industry to Anvisa.

---

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C236 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is **voluntary**. <https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en> (<https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en>)

xxx

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g., whether your country 1) has incorporated product regulation in the national tobacco control legislation; 2) has access to either governmental or independent – not owned or controlled by the tobacco industry – laboratories for testing contents and/or emissions of tobacco products; 3) has regulated ingredients, such as flavours (e.g. menthol); 4) has regulated product characteristics, such as design features (e.g., cigarette ventilation); etc.).

In 2012 the National Agency of Sanitary Surveillance (Anvisa) edited the Collegiate Board Resolution (RDC 14/2012) prohibiting the use of additives that confers aroma and flavor to cigarettes. Anvisa is a Brazilian regulatory agency whose institutional purpose is to promote the population health protection by means of sanitary control of the production and consumption of products and services subjected to sanitary surveillance, including tobacco products. Also in 2012, the National Confederation of Industry (CNI) filed a Direct Action of Unconstitutionality (ADI 4874) questioning Anvisas competence to edit the RDC 14/2014. In the lawsuit, the CNI maintained that Anvisa exceeded the limits of its normative competence in the resolution edition. In addition CNI questioned the Law 9.782/1999 that creates the agency. The injunction requested by CNI was granted and the Anvisa Resolution (RDC 14/12) was suspended in 2013. The ADI 4874 judgment was resumed in November 2017 in the Brazilian Supreme Court (Supreme Federal Court - STF) and counted on the oral arguments of the parties and the amici curiae. These oral submissions received the honorable presentation of Mrs. Grace Maria Fernandes Mendonça, Minister of Federal Attorney General's Office (AGU). Speaking on behalf of the Presidency of the Republic and the National Congress, Mrs. Grace Fernandes argued that the discussion involved only the insertion of additives in the manufacture of cigarettes, not the prohibition of their sale. She presented numbers on the damage of smoking to public health and argued about the need of prohibiting the addition of flavors to the product due to its potential appeal to the young population, encouraging children and adolescents to initiate cigarette consumption. She argued that Anvisa acted within the regulatory limits assigned by the legislator, fulfilling its duty, in view of the recognized need to ban these additives, and in the spirit of agile response typical of regulatory agencies. She also observed the compliance with approval procedures with public hearings with more than 450 participants. The ADI judgment was concluded in February 2018. Most of the Supreme Court justices favored the constitutionality declaration of Law 9,782 that creates Anvisa. This fact means that the regulatory power of the agency was maintained, which is a great victory in favor of Public Health. However, regarding the specific aspect of the additives, there was a tie: the Supreme Court considered that the application of the Resolution would have no binding effect throughout the national jurisdiction, which means that the rule prohibiting the use of additives in cigarettes may be challenged in lower court environments. Articulated actions and the necessary measures to attack the injunctions granted in other instances are being taken. It is important to note that the Brazilian Federal Attorney Generals Office has played an important role throughout the process.

Please attach the relevant documentation.

---

## Regulation of tobacco product disclosures

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring manufacturers or importers of tobacco products to disclose to Government authorities information about the:

contents of tobacco products?	Yes
emissions of tobacco products?	Yes

---

requiring public disclosure of information about the:

contents of tobacco products?	No
emissions of tobacco products?	No

---

Please provide a brief description of the progress made in implementing Article 10 (*Regulation of tobacco product disclosures*) in the past two years or since submission of your last report.

- Inclusion of new information that must be contained in the analytical reports presented at the time of registration / renewal of registration.
- 

Have you utilized the “Guidelines for implementation of Articles 9 and 10 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C244 please provide details in the space below or refer to section C of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=afmcpzeq8wti3e&lang=en> (<https://extranet.who.int/dataform/655321?token=afmcpzeq8wti3e&lang=en>)

xxx

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether your country has incorporated tobacco product disclosures in the national tobacco control legislation; has regulated the public disclosure of toxic constituents and emissions of tobacco products, aiming to raise public awareness and advance tobacco control policy; etc.).

xxx

---

Please attach the relevant documentation.

---

## Packaging and labelling of tobacco products

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring that packaging, individual cigarettes or other tobacco products do not carry advertising or promotion?

Yes ✓

---

requiring that packaging and labelling do not promote a product by any means that are false, misleading, deceptive or likely to create an erroneous impression about its characteristics, health effects, hazards or emissions?

Yes ✓

---

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products carry health warnings describing the harmful effects of tobacco use?

Yes ✓

---

ensuring that the health warnings are approved by the competent national authority?

Yes ✓

---

ensuring that the health warnings are rotated?

Yes ✓

---

ensuring that the health warnings are clear, visible and legible?

Yes ✓

---

Does your law mandate, as a minimum, a style, size and colour of font to render the warning clear, visible and legible?

Yes ✓

---

ensuring that the health warnings occupy no less than 30% of the principal display areas?

Yes ✓

---

ensuring that the health warnings occupy 50% or more of the principal display areas?

No ✗

---

ensuring that health warnings are in the form of, or include, pictures or pictograms?

Yes ✓

Does the Government own the copyright to these pictures and pictograms?

Yes ✓

Would you grant a non-exclusive and royalty-free licence for the use of health warnings developed in your jurisdiction with other Parties?

No ✗

requiring that each unit packet and package of tobacco products and any outside packaging and labelling of such products contain information on relevant:

constituents of tobacco products? No

emissions of tobacco products? No

requiring that the warnings and other textual information appear on each unit packet and package and on any outside packaging and labelling in the principal language or languages of the country?

Yes ✓

Please provide a brief description of the progress made in implementing Article 11 (*Packaging and labelling of tobacco products*) in the past two years or since submission of your last report.

Implementation of new set of health warnings.

Have you utilized the “Guidelines for implementation of Article 11 of the WHO FCTC” when developing or implementing policies in this area?

Yes ✓

If you answered “Yes” to question C2516 please provide details in the space below or refer to section D of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=afmcpzeq8wti3e&lang=en> (<https://extranet.who.int/dataform/655321?token=afmcpzeq8wti3e&lang=en>)

xxx

If you have any other relevant information pertaining to or not covered in this section, please provide details in the space below.

xxx

Please attach the relevant documentation.

## Education, communication, training and public awareness

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

educational and public awareness programmes? *(Please refer to programmes implemented since submission of your two-year report.)*

Yes ✓

---

To whom are these programmes targeted?

- adults or the general public
- children and young people
- men
- women
- pregnant women
- ethnic groups
- other (please specify)
- Other

---

Do you reflect the following key differences among targeted population groups in educational and public awareness programmes?

- age
- gender
- educational background
- cultural background
- socioeconomic status
- other (please specify)
- Other

---

Do these educational and public awareness programmes cover:

- health risks of tobacco consumption?
  - health risks of exposure to tobacco smoke?
  - benefits of the cessation of tobacco use and tobacco-free lifestyles?
  - adverse economic consequences of tobacco production?
  - adverse economic consequences of tobacco consumption?
  - adverse environmental consequences of tobacco production?
  - adverse environmental consequences of tobacco consumption?
-

awareness and participation of the following agencies and organizations in development and implementation of intersectoral programmes and strategies for tobacco control:

- public agencies?  
 nongovernmental organizations not affiliated with the tobacco industry?  
 private organizations?  
 other (please specify)?  
 Scientific societies and Other  
 universities

Are the elaboration, management and implementation of communication, education, training and public awareness programmes guided by research and do they undergo pre-testing, monitoring and evaluation?

No ✘

Are appropriate and special training or sensitization and awareness programmes on tobacco control addressed to:

- health workers?  
 community workers?  
 social workers?  
 media professionals?  
 educators?  
 decision-makers?  
 administrators?  
 other (please specify)  
 Other

Please provide a brief description of the progress made in implementing Article 12 (*Education, communication, training and public awareness*) in the past two years or since submission of your last report.

xxx

Have you utilized the "Guidelines for implementation of Article 12 of the WHO FCTC" when developing and implementing policies in this area?

No ✘

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

Please attach the relevant documentation.

## Tobacco advertising, promotion and sponsorship

Have you adopted and implemented, where appropriate, any legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes:

---

instituting a comprehensive ban on all tobacco advertising, promotion and sponsorship?

Yes ✓

---

Does your ban cover:

- display and visibility of tobacco products at points of sales?
  - the domestic Internet?
  - the global Internet?
  - brand stretching and/or brand sharing?
  - product placement as a means of advertising or promotion?
  - the depiction of tobacco or tobacco use in entertainment media products?
  - tobacco sponsorship of international events or activities and/or participants therein?
  - contributions from tobacco companies to any other entity for "socially responsible causes" and/or any other activities implemented under the umbrella of "corporate social responsibility" by the tobacco industry?
  - cross-border advertising, promotion and sponsorship originating from your territory?
  - the same forms of cross-border advertising, promotion and sponsorship entering your territory for which domestic regulation apply?
- 

cooperating with other Parties in the development of technologies and other means necessary to facilitate the elimination of cross-border advertising?

No ✗

---

imposing penalties for cross-border advertising equal to those applicable to domestic advertising, promotion and sponsorship originating from your territory in accordance with national law?

No ✗

---

Please provide a brief description of the progress made in implementing Article 13 (*Tobacco advertising, promotion and sponsorship*) in the past two years or since submission of your last report.

New regulation ban the exposition of tobacco products close to candy, confectionery, chewing gum, chocolates etc...

---

Have you utilized the "Guidelines for implementation of Article 13 of the WHO FCTC" when developing and implementing policies in this area?

Yes ✓

---

If you answered "Yes" to question C2715 please provide details in the space below or refer to section F of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en> (<https://extranet.who.int/dataform/655321?token=afmcpzeq8wtti3e&lang=en>)

xxx

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

---

Please attach the relevant documentation.

---

## **Demand reduction measures concerning tobacco dependence and cessation**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

developing and disseminating appropriate, comprehensive and integrated guidelines based on scientific evidence and best practices?

Yes ✓

---

programmes to promote cessation of tobacco use, including:

- media campaigns emphasizing the importance of quitting?
  - programmes specially designed for underage girls and young women?
  - programmes specially designed for women?
  - programmes specially designed for pregnant women?
  - telephone quitlines?
  - local events, such as activities related to World No Tobacco Day or National No Smoking Day, if appropriate?
  - other (please specify)?
  - Other
- 

design and implementation of programmes aimed at promoting the cessation of tobacco use, in such locations as:

- educational institutions?
  - health-care facilities?
  - workplaces?
  - sporting environments?
  - other (please specify)?
  - Other
- 

inclusion of diagnosis and treatment of tobacco dependence and counselling services for cessation of tobacco use in national programmes, plans and strategies for:

- tobacco control?
  - health?
  - education?
- 

inclusion of programmes on the diagnosis and treatment of tobacco dependence in your health-care system?

Yes ✓

---

Which structures in your health-care system provide programmes for the diagnosis and treatment of tobacco dependence?

- primary health care
  - secondary and tertiary health care
  - specialist health-care systems (please specify below)
  - specialized centres for cessation counselling and treatment of tobacco dependence
  - rehabilitation centres
  - Other
-

Are the services provided in these settings covered by public funding or reimbursement schemes?

primary health care	Fully
secondary and tertiary health care	Fully
specialist health-care systems (please specify below)	
specialized centres for cessation counselling and treatment of tobacco dependence	
rehabilitation centres	
other (please specify below)	

Which health and other professionals are involved in programmes offering treatment for tobacco dependence and counselling services?

Health professionals including:

- physicians
- dentists
- family doctors
- practitioners of traditional medicine
- other medical professionals (please specify below)
- nurses
- midwives
- pharmacists
- Community workers
- Social workers
- other (please specify)
- Other

training on tobacco dependence treatment incorporated into the curricula of health professional training at pre- and post-qualification levels at the following schools:

- medical?
- dental?
- nursing?
- pharmacy?
- Other

facilitating accessibility and/or affordability of pharmaceutical products for the treatment of tobacco dependence?

Yes ✓

Where and how can these products be legally purchased in your country?

All products are offered by the government to state and municipal health departments and also are sold to the public in drugstores.

Which pharmaceutical products are legally available for the treatment of tobacco dependence in your jurisdiction?

- nicotine replacement therapy
- bupropion
- varenicline
- other (please specify)
- Other

---

Are the costs of these products covered by public funding or reimbursement?

nicotine replacement therapy	Fully
bupropion	Fully
varenicline	
other (please specify below)	

---

Please provide a brief description of the progress made in implementing Article 14 (*Demand reduction measures concerning tobacco dependence and cessation*) in the past two years or since submission of your last report.

Since 2017 specialists in smoking control and technicians from the Ministry of Health (among them, technicians of the National Cancer Institute) have been working on updating the Clinical Protocol of Nicotine Dependence Treatment.

---

Have you utilized the “Guidelines for implementation of Article 14 of the WHO FCTC” when developing and implementing policies in this area?

Yes ✓

---

Please provide details in the space below or refer to section G of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**.

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xxx

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

---

Please attach the relevant documentation.

---

### C3. MEASURES RELATING TO THE REDUCTION OF THE SUPPLY OF TOBACCO

*With reference to Articles 15–17*

---

## **Illicit trade in tobacco products**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining the origin of the product?

Yes ✓

---

requiring marking of all unit packets and packages of tobacco products and any outside packaging of such products to assist in determining whether the product is legally sold on the domestic market?

Yes ✓

---

requiring that unit packets and packages of tobacco products for retail and wholesale use that are sold on the domestic market carry the statement: “Sales only allowed in ...” or carry any other effective marking indicating the final destination of the product?

Yes ✓

---

developing a practical tracking and tracing regime that would further secure the distribution system and assist in the investigation of illicit trade?

Yes ✓

---

requiring that marking is presented in legible form and/or appears in the principal language or languages of the country?

No ✗

---

requiring the monitoring and collection of data on cross-border trade in tobacco products, including illicit trade?

Yes ✓

---

facilitating the exchange of this information among customs, tax and other authorities, as appropriate, and in accordance with national law and applicable bilateral and multilateral agreements?

Yes ✓

---

enacting or strengthening legislation, with appropriate penalties and remedies, against illicit trade in tobacco products, including counterfeit and contraband cigarettes?

Yes ✓

---

requiring that confiscated manufacturing equipment, counterfeit and contraband cigarettes and other tobacco products derived from illicit trade are destroyed, using environment-friendly methods where possible, or disposed of in accordance with national law?

Yes ✓

---

adopting and implementing measures to monitor, document and control the storage and distribution of tobacco products held or moving under suspension of taxes or duties?

Yes ✓

---

enabling the confiscation of proceeds derived from illicit trade in tobacco products?

No ✗

---

promoting cooperation between national agencies and relevant regional and international intergovernmental organizations in investigations, prosecutions and proceedings, with a view to eliminating illicit trade in tobacco products, with special emphasis on cooperation at regional and subregional levels?

Yes ✓

---

licensing or other actions to control or regulate production and distribution in order to prevent illicit trade?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 15 (*Illicit trade in tobacco products*) in the past two years or since submission of your last report.

- The text of the

Protocol was approved by the Chamber of Deputies and the Federal Senate. In the Federal Senate, an interpretative declaration was added to his text.

Presidential sanction is needed. - Seminars on the Protocol to Eliminate Illicit Trade in Tobacco Products were held; - Studies on the subject were conducted. -

Brazil already has several measures to combat illicit trade such as the Trace System, which allows full control of all cigarette production lines in its territory, as well as a solid regulatory framework for licensing and inspection.

However, there is a need to map and study the current situation of the country against the measures established in the Protocol, to have a better understanding and establish a plan of action for its implementation.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

In 2016, the Secretariat of the Convention, as part of an effort to push for ratification of the Protocol by Parties to the Convention, organized a Multisectoral Workshop for Parties to the WHO Framework Convention on Tobacco Control in Latin America with the participation of Brazil, Venezuela, Uruguay, Chile, Colombia, Ecuador and Peru. The objective of this meeting was to promote the entry into force of the Protocol to Eliminate Illicit Trade in Tobacco Products in partnership with the Government of Brazil, through the Sanitary Surveillance Agency (ANVISA) and the Executive Secretariat of CONICQ / INCA, and support of the Pan American Health Organization (PAHO Brazil). The purpose of the meeting held at ANVISA's premises in Brasilia was to (i) raise awareness of the Protocol to Eliminate Illicit Trade in Tobacco Products among the different sectors of the Public Administration related to the ratification or implementation of the Protocol (such as the departments of health, federal revenue, farm, justice, trade and legislative), and (ii) discuss with the Parties technical requirements of the Protocol, including tracking and localization and existing good practices to implement the Protocol's measures. In 2017, CONICQ promoted a seminar in Brasília, whose main objective was to bring together different areas of government that will contribute to the implementation of the measures provided for in the Protocol once the process of ratification of Brazil's accession is completed. To this end, the seminar was attended by representatives from different sectors such as: Ministry of Finance (Operational Coordination of Surveillance and Repression of Smuggling and Relocation, and General Coordination of Inspection of the Federal Revenue Service of Brazil), Ministry of Justice and the Federal Highway Police), the Ministry of Foreign Affairs (Division of Social Issues and Division to Combat Transnational Illicit Trade), ANVISA (General Management of Tobacco Products), the International Advisory Office of the Ministry of Health, the Center for Tobacco Studies and Health Cetab / Ensp / Fiocruz, of the Ministry of Agriculture, Livestock and Food Supply (MAPA), Pan American Health Organization (PAHO), INCA (Population Research Division, Tobacco Control Division, International Cooperation, and the Executive Secretariat of CONICQ), the ACT Health Promotion, The Union, tobacco use in São Paulo and Acre, and the State Sanitary Surveillance of Mato Grosso do Sul.

---

Please attach the relevant documentation.

---

## **Sales to and by minors**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

prohibiting the sales of tobacco products to minors?

Yes ✓

---

Please specify the legal age:

18

---

requiring that all sellers of tobacco products place a clear and prominent indicator inside their point of sale about the prohibition of tobacco sales to minors?

No ✗

---

requiring that, in case of doubt, each seller of tobacco products requests that the purchaser provides appropriate evidence of having reached full legal age?

No ✗

---

banning the sale of tobacco products in any manner by which they are directly accessible, such as open store shelves?

No ✗

---

prohibiting the manufacture and sale of sweets, snacks, toys or any other objects in the form of tobacco products which appeal to minors?

Yes ✓

---

prohibiting the sale of tobacco products from vending machines?

No ✗

---

Do you ensure that tobacco vending machines are not accessible to minors and/or do not promote the sale of tobacco products to minors?

No ✗

---

prohibiting and/or promoting the prohibition of the distribution of free tobacco products:

- to the public?
  - to minors?
- 

prohibiting the sale of cigarettes individually or in small packets?

Yes ✓

---

providing for penalties against sellers and distributors in order to ensure compliance?

Yes ✓

---

prohibiting the sales of tobacco products by minors?

Yes ✓

---

Please provide a brief description of the progress made in implementing Article 16 (*Sales to and by minors*) in the past two years or since submission of your last report.

We have been discussing the need to develop research and actions aimed at responsible retailing, due to the advertisements being made at points of sale and also the issue of sales to minors. An important challenge to face is the proof of the majority of the consumer in the purchase of tobacco products. In addition to the lack of specific legislation, children and adolescents are not usually asked about their age at the time of purchase or a proof of age of majority is not required. In this way, access to tobacco products is made easier for young people. There are bills in progress at the National Congressin that can be very important (if approved) for prevention of sale to minors, like PLS 236/2016 on the prohibition of the sale of cigarettes to persons under the age of 21.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

Proof of age at the time of purchasing

tobacco products is not a common practice in Brazil. In the retail sector, it is not required to provide the buyers identity document, despite the prohibition in law. Thus, access to tobacco products is easier for young people.

---

Please attach the relevant documentation.

## **Provision of support for economically viable alternative activities**

Have you adopted and implemented, where appropriate, measures or programmes on any of the following:

---

promoting economically viable and sustainable alternatives for:

tobacco growers?	Yes
tobacco workers?	No
tobacco individual sellers?	No

---

Please provide a brief description of the progress made in implementing Article 17 (*Provision of support for economically viable alternative activities*) in the past two years or since submission of your last report.

- A seminar on diversification in tobacco growing areas was held in Florianppolis, from 5 to 7 June 2017. The event was organized by the Special Secretariat for Family Agriculture and Agrarian Development (SEAD) and Executive Secretariat of the National Commission for the Implementation of the Framework Convention for Tobacco Control, with the support of the Secretariat of the Framework Convention on Tobacco Control of the World Health Organization. Solid collective reactions were carried out by a group of social actors engaged and committed to this important and urgent issue for Brazilian society. - Work and research plans of interest to article 17 are being prepared for its improvement . - Political and technical visits, as well as interlocutions of interest to article 17 were carried out in the National Congress.

---

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

Yes ✓

---

Please provide details in the space below or refer to section I of the additional questionnaire. Response to this question or to the additional questionnaire is **voluntary**.  
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xxx

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

---

Please attach the relevant documentation.

## C4. OTHER MEASURES AND POLICIES

*With reference to Articles 18–21*

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## Protection of the environment and the health of persons

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

implementing measures in respect of tobacco cultivation within your territory, which take into consideration:

the protection of the environment?	Yes
the health of persons in relation to the environment?	Yes

---

implementing measures in respect of tobacco manufacturing within your territory, which take into consideration:

the protection of the environment?	Not applicable
the health of persons in relation to the environment?	Not applicable

---

Please provide a brief description of the progress made in implementing Article 18 (*Protection of the environment and the health of persons*) in the past two years or since submission of your last report.

- Further development and articulation with the Department of Worker Health of the Ministry of Health. - Protocols, analyzes and studies are being developed to subsidize policies to protect workers health in tobacco growing.

---

Have you utilized the “Policy options and recommendations on economically sustainable alternatives to tobacco growing (in relation to Articles 17 and 18 of the WHO FCTC)” when developing and implementing policies in this area?

Yes ✓

---

If you answered “Yes” to question C414 please provide details in the space below or refer to section I of the additional questionnaire available at this link. Response to this question or to the additional questionnaire is voluntary. <https://extranet.who.int/data-form/655321?token=afmcpzeq8wtti3e&lang=en> (<https://extranet.who.int/data-form/655321?token=afmcpzeq8wtti3e&lang=en>)

xxx

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If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

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Please attach the relevant documentation.

---

## Liability

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

Does your tobacco control legislation contain measures regarding criminal liability for any violations of that tobacco control legislation?

No

---

Do you have separate criminal liability provisions in relation to tobacco control (outside of the tobacco control legislation)?

Yes

---

Do you have any civil liability measures that are specific to tobacco control?

Yes

---

Do you have any general civil liability provisions that could apply to tobacco control?

Yes

---

Do you have civil or criminal liability provisions that provide for compensation for adverse health effects and/or for reimbursement of medical, social or other relevant costs?

No

---

Has any person in your jurisdiction launched any criminal and/or civil liability action, including compensation where appropriate, against any tobacco company in relation to any adverse health effect caused by tobacco use?

Yes

---

Have you taken, as appropriate, any legislative, executive, administrative and/or other action against the tobacco industry for full or partial reimbursement of medical, social and other relevant costs related to tobacco use in your jurisdiction?

No

---

Please provide a brief description of any progress made, as appropriate, in implementing Article 19 (*Liability*) in the past two years or since submission of your last report.

There is still

not a specific legislation in Brazil regarding liability measures in relation to any injury or adverse health effect caused by tobacco use. However, since the submission of our last report, the Brazilian Government is gathering information about liability actions, in the field of doctrine and jurisprudence, based on national and international law, which may be used with tobacco control purpose. In terms of Brazilian legislation, there are general civil liability provisions that could apply to tobacco control. The Brazilian Civil Code (Law n. 10.406) establishes that who causes damage through an illicit conduct shall repair it. There is such obligation even in the absence of fault, when the activity normally performed by the wrongdoer implies, by its own nature, risks to the rights of another person (article 927). The Brazilian Consumers Code (Law n. 8.078) affirms that consumers have the right to clear and suitable information on products and services, including the correct description of composition and characteristics, as well as the right to protection against the risks caused by abusive and misleading advertisement of products and services (article 6). But as we progress on the studies, we tend to understand that this specific legislation is not applicable. There are civil liability actions launched by persons before Brazilian courts, but the Judiciary, in general, has not granted liability orders. In a near future, there is a strong possibility that the Brazilian Government itself start to launch a lawsuit order to recover the health care costs paid by the public health care system.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below.

xxx

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Please attach the relevant documentation.

---

## **Research, surveillance and exchange of information**

Have you adopted and implemented, where appropriate, legislative, executive, administrative or other measures or have you implemented, where appropriate, programmes on any of the following:

---

developing and/or promoting research that addresses:

- determinants of tobacco consumption?
  - consequences of tobacco consumption?
  - social and economic indicators related to tobacco consumption?
  - tobacco use among women, with special regard to pregnant women?
  - the determinants and consequences of exposure to tobacco smoke?
  - identification of effective programmes for the treatment of tobacco dependence?
  - identification of alternative livelihoods?
- Other
- 

training and support for all persons engaged in tobacco control activities, including research, implementation and evaluation?

Yes ✓

---

a national system for epidemiological surveillance of:

- patterns of tobacco consumption?
  - determinants of tobacco consumption?
  - consequences of tobacco consumption?
  - social, economic and health indicators related to tobacco consumption?
  - exposure to tobacco smoke?
- Other
-

Please list all surveys, including the year of the survey, that you have undertaken in the past.

1) The National Health and Nutrition Survey/1989. 2) The World Health Survey/2003. 3) The Global Adult Tobacco Survey/2008 and 2013 4) The Surveillance System for Risk and Protective Factors for Chronic Illnesses: Telephone Survey (VIGITEL)/2006-2016 5) Pinto M, Bardach A, Palacios A, Biz AN, Alcaraz A, Rodríguez B, Augustovski F, Pichon-Riviere A. Carga de doença atribuível ao uso do tabaco no Brasil e potencial impacto do aumento de preços por meio de impostos. (Disease burden attributable to tobacco use in Brazil and potential impact of price increases through taxes. Technical document IECS N° 21). Instituto de Efectividad Clínica y Sanitaria, Buenos Aires, Argentina. May 2017. Available at: [www.iecs.org.ar/tabaco](http://www.iecs.org.ar/tabaco) 6) Estimating the Size of Illicit Tobacco Consumption in Brazil: Findings from the Global Adult Tobacco Survey Roberto Magno Iglesias, André Salem Szklo, Mirian Carvalho de Souza, Liz Maria de Almeida <http://tobaccocontrol.bmj.com/content/26/1/53> 7) Trends in Illicit Cigarette Use in Brazil Estimated from Legal Sales: 2012-2016 André Szklo, Roberto Magno Iglesias, Mirian Carvalho de Souza, Moysés Szklo, Liz Maria de Almeida American Journal of Public Health 108, no. 2 (February 1, 2018): pp. 265-269.

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Does your country have any plans to repeat any of the above or to undertake a new tobacco survey within three to five years of your last survey? Please provide details in the space below.

- The Surveillance System for Risk and Protective Factors for Chronic Illness (VIGITEL) is a annual survey. - The Global Adult Tobacco Survey will be repeated in 2018.

---

regional and global exchange of publicly available national:

- scientific, technical, socioeconomic, commercial and legal information?
- information on the practices of the tobacco industry?
- information on the cultivation of tobacco?

---

an updated database of:

- laws and regulations on tobacco control?
  - information about the enforcement of laws on tobacco control?
  - pertinent jurisprudence?
-

Please provide a brief description of the progress made in implementing Article 20 (*Research, surveillance and exchange of information*) in the past two years or since submission of your last report.

- In 2008, a comprehensive survey for tobacco use (i.e., the Global Adult Tobacco Survey -GATS-Brazil) was added as a “special supplement” to the National Household Survey conducted yearly in Brazil.<sup>1</sup> In 2013, in accordance with article 20 of the WHO FCTC, selected questions of the GATS survey were included as part of a national health-related survey conducted every 5 years,<sup>2</sup> thus creating an opportunity to have a sustained broader surveillance system to track the evolution of the tobacco consumption and related social, economic and health indicators. - At the national level, studies were developed to estimate the magnitude of illicit cigarette trade in Brazil, as well as a study to estimate the burden of smoking in the country. 1GATS-Brazil/2008. Brazilian National Cancer Institute, 2010. Global Adult Tobacco Survey: Brazil Report. Brazilian National Cancer Institute, Ministry of Health, Rio de Janeiro. Available at: [http://www.who.int/tobacco/surveillance/en\\_tfi\\_gats\\_2010\\_brazil.pdf](http://www.who.int/tobacco/surveillance/en_tfi_gats_2010_brazil.pdf) 2Brazilian Geography and Statistics Institute (IBGE). Pesquisa Nacional de Saúde 2013 - Percepção do estado de saúde, estilos de vida e doenças crônicas Brasil, Grandes Regiões e Unidades da Federação. In: 1, ed. Rio de Janeiro: IBGE 2014. Available at: <http://www.ibge.gov.br/home/estatistica/populacao/pns/2013/default.shtm>. Accessed February 03, 2016.

---

If you have any other relevant information pertaining to but not covered in this section, please provide details in the space below (e.g. whether you included information on WHO FCTC implementation in your Voluntary National Review (VNR) on the Sustainable Development Goals (SDGs), related to target 3.a).

XXX

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Please attach the relevant documentation.

---

## D. INTERNATIONAL COOPERATION AND ASSISTANCE

Pursuant to Article 21.1(c) and in accordance with Article 26, have you either provided or received financial or technical assistance (be it through unilateral, bilateral, regional, sub-regional or other multilateral channels, including relevant regional and international intergovernmental or nongovernmental organizations and financial and development institutions) for the development and strengthening of multisectoral, comprehensive tobacco control programmes of developing country Parties and Parties with economies in transition in any of the following areas:

---

development, transfer and acquisition of technology, knowledge, skills, capacity and expertise related to tobacco control?

Assistance provided	Yes
Assistance received	Yes

---

provision of technical, scientific, legal and other expertise to establish and strengthen national tobacco control strategies, plans and programmes?

Assistance provided	Yes
Assistance received	Yes

---

appropriate training or sensitization programmes for appropriate personnel in accordance with Article 12?

Assistance provided	No
Assistance received	No

---

provision of the necessary material, equipment and supplies, as well as logistic support, for tobacco control strategies, plans and programmes?

Assistance provided	No
Assistance received	No

---

identification of methods for tobacco control, including comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

---

promotion of research to increase the affordability of comprehensive treatment of nicotine addiction?

Assistance provided	No
Assistance received	No

---

Please identify the Party or Parties from which assistance was received or to which assistance was provided.

Provided: Cape

Verde, Angola and Guinea Costa Rica, Togo e Filipinas

---

Please provide information about any assistance provided or received in the space below, including any support received from nongovernmental organizations (please, specify).

- In May 2016, the Executive Secretariat of CONICQ - National Cancer Institute - was redesignated as a Collaborating Center of the Pan American Health Organization / WHO on Tobacco Control by June 2020. In the Work Plan for this redesignation a cooperation action is planned with the Portuguese-speaking countries, especially with the Africans. This action provides for the exchange of experiences, information, research, materials and other collaborations to be identified. - Brazil has been cooperating with several countries on different topics, such as flavor additives, health warnings and diversification of tobacco production, for example. - A meeting was held in June 2017 to involve the Parties to the WHO FCTC which have not yet complied with the implementation reports of the Convention since their accession and to train them to prepare the reports, providing all the practical skills necessary for successful completion. Brazil, as part of its Collaborating Center, worked directly with Portuguese-speaking African countries (Cape Verde, Angola and Guinea), technically training them to produce these reports. - Between May 8 and 10, 2017, a meeting was organized by the Secretariat of the WHO Framework Convention on Tobacco Control (FCTC) in Montevideo, Uruguay. The event entitled "South-South and triangular cooperation to promote the implementation of the Framework Convention on Tobacco Control in the era of Sustainable Development Goals" aimed at bringing together developing countries, Knowledge Hubs, intergovernmental and non-governmental organizations in order to establish agreements, partnerships and projects to streamline the implementation of tobacco control policies. During the event, Brazil was recognized not only for its history of strong action in the tobacco control policy historically carried out by the National Cancer Institute, but also for its expertise in building national coordination mechanisms, for having created a Commission to subsidize the Brazilian position in the negotiations of the FCTC and to be the first country in the world to implement through a Presidential Decree, in 2003, a mechanism for coordination multisectoral project - National Commission for Tobacco Control (CONICQ) - initially responsible for participating in the ratification process of the FCTC and subsequently implementing the articles of the Framework Convention in Brazil. Due to his experience in the topic, Brazil was invited to coordinate the discussion table on the implementation of Article 5.2 of the FCTC. Based on the demands of the countries present at the meeting, a proposed international cooperation project was developed during the conference to develop a Smart Approach model for the implementation of a National Coordination mechanism, with funding from the Convention Secretariat, Brazil being the provider country and Costa Rica, Togo and the Philippines as beneficiary countries. The main objective of the project is to promote a comprehensive implementation of the FCTC in the participating countries by creating or strengthening a National Coordination Mechanism (NCM) to prioritize tobacco control policies within the governmental agenda and ensure the creation or coordination of the multisectoral response to control smoking at different levels of governance. As a result of the project, Brazil prepared a

questionnaire for the recipient countries to allow a diagnosis of the updated situation regarding the implementation of Article 5.2 of the FCTC in those countries. Based on information from each country and Brazilian history on intersectorial cooperation strategies in the area of tobacco control policies, the Brazilian team formed by representatives of the Conicq Executive Secretariat, INCA representative and consultants contracted by the Convention Secretariat prepared the " General Guidelines for Smart Approach " which will include a methodology related to mapping and stakeholder engagement, which will be presented at a Workshop in the three recipient countries throughout 2018. The first workshop will be held in the Philippines from April 18 to 20, 2018.

---

If you have not received or provided assistance in any of the aforementioned areas, please identify any financial or technical assistance that may be under consideration, if appropriate.

xxx

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Have you encouraged relevant regional and international intergovernmental organizations and financial and development institutions in which you are represented to provide financial assistance for developing country Parties and for Parties with economies in transition to assist them in meeting their obligations under the Convention?

No ✘

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## E. PRIORITIES AND COMMENTS

What are the priorities for implementation of the WHO Framework Convention on Tobacco Control in your jurisdiction?

- Establish a tax-based mechanism to fund tobacco control policies and to compensate public health costs from tobacco consumption. - Support and monitor legislative proposals requiring cigarette plain packaging. - Sustain existing nationwide regulation to ban the use of additives in cigarettes, by contributing to revert the Supreme Court suspension of the Brazilian Health Surveillance Agency's (ANVISA) 2012 landmark resolution on this topic. - Strengthen the national program of tobacco production diversification. - Implement article 5.3 and its policies in different government sectors. - Promote the ratification of the Protocol to Eliminate the Illicit Trade in Tobacco Products. - To expand the debate on ENDS/ENNDS.

---

Have you identified any specific gaps between the resources available and the needs assessed for implementing the WHO Framework Convention on Tobacco Control?

Yes ✔

Please provide details in the space below.

Limited financial resources to maintain regular advocacy, campaigns, regional support to states and municipalities and to strengthen current policies.

---

What, if any, are the constraints or barriers, other than lack of resources, you have encountered in implementing the Convention?

- Tobacco industry lobby in all sectors. (e.g.: National Congress, Executive). - Tobacco industry lawsuits against tobacco control measures. - Lack of knowledge by legislators and judges on the damages of smoking to public health and the tobacco industry strategies. - Staff changes in the top government disturb the implementation of planned activities.

---

Do you have any of the following products available on your national tobacco market?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

---

Have you adopted and implemented any policy or regulation that is specific to the following tobacco products?

- smokeless tobacco products
- water pipe tobacco
- Electronic Nicotine Delivery Systems (ENDS)
- Electronic Non-Nicotine Delivery Systems (ENNDS)
- heated tobacco products (HTPs)
- Other

---

If you have any relevant information related to questions E5 and E6, please provide details in the space below.

- National campaign about the harms of water pipe tobacco - ANVISAs resolution prohibits to sell, import and advertise ENDS nationwide

---

Please provide any other relevant information not covered elsewhere that you consider important.

xxx

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Your suggestions for further development and revision of the reporting instrument:

xxx

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