

WHO Report on the Global Tobacco Epidemic, 2011

Data to be reported for Afghanistan

Dear Madam/Sir,

The World Health Organization is committed to providing Member States with accurate, relevant and internationally comparable information that they can use to guide the development of policy and to evaluate the impact of tobacco control measures.

For this purpose, WHO publishes the series *WHO Report on the Global Tobacco Epidemic*. The report tracks the status of the tobacco epidemic and the implementation of selected best practice measures to reduce the demand of tobacco. The third report in the series will be published in mid 2011.

We kindly ask that you review the attached data we have compiled from your country for publication in the third report and let us know in case you think that there is any inaccuracy or if you have any concerns towards the publication of these data in the *WHO Report on the Global Tobacco Epidemic, 2011*.

Please review the three sections below, sign each in the boxes marked by a  and return the signed document to us no later than 12 February 2011 by email to the address below. There are two options to sign this document: 1) by either including an image of your signature or simply your typed name; and 2) by handwritten signature, scanned and emailed to us. Please retain a copy for your files.

If we have not heard from you by 12 February 2011, we will assume that you acknowledge these data.

Thank you very much in advance for your collaboration.

Kind regards,

Dr. Kerstin Schotte, WHO, Geneva
Phone: +41 22 7913583
Fax: +41 22 7914832
Email: schottek@who.int



Section 1: Prevalence of tobacco use

An important aim of the *WHO Report on the Global Tobacco Epidemic* is to provide a view of comparable tobacco prevalence for all countries for one specific year. The first Report provided prevalence estimates for the year 2005, and the second Report for the year 2006. For the forthcoming third report to be published in summer 2011, the focus is on the year 2009.

As with the previous reports, information on prevalence of tobacco use from the latest available survey (as at 1st November 2010) was collected from Member States (Table 1.1). The collected data are sourced from surveys conducted in different years spanning different age groups and which use different constructs of the tobacco use indicators. For WHO to be able to produce comparable estimates for all countries for 2009, the ideal situation would have been if every country had undertaken a survey of tobacco use in 2009 using the same method of data collection and analysis, and all had completed their report in time for this third global report. However, 2009 data on tobacco use are realistically available only for a limited number of countries. For most countries, the latest survey data available relate to previous years. In addition, some countries define tobacco use differently. Examples of these include defining a tobacco user as a current tobacco user (all forms of tobacco included), or as a current cigarette smoker, or as a daily cigarette smoker. Some of the surveys cover samples of different age groups, some collect information nationally and others on a regional basis only. These differences make it difficult to directly compare estimates across countries.

To produce a comparable report for all countries, WHO has made adjustments to the data provided by countries. WHO applies regression modelling techniques to produce 2009 estimates of total crude and age-specific rates for four tobacco use indicators: current and daily tobacco smoking and current and daily cigarette smoking. In doing this adjustment for any one country, WHO makes use of the data provided by that country, and where necessary supplements these with data from neighbouring countries to cover any gaps. Finally, WHO applies the method of direct age standardization using the WHO Standard Population to produce these comparable point estimates for each country (Table 1.2).



Table 1.1: Tobacco use data as provided by your country from your latest survey result available in WHO as at 1 November 2010

Adult prevalence, smoking (%)*	Any smoked tobacco †		Cigarettes	
	Current	Daily	Current	Daily
Male	82.0	...	...	...
Female	17.0	...	...	...
Total	...	...	...	...
Adult prevalence, smokeless tobacco use (%)*	...			
Male	...			
Female	...			
Total	...			

* Ages 18+, WHO Assignment Afghanistan Noncommunicable Diseases CVD, 1991

† The data refer to Current Tobacco Use.

"..." Data not reported/not available.

Table 1.2: WHO age-standardized estimated prevalence of smoking among those aged 15 years or more: Year 2009

Adult prevalence, smoking (%)	Any smoked tobacco		Cigarettes	
	Current	Daily	Current	Daily
Male
Female
Total

"..." Estimate not available.

Nota bene:

(i) The WHO age-standardized prevalence estimates are only useful to compare prevalence estimates between countries (they do not provide a measure of the actual prevalence for that country and therefore should not be used to calculate the number of smokers). A more detailed technical note on the method is available at: http://www.who.int/tobacco/mpower/2009/e_gtr_conclusions_references_technical_notes_acknowledgments.pdf;

(ii) WHO is continuously working towards quality assurance of the data used in the estimation process. If WHO receives updated data for countries in your region before this Report is published, this may result in a revision of the rates estimated for your country. If the revised estimates are not significantly different from the estimates provided below, WHO will publish the revised estimates.

ACKNOWLEDGEMENT

On behalf of the Government of Afghanistan, I **acknowledge** the country provided prevalence rates in Table 1.1 and the WHO age-standardized estimates in Table 1.2 above, and **do not object to their publication** in the *WHO Report on the Global Tobacco Epidemic, 2011*.



Date (DD/MM/YYYY)	Signature	Name / Position (Please print)	Address



Section 2: Tobacco control policies and programs as at 31 December 2010

Where no data was available, "..." shows in the table. Where data was not required, "—" shows in the table.

Table 2.1: Smoke-free environments

	2008	2010
Smoke-free laws exist in the following places:		
Health-care facilities	Yes	Yes
Educational facilities except universities	Yes	Yes
Universities	Yes	Yes
Government facilities	No	No
Indoor offices	No	No
Restaurants	No	No
Pubs and bars	No	No
Public transport	Yes	Yes
All other public places	NA	NA
Compliance score §	2	...
National law requires fines for smoking	No	No
Fines levied on the establishment	—	—
Fines levied on the smoker	—	—
Funds dedicated for enforcement	No	No
Complaint system that requires an investigation after a complaint	No	No

§ A score of 0—10. Scores of 8 and above will be described in the report as high compliance, scores of 5 to 7 as medium compliance and scores below 5 as low compliance.

Three to five experts were asked to provide assessments independently by interview. These experts included at least three of the following persons:

- the most senior government official in charge of tobacco control or tobacco-related conditions;
- the head of a prominent NGO dedicated to tobacco control;
- a health professional (e.g. physician, nurse, pharmacist) specializing in tobacco-related conditions;
- a staff member of a public health university department;
- the Tobacco Free Initiative focal point of the WHO country office.

Table 2.2: Subnational laws on smoke-free environments

No subnational legislation was reported.

Table 2.3: Treatment of tobacco dependence

		2008	2010
Is there a toll-free telephone quit line/help line with a live person available to discuss cessation with callers in your country?		No	No
Nicotine replacement therapy (e.g., patch, gum, lozenge, spray or inhaler)	Is this product legally sold in the country?	Yes	Yes
	Where and how can this product be legally purchased in your country?	In a pharmacy without a prescription	In a pharmacy without a prescription
	Does the national/federal health insurance or the national health service cover the cost of this product?	No	No
	Is any NRT on the country's essential drugs list?		No
Bupropion (e.g., Zyban, Wellbutrin)	Is this product legally sold in your country?	No	No
	Where and how can this product be legally purchased in your country?	—	—
	Does the national/federal health insurance or the national health service cover the cost of this product?	—	—
Varenicline	Is this product legally sold in your country?	No	No
	Where and how can this product be legally purchased in your country?	—	—
	Does the national/federal health insurance or the national health service cover the cost of this product?	—	—
Is smoking cessation support available in the following places in your country?	Health clinics or other primary care facilities	No	No
	Hospitals	No	No
	Office of a health professional	No	No
	In the community	No	No
	Other	No	No
Does the national/federal health insurance or the national health service cover the cost of this support?	Health clinics or other primary care facilities	—	No
	Hospitals	—	No
	Office of a health professional	—	—
	In the community	—	—
	Other	—	—

Table 2.4: Health warnings on tobacco packages

	2008			2010		
	Cigarettes	Other smoked tobacco	Smoke-less tobacco	Cigarettes	Other smoked tobacco	Smoke-less tobacco
Does the law mandate that health warnings appear on tobacco packages?	No			No		
What percentage of the principal display areas of the package is legally mandated to be covered by health warnings? FRONT AND REAR COMBINED	0	0	0	0	0	0
What percentage of the principal display areas of the FRONT of the package is legally mandated to be covered by health warnings?	0	0	0	0	0	0
What percentage of the principal display areas of the REAR of the package is legally mandated to be covered by health warnings?	0	0	0	0	0	0
Does the law mandate that the warning be placed at the top of the principle display areas of the package?	No	No	No	No	No	No
Does the law mandate font style, font size and colour for package warnings?	No	No	No	No	No	No
Are the health warnings rotating on packages?	No	No	No	No	No	No
Are the health warnings on packages written in the principal language(s) of the country?	No	No	No	No	No	No
Does the law require that health warnings on packages are not obscured in any way, including by required markings such as tax stamps?	No	No	No	No	No	No
Do the health warnings on packages include a photograph or graphic?	No	No	No	No	No	No
Do health warnings appear on each package and any outside packaging and labelling used in the retail sale?	No	No	No	No	No	No
Does the law on health warnings apply to products whether manufactured domestically, imported, AND for duty-free sale?	No	No	No	No	No	No
Does the law state that warnings on packages do not remove or diminish the liability of the tobacco industry?	No	No	No	No	No	No
Do health warnings on packages describe the harmful effects of tobacco use on health?	No	No	No	No	No	No
Does the law mandate specific health warnings on cigarette packages?	No	No	No	No	No	No
How many specific health warnings are approved by the law?	—	—	—	—	—	—
Does the law require or establish fines for violations regarding health warnings on packages?	No	No	No	No	No	No

Table 2.4: Health warnings on tobacco packages, continued

	2008			2010		
	Cigarettes	Other smoked tobacco	Smoke-less tobacco	Cigarettes	Other smoked tobacco	Smoke-less tobacco
Are there any laws requiring that cigarette packaging and labelling do not use misleading terms which imply the product is less harmful than other similar products, such as “low tar”, “light”, “ultra-light”, or “mild”?	No	No	No	No	No	No
Are there any laws requiring that cigarette packaging and labelling do not use figurative or other signs, including colours or numbers, as substitutes for prohibited misleading terms and descriptors?	No	No	No	No	No	No
Are there any laws requiring that cigarette packaging and labelling do not use descriptors depicting flavours?	No	No	No	No	No	No
Does the law ban the display of quantitative information on emission yields (such as tar, nicotine and carbon monoxide) on cigarette packaging, including when used as part of a brand name or trademark?	No	No	No	No	No	No
Does the law mandate the display of qualitative information on relevant constituents and emissions of tobacco products on cigarette packaging?	No	No	No	No	No	No
Does the law mandate that this information is displayed on one or more of the principal display areas (front, rear) of the package?	—	—	—	—	—	—
Does the law prevent the display of expiry dates on cigarette packaging?	No	No	No	No	No	No
Is it mandatory for the quit line number to appear on packaging or labelling?	No	No	No	No	No	No
Does the law mandate plain packaging (ie. prohibit the use of logos, colours, brand images or promotional information on packaging other than brand names and product names displayed in a standard colour and font style)?	No	No	No	No	No	No

Table 2.5: Mass media anti-tobacco campaigns between January 2009 and August 2010

Name of mass media campaign	No campaign implemented with duration of of at least three weeks
Was this campaign national?	—
If not national, the region/State/City where the campaign was implemented	—
On what date did the ad(s) first air on any media?	—
On what date did the ad(s) last air on any media?	—
Unique details about the time period	—
The campaign was sponsored or run by:	—
Before the campaign, was any research about the target audience conducted or used to develop the campaign messages/materials?	—
Were the campaign materials tested with the target audience before the campaign was run?	—
Did you obtain air time (radio, television) and/or placement (billboards, print advertising, etc) by purchasing or securing them using either your organisation/institution's internal resources or an external media planner or agency?	—
Did you, or your media planner/agency, use a monitor to confirm that the campaign materials were used as planned/scheduled on television, radio, print, billboards, internet, etc?	—
Did you work with journalists to gain publicity or coverage in the news for the campaign?	—
Was an evaluation done to assess the impact of the campaign?	—
Was this campaign part of a comprehensive government tobacco control program?	—



Table 2.6: Bans on tobacco advertising, promotion and sponsorship

	2008	2010
Direct bans		
National TV and radio	Yes	Yes
International TV and radio	No	No
Local magazines and newspapers	Yes	Yes
International magazines and newspapers	No	No
Billboards and outdoor advertising	Yes	Yes
Point of sale	No	No
Internet	No	No
Other direct bans	No	No
Compliance score of direct bans §	4	...
Indirect bans		
Free distribution	No	No
Promotional discounts	No	No
Non-tobacco products identified with tobacco brand names	No	No
Brand name of non-tobacco products used for tobacco product	No	No
Appearance of tobacco brands in TV and/or films (product placement)	Yes	Yes
Appearance of tobacco products in TV and/or films	No	No
Sponsored events	No	No
Other indirect bans	No	No
Compliance score of indirect bans §	2	5
Are there subnational laws or regulations banning some or all types of tobacco advertising, promotion and sponsorship mentioned in the above questions?	No	No

§ A score of 0—10, where 0 is low compliance. Scores of 8 and above will be described in the report as high compliance, scores of 5 to 7 as medium compliance and scores below 5 as low compliance.

Three to five experts were asked to provide assessments independently by interview. These experts included at least three of the following persons:

- the most senior government official in charge of tobacco control or tobacco-related conditions;
- the head of a prominent NGO dedicated to tobacco control;
- a health professional (e.g. physician, nurse, pharmacist) specializing in tobacco-related conditions;
- a staff member of a public health university department;
- the Tobacco Free Initiative focal point of the WHO country office.



Table 2.7: National tobacco control programme

	2008	2010
Specific national government objectives in tobacco control	No	No
National agency or technical unit for tobacco control	Yes	Yes
Number of full-time equivalent staff	—	—
Government expenditure on tobacco control:		
In currency reported by country	...	...
In US\$ at official exchange rate	USD	USD

ACKNOWLEDGEMENT

On behalf of the Government of Afghanistan, I **acknowledge** the above information on tobacco control policies and programs and compliance therewith, and **do not object to its publication** in the *WHO Report on the Global Tobacco Epidemic, 2011*.



Date (DD/MM/YYYY)	Name	Position / Title (Please print)	Address



Section 3: Tobacco taxation policy as at 31 July 2010

Because WHO endeavours to report on tobacco tax indicators that are comparable across its 193 Member States, estimates presented in the *WHO Report on the Global Tobacco Epidemic* are not always identical to the statutory rates reported by a given country — or the rates as written in that country's tobacco tax statute or law.

Comparable estimates of tobacco tax levels to be published in the WHO Report will include, as a percentage (%) of the tax-inclusive retail sales price:

Amount-specific excise taxes (or equivalent)

Ad-valorem excise taxes (or equivalent)

Value added tax (or equivalent)

Import duties (or equivalent), but only if the product in question is imported

These estimates are identified in the tables below by red boxes.

The methodology by which the comparable estimates are obtained is simple. WHO converts the country-reported statutory rate and its related base to an equivalent percentage of the retail sales price. For example, it is sometimes the case that the statutory rate for the ad valorem excise tax is expressed as a percentage of the tax-exclusive sales price — that is, the price before any taxes. In these cases, we convert this rate to a percentage of the tax-inclusive sales price. WHO's calculations for your country's tax structure and rates are presented below.

When the ad valorem tax is applied on the factory (gate) price (i.e. the price before all taxes and before the wholesale and retail profit margins) but the country has not reported or is unable to report the wholesale and retail profit margins, a simplifying assumption is required. The assumption in these cases is that the profit margins are nil. This assumption results in an overestimation of the base for the ad valorem tax, which in turn results in an overestimation of the share of tax in the retail sales price. The size of the overestimation is expected to be negligible, but to be safe, we will footnote those countries in which it may occur.

Table 3.1: Price of lowest-cost brand of cigarettes (Pleasure)

		2008	2010
A	Tax inclusive retail sales price (TIRSP) for a pack of 20 cigarettes	AFN 15.00	AFN 15.00

Table 3.2: Price of Marlboro or similar brand of cigarettes (Marlboro)

		2008	2010
A	Tax inclusive retail sales price (TIRSP) for a pack of 20 cigarettes	AFN 100.00	AFN 100.00

Table 3.3: Taxes on the most popular brand of cigarettes (Pine)

		Country-reported value for 2008	Country-reported base for 2008	WHO's comparable estimate for 2008 (%TIRSP)	Country-reported value for 2010	Country-reported base for 2010	WHO's calculation of comparable estimate	WHO's comparable estimate for 2010 (%TIRSP)
A	Tax inclusive retail sales price (TIRSP)	AFN 25.00	20	AFN 25.00	AFN 25.00	20	$A \div (\text{Base} \div 20)$	AFN 25.00
B	Factory (gate) / CIF price	20.33	Import value: 0.39\$/pack Ex Rate: 52.14 AFN (IMF)	81.3%	17.44	20	CIF value from Comtrade 0.39\$ - ExRate:44.72	69.8%
C	Specific excise	0.00	—	—	0.00	—	—	—
D	Ad valorem excise	0.0%	—	—	0.0%	—	—	—
E	Value added tax	0.0%	—	—	0.0%	—	—	—
F	Import duty	10.0%	CIF	7.8%	10.0%	CIF	$F \times B$	7.0%
G	Other tax	0.0%	—	—	0.0%	—	—	—

A Price in local currency per pack of 20 sticks of standard length (85mm) or equivalent weight (about 20 grams)

B In the case of domestically produced products, the factory (gate) price is the price of goods charged by manufacturer when the goods are picked up at his/her factory, including the manufacturer's margins, but excluding any other margins and all taxes. In the case of imported products, the c.i.f. price (i.e. cost, insurance and freight price) is the price of a good delivered at the frontier of the importing country, including any insurance and freight charges incurred to that point, or the price of a service delivered to a resident, before the payment of any import duties or other taxes on imports or trade and transport margins within the country.

C Amount specific excise tax on per pack of 20 sticks or equivalent weight (about 20 grams)

D Ad-valorem tax per pack of 20 sticks of standard length (85mm) or equivalent weight (about 20 grams)

E Value added tax per pack of 20 sticks of standard length (85mm) or equivalent weight (about 20 grams)

F Import duties on a pack of 20 sticks of standard length (85mm) or equivalent weight (about 20 grams) if the most popular brand is imported; in cases of preferential trade agreements with country of origin, assumes lowest possible import duty

G Other taxes as described above

Table 3.4: Annual tax revenues from tobacco products at the national/federal level

	Most recent data to be reported
Is tax revenue data for all tobacco products or cigarettes only?	...
Year	...
Total Excise (specific and ad valorem)	...
Value added tax (VAT) and other sales taxes	...
Import duties and all other taxes (excluding corporate taxes on tobacco companies)	...
Total	...
Currency	AFN

On behalf of the Government of Afghanistan, I **do not object to publication** of the above comparable estimates of tobacco taxation in the *WHO Report on the Global Tobacco Epidemic, 2011*. The methodology and its limitations will be clearly described in this report.

Date (DD/MM/YYYY)	Name	Position / Title (Please print)	Address

