

Appendixes

Appendix 1

This appendix provides the definitions and characteristics of the country-level data used in various analyses in this volume. Data on the economics of tobacco control, once scarce, especially for low-income and middle-income countries, are improving in both quantity and quality due to better data collection efforts by governments, international agencies, and commercial entities. As the data are continuously updated, this appendix does not provide actual numbers, but refers to the sources where such data are available.

General socio-economic indicators

General country-level socio-economic indicators relevant to various discussions in this book include population (by age and gender), national economic performance (Gross Domestic Product and Gross National Product), and employment. For the purposes of consistency and comparability, all these indicators were extracted from the World Bank's World Development Indicators (WDI) 1998 database. Data on total revenues, revenues from excise taxes and all taxes are obtained from the Government Finance Database of the International Monetary Fund (IMF).

Smoking prevalence

Smoking prevalence is the percentage of current smokers in the total population. The World Health Organization (WHO) defines a current smoker as a person who has smoked daily for at least six months during his or her life and smokes at the time of the survey (WHO 1998). In this volume, unless otherwise indicated, smoking prevalence means the prevalence of current adult smokers (aged 15 years and above). Smoking prevalence is estimated by prevalence-surveys. Many countries report smoking prevalence by different age and gender groups. Definitions of current smoking and adult smokers sometimes vary across different studies and may lead to incomparability of data. For example, a current adult smoker was defined by a survey in Ireland as a person aged 18 years and older who smoked at the time of the survey or quit within the month prior to the survey (Shelley *et al.* 1996). On the other hand, in a study in India, this definition was a person above 25 years of age who was currently smoking and who had smoked more than 100 cigarettes or bidis in his or her lifetime (Narayan *et al.* 1996).

The sources for most of the smoking prevalence data by country used in this book are from studies compiled in a WHO publication (1997). These studies were judged to be 'methodologically sound and to provide reasonably reliable and comparable results'. Other sources were found from literature searches (see Appendix 2).

Cigarette consumption

The number of cigarettes sold annually in a country is considered as its total cigarette consumption (often in million sticks). This is often estimated as: Total Cigarette Consumption = Cigarette Production + Cigarette Imports – Cigarette Exports. 'Per adult' cigarette consumption is calculated by dividing total cigarette consumption by the total population of those who are 15 years old and older. In some countries, where cigarette smuggling is a significant problem, consumption estimated by this method is less reliable.

Data for total cigarette consumption for most countries were obtained from the Economic Research Service (ERS) of the United States Department of Agriculture (USDA). These can be found in an ERS Statistical Bulletin entitled *US Tobacco Statistics, SB-869, April 1994*, or online at <http://www.econ.ag.gov/briefing/tobacco/>. Other data were from WHO (1997) and the MarketFile (1998), a commercial online tobacco database (<http://www.marketfile.com>).

Smoking-attributable burden of disease

Peto *et al.* (1994) have provided indirect estimates of smoking-attributable mortality by different causes for 46 developed countries (which include the former Socialist economies of Europe) in a publication titled *Mortality from Smoking in Developed Countries 1950–2000*. For each developed country, the authors compared the national lung cancer death rate with the rate that has been seen in the main epidemiological studies of US non-smokers, and to attribute the excess to tobacco. This absolute excess mortality from lung cancer was then used indirectly as a guide to the proportions of the deaths from other causes that should be ascribed to smoking. Direct estimates of smoking-attributable mortality in China are available with two recent studies (Lie *et al.* 1998; Niu *et al.* 1998).

Disability-adjusted life years (DALYs) are the sum of life years lost due to premature mortality and years lived with disability, adjusted for severity. Estimates for smoking-attributable DALYs for different regions, including 1990–2020 projections, can be obtained from WHO (1996, 1999). Smoking-attributable DALYs refer only to disease among smokers, and exclude the effects of smoking on non-smokers. Murray and Lopez (1996, 1997) used the above-mentioned method by Peto *et al.* to calculate the smoking-attributable burden of disease by region for 1900–2020, employing a smoking impact ratio, which is defined as:

$$\text{Smoking impact ratio} = (C - N)/(S - N),$$

where C is the observed lung cancer rate in a given age group of a population; S is the smoker lung-cancer rate in the US Cancer Prevention Study; N is the non-smoker lung-cancer rate in the US Cancer Prevention Study.

This ratio was used as a surrogate for the prevalence of cumulative exposure to cal-

culate the smoking-attributable fraction of the disease burden. Because non-smoker lung-cancer rates are higher in China and Asia, than in the United States, alternative non-smokers lung-cancer rates were used for these two regions. Preliminary results from a large-scale case-control study in China were used to estimate the attributable fractions reported for China and Asia. Deaths from tobacco-chewing among women in India were also estimated with attributable fractions reported by a local study (Murray and Lopez 1997).

Tobacco production, trade, and employment

Tobacco production

Tobacco leaves production (in metric tons) refers to the actual harvested tobacco leaves produced from the field, excluding harvesting and threshing losses and that part of tobacco crop not harvested for any reason. Tobacco harvest area (or tobacco acreage) refers to the area from which tobacco leaves are gathered. Cigarette production is the number of cigarettes (usually in million sticks) manufactured in a year.

Tobacco leaves production and harvest areas were obtained from the statistical database of the Food and Agriculture Organization (FAO), Agricultural Production subset. This database can be found online at <http://apps.fao.org/cgi-bin/nph-db.pl?subset=agriculture>. Data on cigarette production were gathered from the US Department of Agriculture (<http://www.econ.ag.gov/briefing/tobacco/>) and MarketFile (<http://www.marketfile.com>).

Tobacco trade

Tobacco leaves (or cigarette) exports (or imports) by volume refers to total tobacco leaves (or manufactured cigarettes) exported (or imported) in metric tons (or million sticks). These indicators are also available by value in millions of current US dollars. They were all obtained from the FAO statistical database (Agriculture and Food Trade subset) at the above-mentioned internet address.

Employment in tobacco manufacturing

Tobacco-manufacturing employment refers to the number of persons engaged in tobacco manufacturing. While data for tobacco-agricultural employment (the number of persons engaged in tobacco farming activities) are only available for a few country through literature searches, data for tobacco-manufacturing employment for several countries are available in the database maintained by the United Nations Industrial Development Organization (UNIDO) (<http://www.unido.org>).

Tobacco price

Producer price of tobacco leaves refers to the producer price of a metric ton on tobacco leaves in local currency. This indicator were obtained from the statistical database of FAO (Producer prices subset) at the internet address mentioned above.

Retail cigarette price is the average retail price for a pack of 20 cigarettes. It is obtained by two methods:

- (1) through the World Bank's Economic Survey of Tobacco Use, which collects information on the retail price (including all taxes) for a pack of the most popular brand of cigarettes in a country;
- (2) using the formula: Average retail cigarette price per pack of 20 sticks = [Total value of domestic sale of cigarettes/Total number of domestic sale of cigarettes (sticks)] \times 20.

The source of country-level data on total value of domestic cigarette sale is MarketFile. The total number of domestic sales of cigarettes (expressed in sticks) for selected countries is available from USDA and MarketFile.

Tobacco taxation and revenues

Tobacco excise taxes can be specific (i.e. a fixed amount of duty per 1000 cigarettes or per 1000g of tobacco) or ad valorem (i.e. a percentage of the retail selling price) or a combination of both. Total tobacco tax revenue refers to the total revenue that the central government earns annually from tobacco taxes. This includes not only revenue generated from tobacco excise taxes but also from value-added taxes (VAT), where the latter are applicable. Data on tobacco excise tax structure and tobacco tax revenue were obtained through the World Bank Economic Survey of Tobacco Use and through literature searches.

Non-price tobacco control measures

Non-price tobacco control measures, which many countries have adopted, include health-warning labels and tar and nicotine information on packages of cigarettes or tobacco products, restrictions or bans on advertising and promotion of tobacco products, restriction on smoking in public places, and bans of cigarette sales to minors (defined as under 16–21 years old in different countries).

Data on non-price tobacco control measures were obtained from different sources. The main sources are two WHO publications:

- (1) the *International Digest of Health Legislation, 1970–1995*; and
- (2) *Tobacco or Health: A Global Status Report 1997*.

The other source is the MarketFile commercial database.

Summary of key data sources

- Food and Agriculture Organization (FAO) *Statistical Database* (<http://apps.fao.org/cgi-bin/nph-db.pl?subset=agriculture>). Data on tobacco leaves production and harvest area, producer prices for tobacco leaves, tobacco leaves and cigarette trade (export–import) by volume and value.
- International Monetary Fund (IMF) (1999). *Government Financial Statistics*. Washington DC. Data on total revenues, revenues from excise taxes and all taxes.
- MarketFile (<http://www.marketfile.com>). A commercial online tobacco database. Data on cigarette consumption, production, price and tobacco control measures.
- Peto, R., Lopez, A. D., Boreham, J., Thun, M., and Heath Jr, C. (1994). *Mortality*

from *Smoking in Developed Countries 1950–2000*. Oxford University Press, Oxford, Data on smoking-attributable mortality for 46 developed and former Soviet economies.

- United Nations Industrial Development Organization (UNIDO) (<http://www.unido.org>) Tobacco manufacturing employment.
- United States Department of Agriculture (USDA), Economic Research Service (ERS) (<http://www.econ.ag.gov/briefing/tobacco/>). Data on cigarette sales, cigarette and tobacco leaves production.
- US Centers For Disease Control and Prevention (CDC), Office on Smoking and Health (OSH) (<http://www.cdc.gov/tobacco/index.htm>). Current and historical state-level data on the prevalence of tobacco use, the health impact and costs associated with tobacco use, tobacco agriculture and manufacturing, and tobacco control laws in the United States.
- World Bank (1998). *World Bank Economic Survey of Tobacco Use*. Data on average retail price for most popular domestic and foreign cigarettes, cigarette excise tax, tobacco tax revenue. (The results of this survey, along with other data on the economics of tobacco collected by the World Bank, is available online at <http://www.worldbank.org/tobacco>).
- World Bank (1998). *World Development Indicators*. Washington DC. General socioeconomic, population, and health indicators for 148 countries and 14 country groups. Parts of the content of the database are available at <http://www.worldbank.org/data/wdi/home.html>.
- World Health Organization (1996). *Investing in Health Research and Development*. Report of the Ad Hoc Committee on Health Research Relating to Future Intervention Options. Geneva, Switzerland. Estimates of tobacco-attributable burden of disease by region, 1990–2020.
- World Health Organization (1997). *Tobacco or Health: a Global Status Report*. Geneva, Switzerland. Country-level data on smoking prevalence, cigarette consumption, tobacco production, trade, industry, health impact and tobacco control legislation. The content of this book is also available online at <http://www.cdc.gov/tobacco/who/whofirst.htm>.
- World Health Organization (1999). *The World Health Report 1999: Making a Difference*. Geneva, Switzerland. Estimates of tobacco-attributable burden of disease by region, 1998.

References

- Liu, B. Q., Peto, R., Chen, Z. M., Boreham, J., Wu, Y. P., Li, J. Y., *et al.* (1998). Emerging tobacco hazards in China. I. Retrospective proportional mortality study of one million deaths. *BMJ*, **317**(7170), 1411–22.
- Murray, C. J. and Lopez, A. D. (ed.) (1996). *The Global Burden of Disease: a Comprehensive Assessment of Mortality and Disability from Disease, Injuries, and Risk Factors in 1990 and projected to 2020*. Harvard School of Public Health, Cambridge, Mass.
- Murray, C. J. and Lopez, A. D. (1997). Global mortality, disability, and the contribution of risk factors: global burden of disease study. *Lancet*, **349**(9063), 1436–42.

- Narayan, K. M., Chadha, S. L., Hanson, R. L., Tandon, R., Shekhawat, S., Fernandes, R. J. *et al.* (1996). Prevalence and patterns of smoking in Delhi: cross-sectional study. *BMJ*, **312**(7046), 1576–9.
- Niu, S. R., Yang, G. H., Chen, Z. M., Wang, J. L., Wang, G. H., He, X. Z. *et al.* (1998). Emerging tobacco hazards in China 2. Early mortality results from a prospective study. *BMJ*, **317**(7170), 1423–4.
- Peto, R., Lopez, A. D., Boreham, J., Thun, M., and Heath Jr, C. (1994). *Mortality from Smoking in Developed Countries 1950–2000*. Oxford: Oxford University Press.
- Shelley, E., Collins, C., and Daly, L. (1996). Trends in smoking prevalence: the Kilkenny Health Project Population Surveys 1985 to 1991. *Irish Medical Journal*, **89**(5), 182–5.
- WHO (World Health Organization) (1996). *Investing in Health Research and Development*. Report of the Ad Hoc Committee on Health Research Relating to Future Intervention Options. Geneva, Switzerland.
- WHO (1997). *Tobacco or Health: a Global Status Report*. Geneva, Switzerland.
- WHO (1998). *Guidelines for Controlling and Monitoring the Tobacco Epidemic*. Geneva, Switzerland.
- WHO (1999). *The World Health Report 1999: Making a Difference*. Geneva, Switzerland.

Appendix 2

Studies of smoking prevalence, by World Bank region

Country	Population aged 15 and over ('000)	Year of study	Adult smoking prevalence (%) (aged 15 and above)		Source (Unless stated otherwise, all data are from WHO (1997))	
			Men	Women		
East Asia and the Pacific						
1 China	885 686	1996	63%	4%	Chinese Academy of Preventive Medicine (1997)	
2 Fiji	506	1988	59%	31%		
3 Indonesia	128 750	1986	53%	4%	ASH Thailand (1999)	
4 Malaysia	12 469	1986	41%	4%		
5 Mongolia	1 496	1990	40%	7%		
6 Papua New Guinea	2 614	1990	46%	28%		
7 Philippines	42 132	1987	43%	8%		
8 Samoa	103	1994	53%	19%		
9 Thailand	42 104	1996	45%	3%		
10 Tonga	69	1991	65%	14%		
11 Viet Nam	46 392	1997	73%	4%		Jenkins <i>et al.</i> (1997)
Weighted average			61%	4%		
Europe and Central Asia						
12 Albania	2 221	1990	50%	8%	Balabanova <i>et al.</i> (1998)	
13 Bulgaria	6 875	1997	38%	17%		
14 Czech Republic	8 386	1994	43%	31%	Pudule <i>et al.</i> (1999)	
15 Estonia	1 179	1997	54%	24%		
16 Hungary	8 368	1989	40%	27%	Pudule <i>et al.</i> (1999)	
17 Latvia	2 009	1997	56%	11%		
18 Lithuania	2 918	1997	53%	8%		

Appendix 2 (cont.)

Country	Population aged 15 and over ('000)	Year of study	Adult smoking prevalence (%) (aged 15 and above)		Source (Unless stated otherwise, all data are from WHO (1997))
			Men	Women	
19 Malta	288	1992	40%	18%	
20 Poland	29 729	1993	51%	29%	
21 Russian Federation	115 514	1996	63% (a)	30% (b)	(a) Bobak <i>et al.</i> (1998); (b) WHO (1997)
22 Slovakia	4 144	1992	43%	26%	
23 Slovenia	1 630	1994	35%	23%	
24 Turkey	40 946	1988	63%	24%	
25 Turkmenistan	2 760	1992	27%	1%	
26 Uzbekistan	13 583	1989	40%	1%	
Weighted average			57%	26%	
Middle East and North Africa					
27 Algeria	17 239	1980	53%	10%	
28 Bahrain	364	1991	24%	6%	
29 Egypt	36 096	1986	40%	1%	
30 Iraq	11 645	1990	40%	5%	
31 Morocco	17 209	1990	40%	9%	
32 Saudi Arabia	10 470	1990	53% (a)	1% (b)	(a) WHO (1997) (b) Jarallah <i>et al.</i> (1999)
Weighted average			44%	5%	
Latin America and the Caribbean					
33 Argentina	24 664	1992	40%	23%	
34 Bolivia	4 411	1992	50%	21%	
35 Brazil	109 387	1989	40%	25%	
36 Chile	9 974	1990	38%	25%	
37 Colombia	24 166	1992	35%	19%	
38 Costa Rica	2 211	1988	35%	20%	
39 Cuba	8 524	1990	49%	25%	
40 Dominican Republic	5 085	1990	66%	14%	
41 El Salvador	3 408	1988	38%	12%	
42 Guatemala	5 896	1989	38%	18%	
43 Honduras	3 339	1988	36%	11%	
44 Jamaica	1 707	1990	43%	13%	
45 Mexico	58 688	1990	38%	14%	
46 Paraguay	2 959	1990	24%	6%	
47 Peru	15 326	1989	41%	13%	
48 Uruguay	2 409	1990	41%	27%	
Weighted average			40%	21%	
South Asia					
49 Bangladesh	67 811	1990	60%	15%	
50 India	607 504	1980	40%	3%	
51 Pakistan	73 237	1990–94	36%	9%	Alam (1998)
52 Sri Lanka	12 682	1988	55%	1%	
Weighted average			42%	5%	

Appendix 2 (cont.)

Country	Population aged 15 years and over ('000)	Year of study	Adult smoking prevalence (%) (aged 15 and above)		Source (Unless stated otherwise, all data are from WHO (1997))
			Men	Women	
Sub-Saharan Africa					
53 Lesotho	1 144	1989	38%	1%	Medical Research Council of South Africa (1999) (unpublished data)
54 Mauritius	833	1992	47%	4%	
55 Nigeria	60 977	1990	24%	7%	
56 Seychelles	52	1989	51%	10%	
57 South Africa	25 911	1996	50%	19%	
58 Sudan	19 281	1995	12%	1%	Idris <i>et al.</i> (1998)
Weighted average			29%	9%	
High-income countries					
59 Australia	14 152	1995	27%	23%	Hill <i>et al.</i> (1998)
60 Austria	6 632	1995	39%	24%	
61 Bahamas	202	1989	19%	4%	Haidinger <i>et al.</i> (1998)
62 Belgium	8 313	1993	31%	19%	
63 Canada	23 381	1991	31%	29%	Osler <i>et al.</i> (1998)
64 Cook Islands	15	1988	44%	26%	
65 Cyprus	542	1990	43%	7%	
66 Denmark	4 315	1994	54%	46%	
67 Finland	4 129	1994	27%	19%	
68 France	46 682	1993	40%	27%	Microcensus (1995) cited in Helmert (1999)
69 Germany	68 375	1995	31%	18%	
70 Greece	8 672	1994	46%	28%	Irish Department of Health (1993) cited in Shelley <i>et al.</i> (1996)
71 Iceland	206	1994	31%	28%	
72 Ireland	2 741	1993	30%	28%	
73 Israel	3 915	1989	45%	30%	Pagano <i>et al.</i> (1998)
74 Italy	48 646	1995	34%	17%	
75 Japan	104 663	1994	59%	15%	
76 Korea, Rep.	34 296	1989	68%	7%	
77 Kuwait	1 087	1991	52%	12%	
78 Luxembourg	336	1993	32%	26%	
79 Netherlands	12 709	1994	36%	29%	
80 New Zealand	2 723	1992	24%	22%	
81 Norway	3 516	1994	36%	36%	
82 Portugal	8 081	1994	38%	15%	
83 Singapore	2 277	1995	32%	3%	
84 Spain	32 581	1993	48%	25%	
85 Sweden	7 182	1994	22%	24%	
86 Switzerland	5 835	1992	36%	26%	
87 United Kingdom	47 157	1999	29%	28%	
88 United States	205 413	1993	28%	23%	
Weighted average			38%	21%	

References

- Action on Smoking and Health (ASH) (1999), Thailand. <http://www.ash.or.th/situation/situation.htm>.
- Action on Smoking and Health (ASH) (1999). The United Kingdom. <http://www.ash.org.uk/>.
- Alam, S. E. (1998). Prevalence and pattern of smoking in Pakistan. *Journal of the Pakistani Medical Association*, **48**(3), 64–6.
- Balabanova, D., Bobak, M., and McKee, M. (1998). Patterns of smoking in Bulgaria. *Tobacco Control*, **7**(4), 383–5.
- Bobak, M., Pikhart, H., Hertzman, C., Rose, R., and Marmot, M. (1998). Socioeconomic factors, perceived control and self-reported health in Russia. A cross-sectional survey. *Social Science and Medicine*, **47**(2), 269–79.
- Chinese Academy of Preventive Medicine (1997). *Smoking in China: 1996 National Prevalence Survey of Smoking Pattern*. Beijing: China Science and Technology Press.
- Haidinger, G., Waldhoer, T., and Vutuc, C. (1998). The prevalence of smoking in Austria. *Preventive Medicine*, **27**(1), 50–5.
- Helmert, U. (1999). Income and smoking behavior in Germany—a secondary analysis of data from the 1995 microcensus. *Gesundheitswesen*, **61**(1), 31–7. (In German.)
- Hill, D. J., White, V. M., and Scollo, M. M. (1998). Smoking behaviours of Australian adults in 1995: trends and concerns. *Medical Journal of Australia*, **168**(5), 209–13.
- Idris, A. M., Ibrahim, Y. E., Warnakulasuriya, K. A., Cooper, D. J., Johnson, N. W., and Nilssen, L. R. (1998). Toombak use and cigarette smoking in the Sudan: estimates of prevalence in the Nile state. *Preventive Medicine*, **27**(4), 597–603.
- Jarallah, J. S., al-Rubeaan, K. A., al-Nuaim, A. R., al-Ruhaily, A. A., and Kalantan, K. A. (1999). Prevalence and determinants of smoking in three regions of Saudi Arabia. *Tobacco Control* **8**(1), 53–6.
- Jenkins, C. N., Dai, P. X., Ngoc, D. H., Kinh, H. V., Hoang, T. T., Bales, S. *et al.* (1997). Tobacco use in Vietnam: prevalence, predictors, and the role of the transnational tobacco corporations. *Journal of the American Medical Association*, **277**(21), 1726–31.
- Osler, M., Prescott, E., Gottschau, A., Bjerg, A., Hein, H. O., Sjol, A. *et al.* (1998). Trends in smoking prevalence in Danish adults, 1964–1994: the influence of gender, age, and education. *Scandinavian Journal of Social Medicine*, **26**(4), 293–8.
- Pagano, R., La Vecchia, C., and Decarli, A. (1998). Smoking in Italy, 1995. *Tumori*, **84**(4), 456–9.
- Pudule, I., Grinberga, D., Kadziauskiene, K., Abaravicius, A., Vaask, S., Robertson, A. *et al.* (1999). Patterns of smoking in the Baltic Republics. *Journal of Epidemiology and Community Health*, **53**(5), 277–82.
- Shelley, E., Collins, C., and Daly, L. (1996). Trends in smoking prevalence: the Kilkenny Health Project Population Surveys 1985 to 1991. *Irish Medical Journal*, **89**(5), 182–5.
- WHO (World Health Organization) (1997). *Tobacco or Health: a Global Status Report*. Geneva, Switzerland.

Appendix 3

Countries of the world by income and region (World Bank's classification)

East Asia and Pacific	Europe and Central Asia	Latin America and the Caribbean	Middle East and North Africa	South Asia	Sub-Saharan Africa	High-income OECD	Other high-income
Low-income							
Cambodia	Armenia	Guyana	Yemen, Rep.	Afghanistan	Angola	Lesotho	
China	Azerbaijan	Haiti		Bangladesh	Benin	Liberia	
Lao PDR	Bosnia and Herzegovina	Honduras		Bhutan	Burkina Faso	Madagascar	
Mongolia	Kyrgyz Republic	Nicaragua		India	Burundi	Malawi	
Myanmar	Moldova			Nepal	Cameroon	Mali	
Vietnam	Tajikistan			Pakistan	Central African Republic	Mauritania	
				Sri Lanka	Chad	Mozambique	
					Comoros	Niger	
					Congo, Democratic Republic	Nigeria	
						Rwanda	
					Congo, Republic	São Tomé and Príncipe	
					Côte d'Ivoire	Senegal	
					Equatorial Guinea	Sierra Leone	
					Eritrea	Somalia	
					Ethiopia	Sudan	
					Gambia, the	Tanzania	
					Ghana	Togo	
					Guinea	Uganda	
					Guinea-Bissau	Zambia	
					Kenya	Zimbabwe	
Lower-middle income							
Fiji	Albania	Belize	Algeria	Maldives	Botswana		
Indonesia	Belarus	Bolivia	Egypt, Arab Rep. of		Cape Verde		
Kiribati	Bulgaria	Colombia	Iran, Islamic Republic		Djibouti		
Korea, Dem. Rep.	Estonia	Costa Rica			Namibia		
Marshall Islands	Georgia	Cuba	Cuba Republic		Swaziland		
Micronesia	Kazakhstan	Dominica	Iraq				
Fed. Sts.							
Papua New Guinea	Latvia	Dominican Republic	Jordan				

Appendix 3 (cont.)

East Asia and Pacific	Europe and Central Asia	Latin America and the Caribbean	Middle East and North Africa	South Asia	Sub-Saharan Africa	High-income OECD	Other high-income
						Luxembourg	Bahamas,
						Netherlands	Bermuda
						New Zealand	Brunei
						Norway	Cayman Is.
						Portugal	Channel
						Spain	Islands
						Sweden	Cyprus
							Antilles
						Switzerland	Faeroe
						United	Islands
							New Caledonia
							Northern Mariana
							Islands
						Kingdom	Qatar
						United	Reunion
						States	Singapore
							United Arab
							Emirates
							Virgin Islands
							(US)
							Greenland

Source: The World Bank (1999). *World Development Indicators 1999*. The World Bank, Washington DC.